



Policy and Education Committee

16 June 2022

Fitness to Practise: Osteopathic Practice Standards and Adjunctive Therapies

Classification	Public
Purpose	For decision
Issue	Protecting patients and supporting stakeholders to understand the application of the Osteopathic Practice Standards relating to the breadth of osteopathic practice.
Recommendations	<ol style="list-style-type: none">1. To consider the outcome of the consultation in relation to the draft 'guidance on the application of the Osteopathic Practice Standards in relation to adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths' and the changes made to the draft as a result of these.2. To consider the Equality Impact Assessment.3. To agree to recommend the guidance to Council for publication.
Financial and resourcing implications	Consultation and engagement costs were included in our 2021/22 budget.
Equality and diversity implications	Equality and diversity issues are a key component of this work which was explored this as part of the consultation. The Equality Impact Assessment has been updated.
Communications implications	The guidance will be published and promoted through our usual channels.
Annexes	<ol style="list-style-type: none">A. Consultation response summary table.B. Draft guidance: 'guidance on the application of the Osteopathic Practice Standards in relation to the application of adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths'C. Equality impact assessment
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Key messages from the paper

- This paper provides a summary of the outcomes of the consultation undertaken in regard to the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the Osteopathic Practice Standards. A summary of responses and commentary is included as Annex A.
- We developed fictional case examples to explore the issues that arise for osteopaths and patients when applying the Osteopathic Practice Standards in different contexts.
- We consulted on the guidance between January and April 2022 receiving 13 responses: five from osteopaths, one from an Investigating Committee member; one from the Institute of Osteopathy and six from patients.
- We held focus groups with members of the Investigating Committee and Professional Conduct Committee. The feedback was wide ranging and is set out at paragraph 8.
- The draft Guidance has been updated as a result of the consultation and is included as Annex B for agreement by the Committee for recommendation to Council for publication.
- An Equality Impact Assessment has been undertaken to inform the consultation and is provided for the Committee.

Background

1. The consultation proposal and draft guidance was reported to the Committee at its [October 2021](#) meeting, and agreed by Council for consultation in [November 2021](#).
2. This paper summarises the consultation process and outcomes, and presents updated draft guidance for consideration by the Committee.

Discussion

3. As has previously been reported to the Committee, the guidance at Annex B, uses fictional case examples to explore the issues that arise for osteopaths and patients when applying the Osteopathic Practice Standards in different contexts. This acknowledges the diversity of treatment approaches within the profession and clarifies the requirement for a patient-centred approach and adherence to the Osteopathic Practice Standards across all aspects of an osteopath's practice.
4. The guidance explores how the standards might be applied in the following circumstances:
 - a. Where an osteopath is also a member of another regulated profession and therefore subject to a different set of standards in addition to the Osteopathic Practice Standards

- b. Where the osteopath provides professional services other than osteopathy, either within or outside the healthcare context.
 - c. Where an osteopath seeks consent from a patient for a novel form of care or treatment.
5. The consultation took place between January and April 2022 in accordance with the agreed [consultation strategy](#). The [consultation document](#) was available on our website, and circulated to key stakeholders as set out in the strategy.
 6. We received 13 responses, including five from osteopaths, one from an Investigating Committee member, one from the Institute of Osteopathy and six from patients. A summary of comments received is included as Annex with comments in the right column.
 7. We also held two focus groups with ten osteopathic and lay members of the Investigating Committee and Professional Conduct Committee. Key questions raised at these groups were:
 - Is the draft guidance clear and accessible?
 - Are the case scenarios helpful in explaining the issues outlined in the guidance?
 - Is anything missing?
 - Could the guidance could be enhanced in any way?
 - Does the approach support our overarching objective of public protection?
 - Any EDI issues?
 8. In response, discussions included the following points:
 - For a lay person, the guidance was seen as helpful.
 - Would it be helpful to give some more guidance about providing written information for patients in advance to be clear about what to expect and what the demarcation was between osteopathic and other approaches, where relevant?
 - How are barriers between therapies demonstrated?
 - The case study approach is helpful, and the scenarios are interesting.
 - Might benefit from a bit more of the principles up front – maybe some form of flow chart to aid decision making?
 - Good to make the point between managed and non-managed environments (e.g., the nurse who's also an osteopath).
 - What if the nurse is asked to do something by a consultant that turns out to be incorrect – could this impact on her osteopathic status? Or an osteopath who's a professional sports person who injures someone playing sport – how might the OPS apply in such a case? What if there was negligence or a deliberate foul that caused the injury?

- Should we mention some of the legal precedents in this area within the guidance?
- Protected characteristics – osteopaths might fall foul of the legislation in another country (different characteristics within the UK nations).
- In terms of overarching objective, might be useful to include some wording to make it look more collaborative – engaging and supporting in order to maintain professional standards.
- Consent is an ongoing theme – how do we make sure that osteopaths make it clear what patients can expect.
- Might it be helpful to have a broad table of the types of issues which might arise at the outset?
- Would be helpful to have something on overarching principles – maybe reiterate ASA guidance.
- Osteopaths should be careful about what is offered – if not ‘typical’ osteopathy, how does this relate to advertising?
- Where are the boundaries about what we’re ‘not supposed to do’.
- The guidance is helpful, but from a PCC perspective, can’t ever give the full answer and can’t cover everything.
- Can we explore this with other regulators as to their approach?
- Some elements that a practitioner might advise on (healthy lifestyle/smoking cessation for example), but shouldn’t be giving detailed dietary/nutrition advice if not qualified.
- Question re the extent to which osteopaths are willing to or able to label the different elements of the care they’re providing.
- Patients need to be clear on what basis they’re being treated.
- How to record aspects of clear discussion.
- Discussion around potentially conflicting approaches, and the tensions the might arise, for example counselling/osteopathy. Some osteopaths may feel that they are providing counselling (or patients may think they are), but it’s important to work within clear parameters. An osteopath working as a counsellor would not be expected to reflect all elements of the OPS (osteopathic examination etc), but the professionalism aspects are equally applicable.
- No problem with using psychological aspects of pain management – in fact this would be expected for osteopaths, but they are not psychologists unless qualified as such.
- A worry that we’re being too prescriptive and will deter osteopaths from undertaking adjunctive work that might otherwise benefit patients.
- It’s good to keep the guidance relatively short and readable.

9. In response to some of these comments, we clarified that:

- The purpose of the guidance is to provide high level principles as to the application of standards for osteopaths undertaking treatment approaches that may be adjunctive, non-typical or novel.
- It is not intended to define a scope of practice, or to encourage or deter osteopaths from undertaking such approaches.
- We have had suggestions regarding the inclusion of some fairly specific scenarios along the lines of 'what if this happens' – it's not possible, though to cover every potential scenario.
- We had no specific EDI issues in mind, but are interested in any perspective on how the guidance as drafted might impact on particular groups, both patients and practitioners.

Updated draft

10. An updated draft Guidance document is included as Annex A. This takes into account some of the issues raised within the consultation as outlined above. Changes made to the draft are shown in red, with deletions crossed through. Key changes include:

- Reworded the introduction to provide greater clarity as to the role of the GOsC.
- Clarity that the guidance relates to all work undertaken by osteopaths including non-therapeutic activities.
- Extra wording to explain what is meant by 'adjunctive therapies'.
- Extra wording regarding the provision of information that patients need to inform decision making.
- Extra wording to conclude at the end of the guidance
- A final summary of key messages

Equality Impact Assessment

11. An Equality Impact Assessment has been developed and is included as Annex B. A copy of the updated guidance has also been sent to an EDI consultant for comment.

Recommendations

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2. To consider the Equality Impact Assessment.
3. To agree to recommend the guidance to Council for publication.