



Policy and Education Committee

9 March 2022

Osteopathic Practice Standards implementation

Classification	Public
Purpose	For discussion
Issue	Implementation of the Osteopathic Practice Standards.
Recommendation	To consider the work undertaken and planned in relation to the implementation of the Osteopathic Practice Standards.
Financial and resourcing implications	There will be financial implications in terms of engagement and resource development from existing budgets.
Equality and diversity implications	Communications, engagement and resources in relation to the implementation of standards are influenced by and take into account EDI considerations.
Communications implications	There are communications implications in relation to the development of resources, the promotion and dissemination of these and engagement activities.
Annex	None
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Key messages from the paper

- The current version of the Osteopathic Practice Standards (OPS) was implemented from 1 September 2019. We have supporting the implementation of the OPS since with a range of activities, which are outlined in the paper, including future plans.
- Our CPD evaluation survey suggests it is becoming routine for osteopaths to use the OPS when planning and recording their CPD.
- The CPD evaluation and implementation analysis suggests that osteopaths are getting much more confident with the OPS with high percentages of self-declarations across the four themes of the OPS.
- The NCOR concerns and complaints report shows a reduction in communication concerns, although an increase in boundaries concerns.
- In response, we developed a series of boundaries scenarios published in our ebulletins. These presented monthly scenarios to promote awareness of the types of boundaries issues which might arise in practice.
- We will be speaking to first year undergraduate students at all Osteopathic Education Institutions this year.
- Our forward looking activity includes:
 - continuing to develop and promote resources and/or guidance about professional boundaries.
 - piloting of a range of resources developed to promote and support values-based practice and shared decision making.
 - promoting the use of the OPS and guidance as a framework for informing professional judgement and decision making.
 - increasing our engagement with regional groups.

Background

1. The current version of the [Osteopathic Practice Standards](#) (OPS) was implemented from 1 September 2019. This paper provides an overview of various strands of activity which provide insight into progress made in implementing the standards since then. This includes work to support professional judgement and decision making, and plans as to how this will continue to be developed.

Discussion

2. Insights into the implementation of the OPS can be drawn from a range of sources, some of which have been reported to the Committee previously.

CPD scheme and the link to OPS

3. As members will be aware, the updated CPD scheme introduced in 2018 requires that osteopaths undertake activities that reflect the breadth of their practice across the three-year cycle. This includes ensuring that development activities reflect the four themes of the OPS.
4. The CPD evaluation survey for 2020-21 was [reported to the Committee](#) at its March 2021 meeting. This included the following findings:
 - 70% of osteopaths report they have used the four themes of the *Osteopathic Practice Standards* (OPS) to identify their learning needs, a 19% increase on 2019 figures.
 - 84% of the sample reported linking their CPD activities during their last 12 months to the four themes of the OPS, which is a 41% increase on 2019 figures.
 - Patterns are broadly the same as last year showing that CPD is being done across the four themes of the OPS, but slightly lower proportion still in Theme D: Professionalism, which still needs highlighting as a CPD activity.
5. The findings were positive in suggesting it was becoming routine for osteopaths to use the OPS when planning and recording their CPD, going beyond just awareness, to using the OPS to inform practice.
6. A paper was presented to Council in February 2022 outlining a [CPD evaluation and implementation update](#). This included data on self-declarations of CPD activity made up to 26 November 2021. In terms of the implementation of standards, the following data as set out in the paper is relevant:
 - 87% have undertaken CPD in Theme B: Knowledge, Skills and Performance.
 - 85% have undertaken CPD in Theme A: Communication and Patient Partnership.
 - 84% have undertaken CPD in Theme C: Safety and quality in practice.
 - 81% have undertaken CPD in Theme D: Professionalism.
 - 72.5% have completed CPD in both communication and consent and Theme A: Communication and patient partnership.
 - 75% have completed a communication and consent-based activity.
 - 60% have completed an objective activity.

7. This suggests that osteopaths are getting much more confident with the OPS themes and what activities can be undertaken under each of the Osteopathic Practice Standards themes.

NCOR Concerns and Complaints

8. The latest NCOR report on concerns and complaints data was [reported to the Committee](#) in October 2021. Key findings highlighted in this paper included:
- a. 'Significant reduction in complaints and concerns' (likely due to reduction in practice) '(103 osteopaths compared to 7 year mean of 153) and 115 concerns compared to 7 year mean of 274 (including false / misleading concerns).'
 - b. Osteopaths with less than two years in practice were least likely to be complained about. Osteopaths with between 3-5 years of experience are proportionately more likely to receive a complaint against them (2.5% in 2019 and 2.2% in 2020). 'But these figures are very low and have a small range (1.5 – 2.2%).
 - c. 'Notable areas of concerns and complaints related to COVID -19 were:
 - i. Complaints about 'conduct bringing the profession into disrepute' (7 year mean 6, 2020= 13).
 - ii. 'Not controlling the spread of communicable diseases' (7 year mean <1, 2020 = 6).
 - iii. 'Health of the osteopath to deliver care (7 year mean 2, 2020 = 4).'
 - d. 'Persisting areas of complaints were those relating to 'sexual impropriety' (7 year mean 12, 2020 =14,) and 'conducting a personal relationship with a patient' (7 year mean 4, 2020 = 5).'
 - e. 'Above average complaints were received about the environment, adjuvant therapies, criminal convictions and regulation specific issues, but all were in previous ranges recorded.'
 - f. Failure to communicate effectively has the second highest number of concerns and complaints but is well below the average for the previous years.
 - g. 'When the concerns and complaints are mapped against the Osteopathic Practice Standards (OPS) we can see that 'Professionalism' remains the area of most concerns'.
 - h. Concerns about advertising remain persistent.
9. In terms of implementation of standards, the reduction in communication related concerns is encouraging and may reflect the CPD scheme requirements to

engage more broadly with the OPS themes (which include Communication and patient partnership), and the mandatory communication and consent requirement. There is an increase in boundaries cases however, falling under 'professionalism' concerns.

Queries received

10. We get an indication of issues relating to implementation of standards from calls and queries that we receive from osteopaths, and also from patients, members of the public and others. Typical examples over the last year include:

Issue	Standards
Consent	A4
Practitioner values, ability to choose not to treat a patient and how to manage this	A7
Undergraduate training content and scope of practice Ability to undertake prescriber courses	B1, B2
Note keeping/records	C2
Safeguarding	C4
Queries around health and safety, infection control, isolation etc	C5, D11
Advertising, use of testimonials, selling of products	D1
Retention of patient records, planning retirement etc	D5

11. Clearly the pandemic has generated many queries over the last two years, particularly at the outset, with osteopaths seeking guidance as to how to manage their practices in what were unprecedented circumstances. Our [interim infection control guidance](#) (updated throughout the pandemic) provides guidance and signposted to government guidance and resources. This puts the guidance in the context of the OPS (particularly C5 and D11) to help inform osteopaths decision making in this respect.
12. With queries from osteopaths, particularly those of an ethical nature, our responses are similarly based on using the OPS as a framework to support their decision making. We will support them in considering the issue through the lens of the OPS and guidance, so they can exercise their own professional judgment.

GOSc regulation survey 2020 – carried out by Prof Gerry McGivern

13. We know from the [follow up study](#) undertaken by Prof Gerry McGivern to his [earlier research](#) published in 2015, that attitudes to the GOSc, regulation and the implementation of standards in practice has shifted. Key issues reported from the 2020 survey included:
- Osteopaths have become significantly more positive about evidence-based practice (EBP) since 2014. For example, 50% of osteopaths in 2020 agreed or strongly agreed that 'practising evidence-based osteopathy improves patient care', compared to 38% in 2014.

- Overall, osteopaths' views of whether the OPS and regulation are inappropriate are relatively unchanged but responses to individual questions are mixed. More osteopaths both agree and disagree that 'complying with the OPS restricts my ability to provide care that I believe would benefit patients', while overall osteopaths have become significantly more positive about this. However, significantly more osteopaths believe that 'Regulation is too focused on rare cases of serious malpractice rather than the day-to-day practice'.
- Osteopaths have become significantly more fearful of the consequences of non-compliance with the OPS and osteopathic regulation. For example, in 2020 61% (vs 45% in 2014) agree they 'comply with the OPS to avoid getting into trouble with the GOSc'.
- Osteopaths' understanding of regulations and compliance has improved. In 2020, 80% of osteopaths (compared 76% in 2014) agreed or strongly agreed that they are familiar with the OPS and 63% (compared to 49% in 2014) agreed or strongly agreed that they have a clear sense of whether they are complying with the OPS.
- Overall, levels of reported compliance remain broadly similar. In 2020, 41% (vs 45% in 2014) agree that what they do as an osteopath always fully complies with the OPS (20% in 2020 disagree vs 18% in 2014).

14. The 2020 study led to the suggestion of there being three main pathways to compliance with standards:

- **Pathway 1: Wanting to comply** (compliance via understanding and accepting regulations): The strongest levels of overall compliance are reported by osteopaths who are most positive about evidence-based practice (Pro-EBP) and the GOSc (Pro-Regulator).
- **Pathway 2: Disagreeing with regulations** (via anger): Disagreeing with evidence-based practice (disagreeing with Pro-EBP) or regulation (disagreeing with Pro-regulator) is strongly associated with Anger about regulation.
- **Pathway 3: worrying about compliance** (via anxiety): Feeling uncomfortable evidence-based practice in osteopathy and regulation can also be associated with anxiety, rather than anger.

15. We have used these three pathways to map some of the qualitative data from the CPD evaluation survey 2020-21 (see [Council Paper, May 2021](#)). We saw from this that the majority of osteopaths want to comply (Pathway 1), but we also saw a growing group of osteopaths that worry about compliance via anxiety (Pathway 3). This is seen most noticeably in relation to the new revised OPS and new components of the scheme: objective activity, PDR, and reflection. This compliance via anxiety is then increased quite considerably when it is viewed through an additional lens of COVID impact.

What have we done to support the implementation of standards

16. Over the last year, we have undertaken a range of activities to promote and support effective implementation and understanding of the OPS. These include:

Boundaries scenarios – promoting ethical practice

17. In response to recognition that boundaries issues were becoming more frequent in concerns and complaints, we developed a series of [boundaries scenarios](#) published in our ebulletins. These presented monthly scenarios to promote awareness of the types of boundaries issues which might arise in practice, and to prompt osteopaths to consider how these relate to the OPS (specifically D2 and its guidance), and how they might be managed. A response to each scenario was published in the following ebulletin, so that osteopaths could consider their own thinking in this context. Feedback on this approach has been very positive, with many indicating that they have found these scenarios useful. We have heard from groups who use them in discussions, and educational providers who similarly have utilised them in student tutorials.

Student presentations – introducing OPS from the start of the student journey

18. For a number of years we have offered to present to first year student groups with an introduction to regulation and professionalism, including the OPS. Generally we did some, but not all of the providers. This year has seen much better engagement with this process, however, and we have been able to see all first year groups except for one, which is planned for April. These have been mainly online, with one face to face session. The sessions are helpful to provide an overview of the GOsC at the outset of the student journey, to consider aspects of professionalism and the OPS, and to think about how these relate to students even at the outset of their education.

19. At a recent meeting with education providers we reiterated that as well as the above Year 1 (and the Year 4 preparing for registration) sessions, we could also present to other year groups if that would be helpful to support OPS implementation in a way that fits in with their own curricula. For example, tutorials on consent/communication or boundaries. Already, one provider has taken us up on this offer and we are planning a session with Year 3 students.

Engagement with regional groups

20. We have traditionally undertaken a number of engagement activities with regional groups, travelling to meet them in person. The pandemic has clearly curtailed this activity, but we are still able to meet online. During 2021 we ran bespoke online sessions for groups on mapping to standards, which included such groups as Osteowl and three sessions for the Waltham Forest regional group.

21. These sessions focussed on:

- Helping to answer common questions members might have in relation to mapping to standards.
 - Signposting registrants to useful resources that they can pick up and use such as completed reflective templates that are organised around the four themes of the OPS (eg CPD record template, CPD activity record template and CPD reflection form).
 - Example CPD activities that could be undertaken under each of the four themes of the OPS and particularly professionalism.
 - Illustrative example of mapping against standards - Kent and East Sussex case study.
 - Infographic on CPD activities osteopaths have reported doing in relation to Themes A, C and D generated from CPD evaluation survey data.
22. The Waltham Forest sessions which focused on case-based discussion and Peer Discussion Review led to the group changing their CPD attendance certificates to include a section on the OPS, so members could more easily map their CPD to the Standards and reflect on their CPD in relation to the OPS.
23. In January 2022 we held a session for the Bristol Osteopathic Society on communication and consent with some 50 participants.
24. In addition to this, all objective activity webinar series' (in case-based discussion, patient feedback and peer observation) examine the OPS and contain some form of mapping across the standards as part of the reflective activities. In the follow-up discussion sessions, many participants reported that they had chosen to map their CPD to individual Standards as opposed to the four OPS themes so they could reflect more fully on the Standards.

Future plans

25. We are planning a range of activities over the next year which will be relevant to the implementation of standards. These include:

Boundaries

26. Continue to develop and promote resources and/or guidance about professional boundaries to support the implementation of the Osteopathic Practice Standards:
- To increase awareness and understanding of boundaries breaches.
 - To understand and realign norms in relation to patient/practitioner boundaries.
 - To support understanding of the impact of boundaries breaches on patients and practitioners with a view to reducing reported concerns in this area.

27. Dissemination of Julie Stone's research: Supporting professionals, protecting patients: shifting the narrative on professional boundaries in osteopathy.

Values project

28. We have been liaising with Professor Bill Fulford and Ashok Handa of the [Collaborating Centre for Values Based Practice in Health and Social Care](#) regarding the piloting of a range of resources developed to promote and support values-based practice and shared decision making.

29. We are looking to arrange a workshop style meeting with researchers and others in May 2022 to explore options for piloting and evaluating the impact of resources before a larger scale release.

Promoting ethical practice and professional judgement

30. The use of case scenarios to promote boundaries issues was positively received, and we will look to continue using this format to address some of the ethical and other issues which arise in practice, promoting the use of the OPS and guidance as a framework for informing professional judgement and decision making.

31. We are considering whether and how best to develop more permanent guidance to supplement the standards in relation to infection control (specifically OPS C5 and D11), given the experience of the last two years.

Engagement

32. We are planning on increasing our engagement with regional groups this year, with a combination of online and face to face meetings as required. Now that the CPD scheme is (for many) ending its first cycle, we are hoping to be able to shift the emphasis of engagement to promoting professional practice, implementation of standards, and professional judgement rather than the specific demands of the scheme itself. This will also be an opportunity to promote key activities, and project outcomes such as the Boundaries review.

Students

33. As mentioned above, we have either seen, or plan to see, all first-year groups this year. The take up was enhanced through more direct engagement with the education providers to arrange these, and we will continue with this approach. Again, within resource limits, we are keen to support providers by presenting to other year groups to promote the OPS and professionalism.

Committee considerations

34. We are interested in the Committee's perspective on our approach to supporting the implementation of the OPS as outlined in this paper:

- Do we have sufficient understanding of the impact of our work on the implementation of standards?
- Are the activities undertaken and planned sufficient?
- Have we missed anything?
- Is there anything else that we could do to promote effective implementation of the OPS?

Recommendation

To consider the work undertaken and planned in relation to the implementation of the Osteopathic Practice Standards.