



## **Policy and Education Committee**

**7 October 2021**

### **Fitness to Practise: Osteopathic Practice Standards and Adjunctive Therapies**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	Protecting patients and supporting other stakeholders in understanding the application of the Osteopathic Practice Standards in relation to the breadth of practice undertaken by osteopaths.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To agree to recommend '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', for consultation in accordance with the strategy outlined.</li><li>2. To note the Equality Impact Assessment.</li></ol>
<b>Financial and resourcing implications</b>	Consultation and engagement costs are included in our 2021/22 budget.
<b>Equality and diversity implications</b>	Equality and diversity issues are a key component of this work. The development process has not revealed any particular equality, diversity and inclusion issues for groups with particular protected characteristics. However, we will explore this explicitly as part of the consultation. An equality impact assessment has been developed and is included as Annex D.
<b>Communications implications</b>	The draft will be shared with stakeholders to seek feedback to inform the development of a final draft for consultation.
<b>Annexes</b>	Annex A - Draft guidance for osteopaths: 'guidance on the application of the Osteopathic Practice Standards in relation to the application of adjunctive therapies, non-osteopathic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'



Annex B – Consultation strategy

Annex C – Consultation document

Annex D – Equality impact assessment

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## Key messages from the paper

- This paper updates the Committee on the scoping exercise undertaken over the summer in regard to the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the Osteopathic Practice Standards.
- Draft Guidance, a draft consultation strategy and draft consultation document is presented to the Committee for recommendation to Council for formal consultation. An Equality Impact Assessment has been undertaken to inform the consultation.

## Background

1. We updated the Committee at its [June 2021](#) meeting on work undertaken in relation to the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the application of the [Osteopathic Practice Standards](#).
2. The Committee agreed with the proposed plan to disseminate the draft guidance more widely over the summer, to inform the development of a final draft to be reported to the October Committee meeting.
3. This paper updates the Committee on the outcome of this process, and sets out plans for a formal consultation and an Equality Impact Assessment.

## Discussion

4. As was reported to the Committee in June 2021, the guidance at Annex A, 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. It recognises that applying the standards of professionalism to all areas of an osteopath's practice presents few difficulties, but notes that there are potential challenges in understanding how to apply some of the other standards.
5. 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.

6. As agreed by the Committee, we contacted key stakeholders to seek feedback of the draft guidance to inform its development. These included:
  - The Osteopathic Development Group (made up of the Institute of Osteopathy, The Osteopathic Alliance, NCOR and the Council for Osteopathic Education Institutions).
  - Patients, via our patient group.
  - Members of our Investigating Committee and Professional Conduct Committee.
  - The wider profession via our ebulletin.
7. We had five responses which are summarised in the table below. These were generally supportive. We have broken down the feedback in relation to general comments, references to the case studies, and suggestions where these were made. On the right, we have responded to the comments made.

No	General	Case studies	Suggestions	Comments
1	<p>It does seem sensible to issue guidance such as this as there can be confusion around it.</p> <p>I like the way it is laid out and the use of examples. I wonder though if maybe they could be tweaked a bit.</p>	<p>The example of someone being a qualified acupuncturist for example is a good one but I would imagine that few have dual registration. It is more likely that they have some form of needling qualification such as medical acupuncture or dry needling. A quick count in Wales about ten years ago revealed that approx. 50% of osteopaths practised some form of needling whereas only 1% had a full Chinese medical acupuncture qualification.</p>	<p>I wonder if the IO have any data on how many people have dual registration for nursing, medicine, acupuncture etc. this may help with the use of examples. This may make it more relevant to more people.</p>	<p>We focused on the dual qualification aspect to emphasise the distinction between the two approaches, as opposed to an osteopath incorporating dry needling as part of their day to day osteopathic practice. We used the dual registration aspect deliberately to demonstrate that an issue affecting one of those areas of practice, might also impact on the other.</p>
2	<p>I have just read the draft document I think it is useful and the case studies are informative.</p> <p>I would emphasis this Issue of ensuring a patient knows what to expect before they arrive at the practice so practitioners</p>		<p>I think it might be necessary to discuss the premises that practitioners work from. Some may have a practice where they are working as an osteopath and offer other therapies from home or other different locations. It would be useful to remind them that they have to maintain standards</p>	<p>The guidance already includes: <i>'The OPS apply to the osteopath's work in all circumstances. For example, an osteopath treating a patient as a sports massage therapist must apply the same standards as they do when treating patients as an osteopath.'</i></p>

	should have regard to the way they promote themselves.		wherever they work.	And ‘An osteopath will always be bound by standards of professionalism in whichever context they practise.....’
3	<p>On the whole I feel this is a great step forward, bringing much needed clarity and support to the OPS. Hope these are of some interest.</p> <p><b>Is guidance necessary for osteopaths who undertake adjunctive therapies in relation to the application of the Osteopathic Practice Standards?</b></p> <p>Guidance is helpful for osteopaths, patients, those working in the Fitness to Practise arena as well as those providing CPD or osteopathic education. It is really important to ensure there is a focus not only on current practise but equally important upstream, at undergraduate level where there may be many students ( as</p>	<p><b>Are the case examples helpful in providing guidance?</b></p> <p>Yes, very helpful, however what is perhaps needing more clarity is the situation where for example there is a dual qualified practitioner working in the NHS. Examples 2 &amp; 3 are helpful, however in the scenario which may be more likely, for example in orthopaedics; a potential conflict may arise as within the NHS framework the remit of the practitioner may be very limited contractually in terms of “osteopathic” patient engagement (I.e. not involved in diagnosis, treatment plan, discussion of alternatives, in particular what falls under OPS C1, but equally relevant may be A1,2,3,4) as often within the NHS the physio is referred a patient for a specific course of treatment decided upon by the</p>	<p>What would be helpful is to have extracts from other healthcare regulators on this same issue in order to demonstrate that this is not simply a GOsC initiative, but an area of interest of other regulators.</p> <p>I would welcome the draft guidance being put out for consultation to a wider audience – osteopaths, undergraduates, patients, OEIs, CPD providers.</p>	<p>Regarding dual qualified NHS working (we mention a nurse) rather than, say a first contact practitioner who is in such a role because of their status as a registered osteopath and thus an Allied Health Practitioner.</p> <p>The consent issue raised by the respondent here is interesting, and implies that the referrer handles the consent, with the osteopath being more passive in this process. It would still be required that the osteopath followed the requirements of the OPS however, in relation to the implementation of that role – so explain the benefits and risks, provide options,</p>

	exemplified, who are already practising in another field).	referring practitioner and consented to by the patient with the referring practitioner.		and gain consent to the proposed approach.  This feels like a separate issue to the adjunctive therapy one – in this case an osteopath being an osteopath, albeit in the NHS.
4	This is a very timely initiative. I recently served on a PCC panel hearing a case where there was disagreement between patient and Osteopath regarding the precise role of the registrant who was offering a treatment approach for which he was registered under a different jurisdiction. Leading on from this, a suggestion was made that it would be advisable to establish explicitly at the outset (in writing) what the 'contract' is between the registrant and patient if the registrant is offering adjunctive therapies when they are registered with	Although there is an argument against providing a prescriptive list, and the use of case study examples in the draft document is a good starting point, it might be useful to offer up further examples (such as this recent PCC case) that could further clarify the dividing line between an Osteopath including supplementary interventions (such as dietary and exercise advice) and providing treatment based on skills originating outside the osteopathic educational arena and separately regulated.  Because the definition of Osteopathy is 'what an		We have already tried to distinguish between these in the case scenarios.

	other regulators (statutory or otherwise).	Osteopath does', and vice-versa, my own opinion is that adherence to the OPS by an Osteopath (who is currently using that title) 'trumps' any other considerations, regardless of what the actual 'treatment' is (if any).		
5	I think this is a very good document - it explains well how the GOsC will apply the OPS to wider considerations than simply the manual therapy aspects of practise; clarity that is I feel needed for the profession.	Something that I would ask you to consider is incorporating a case study about the application of the OPS to the practise of Osteopathy on Animals. By my rough estimation, there are between 3-500 registrants who are qualified to treat Animals and the question is often asked by students on the course I lecture on about whether the OPS apply to Veterinary Osteopathy. It would, in my view, be a helpful inclusion for a subset of the profession.		We don't regulate animal osteopathy, and it is suggested that it would be better not to include in this guidance.



### *Updates to draft guidance*

8. In the light of the above, we have retained the guidance as drafted, and not further developed this at this stage, but the planned formal consultation will provide the opportunity to explore such aspects further.

### *Consultation*

9. A draft consultation strategy has been developed and is included as Annex B to this paper. The consultation document draft is included as Annex C. The Committee is asked to consider these and provide feedback.

### *Equality Impact Assessment*

10. An Equality Impact Assessment has been developed and is included as Annex D.

### *Timetable*

11. The indicative timetable for the consultation as set out in the strategy document is as follows:

<b>Month</b>	<b>Activity</b>
25 November 2022	Council approval of draft guidance for consultation and consultation approach
Early January 2022 – End March 2022	Consultation
April – May 2022	Analyse feedback and finalise draft guidance
June 2022	Report to PEC
July 2022	Report to Council
Following Council approval	Publish and publicise guidance

## **Recommendations**

1. To agree to recommend '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', for consultation in accordance with the strategy outlined.
2. To note the Equality Impact Assessment.