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SAFEGUARDING
UPDATED
GUIDANCE

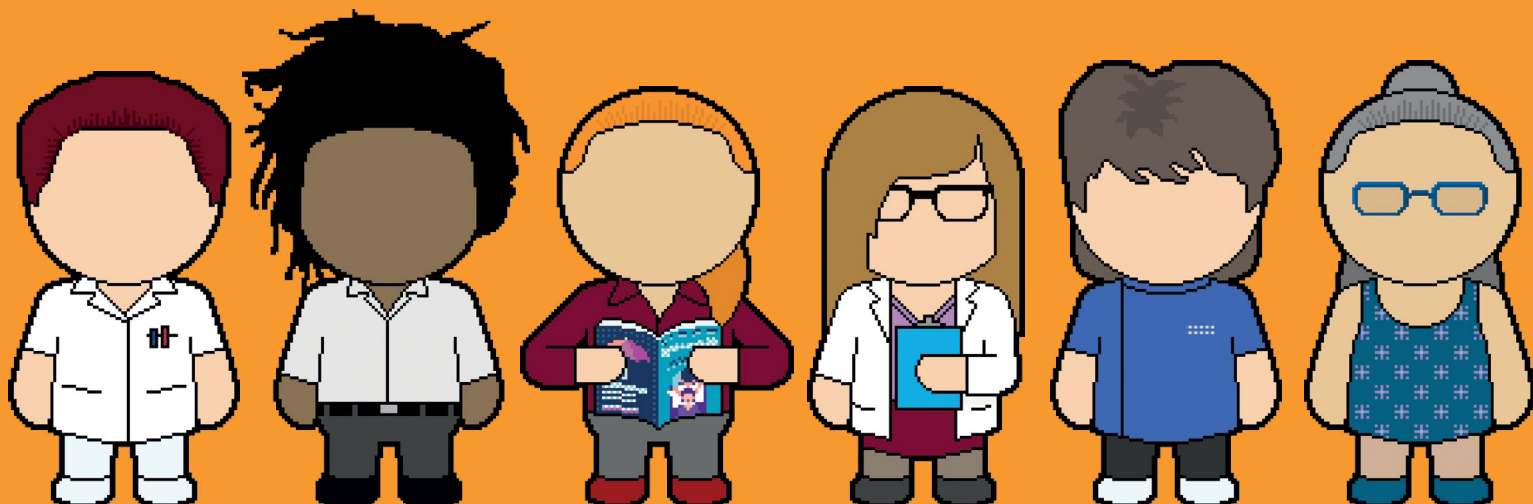
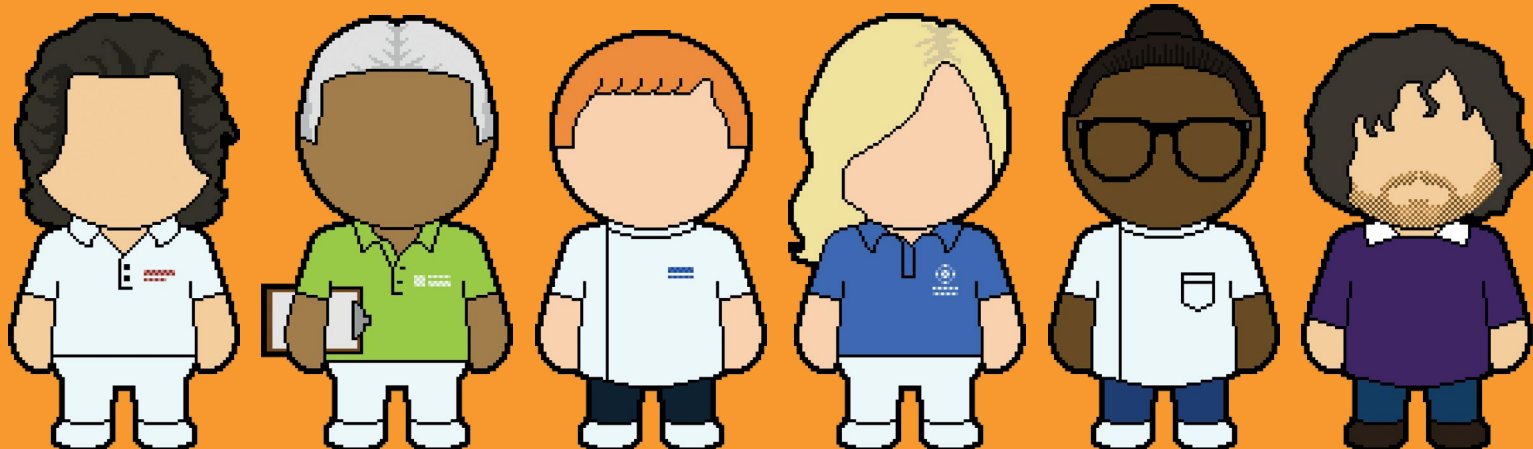
CPD CONNECT
TIPS AND
RESOURCES

INSURANCE
WHAT YOU NEED
TO CHECK

The Osteopath

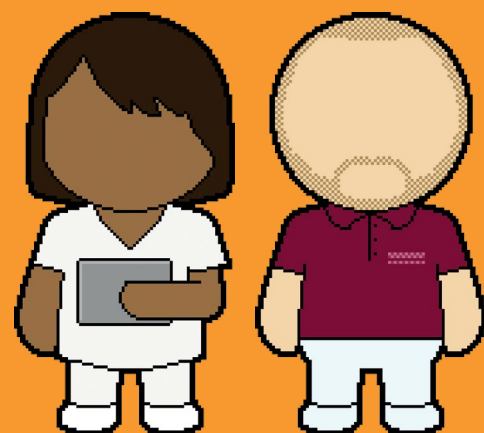
Supporting high standards in osteopathic practice

MARCH/APRIL 2019 | VOL 22 | ISSUE 2



**YOUR CPD
SCHEME,
YOUR VIEWS**

TAKE PART IN
OUR ANNUAL CPD
EVALUATION SURVEY





General
Osteopathic
Council

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cpd.osteopathy.org.uk

Osteopathic Practice Standards:
standards.osteopathy.org.uk

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Education, standards and new CPD scheme

Osteopathic education, the Osteopathic Practice Standards, the new CPD scheme, policy development and research, enhanced patient partnership, patient care and patient safety.
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x230 or x233

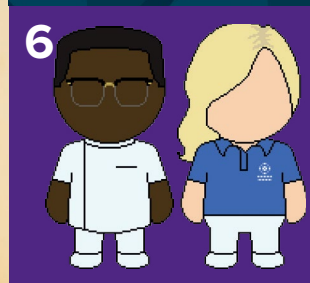
Registration

The current CPD scheme and CPD audits.
cpd@osteopathy.org.uk
x235

Applying to the Register, annual renewal, registration fees, updating your details, practising status and professional indemnity insurance.
registration@osteopathy.org.uk
x229, x256 or x238



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[osteopathy.org.uk/
theosteopathmagazine](http://osteopathy.org.uk/theosteopathmagazine)



Welcome



We are launching the 3rd annual CPD Evaluation Survey in this issue – please do take part. How prepared do you feel for the new CPD scheme? Whether you've started the new scheme or not, this year's CPD Evaluation Survey will help you prepare and could reassure you – many osteopaths

are realising that the new scheme is not so different to what they are already doing. Also, your feedback enables us to develop new tools and resources to help you, see p8. We look forward to hearing from you all.

If you're thinking about getting started on the new CPD scheme, why not try a case-based discussion? There's a new workbook to help you (p5) and two osteopaths share their experiences and learning points, on p10.

Safeguarding is the subject for this issue's focus on the Osteopathic Practice Standards. GOsC Policy Manager, Steven Bettles, explains the changes in the updated standards, on p16.

Have you checked that you have the correct insurance lately? On p14 we explain the differences between professional indemnity and public liability insurance and what you need to check to ensure that you and your patients are fully protected.

You can also read a discussion of why research is good for osteopaths and their patients (p17) plus a guide to registering for final year students (p20).

Thank you to everyone who took part in our recent readers' survey, we'll report back on the key findings in a future issue.

Clare Conley

Managing Editor

Email: editor@osteopathy.org.uk

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Update

March/April 2019

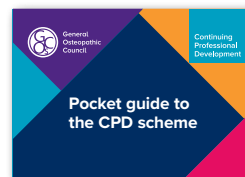
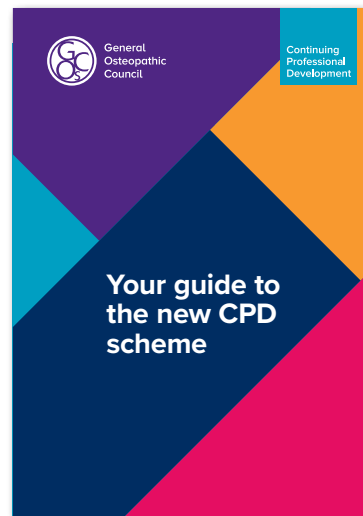
NEW CPD

CPD pack provides guide to new scheme

You will receive a new CPD pack three months after you start the new scheme. Remember, osteopaths start at different times, depending on their renewal dates.

We are writing to each osteopath with detailed information about the requirements of the new scheme as they join it. And this will be followed a few weeks later by an email with some useful links to help get you started. We will follow this up with a CPD pack, which will be posted out to you. The pack includes a booklet, 'Your guide to the new CPD scheme', and a pocket guide to the main features of the new scheme. The pack contains helpful information, useful tips and plenty of links to further resources to help and support you in meeting the requirements of the scheme.

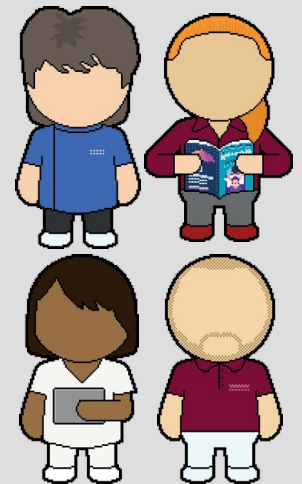
- You can read 'Your guide to the new CPD scheme' and download a pocket guide, now at: cpd.osteopathy.org.uk/yourguide
- Tell us what you think of the booklet and pocket guide by answering our quick survey at: bit.ly/cpd-pack-feedback
- Find out more about when you join the new scheme at: cpd.osteopathy.org.uk/when-do-i-join
- Make sure we have your current email address, so you don't miss out on this and other important information. You can update your contact details at any time, in the o zone – go to the 'Update my details' area in the 'My registration' section.



NEW CPD

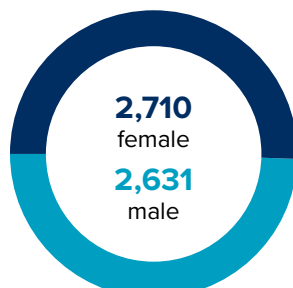
Your CPD scheme, your views

Why not fill in the 3rd annual CPD Evaluation Survey now? Taking the survey gives you the chance to reflect on and plan your CPD and you can also claim CPD for it. Find out more on p7 or go straight to the survey at: bit.ly/CPDsurvey19



SNAPSHOT

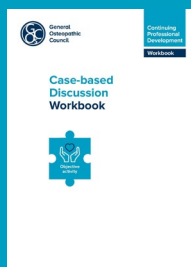
REGISTER STATISTICS: 1 MARCH 2019



NEW CPD

Try a case-based discussion: new workbook

This new workbook will help you prepare for and carry out a structured case-based discussion, which is an option for an objective activity in the new CPD scheme.



In fact, case-based discussion can cover many of the key requirements of the CPD scheme. In addition to being an option for an objective activity, you may also be able to

cover communication and consent and the four themes of the Osteopathic Practice Standards, by carrying out a case-based discussion and reflecting on the learning points for your CPD.

A case-based discussion is basically a discussion about a particular case (which could be an anonymised real case or you can develop an example scenario) in a group, with another osteopath or health professional. As it's an objective activity, you'll need to get external objective feedback, reflect on this feedback and develop learning points, which will help to enhance your future professional

practice. You'll need to carry out at least one objective activity in the three-year cycle of the new CPD scheme.

The Case-Based Discussion Workbook covers:

- A short overview of the new CPD scheme
- What is a case-based discussion? How to prepare and choose a case to discuss
- Duties of confidentiality when discussing anonymised cases
- How to structure the discussion, with example templates
- Reflecting on how your learning points link to the requirements of the new CPD scheme – there are reflection sheets to help you do this and to record the activity for your CPD records

The Case-Based Discussion Workbook, and other useful workbooks, are available in PDF and in editable Word format, at: cpd.osteopathy.org.uk/workbooks

GOSC NEWS

New Chief Executive joins the GOsC

Leonie Milliner started her new role as the GOsC's Chief Executive and Registrar on 4 March. Leonie joins the GOsC from the Association for Nutrition, where she led voluntary regulation for Registered Nutritionists as Chief Executive. She has worked previously for the Royal Institute of British Architects and in the education sector. Leonie also brings experience from her non-executive career, including with the General Pharmaceutical Council, and Nursing and Midwifery Council. Key stakeholders from many organisations across the sector were involved in the recruitment process for the appointment of the GOsC's new Chief Executive, including the Institute of Osteopathy, the National Council for Research, and the Osteopathic Development Group. We look forward to sharing Leonie's priorities for the GOsC in future issues of The Osteopath.



NEW CPD

Call out for new CPD content

Are you in a virtual CPD group where you don't actually meet in person? Perhaps you chat online or via Skype? Or have you had a good session on the new CPD scheme at your regional or local group?

Osteopaths have told us that they find it really useful to hear from other osteopaths sharing case studies, tips and their experiences of trying out the features of the new CPD scheme. So we are keen to continue to provide new content and examples in The Osteopath and on the new CPD site at: cpd.osteopathy.org.uk

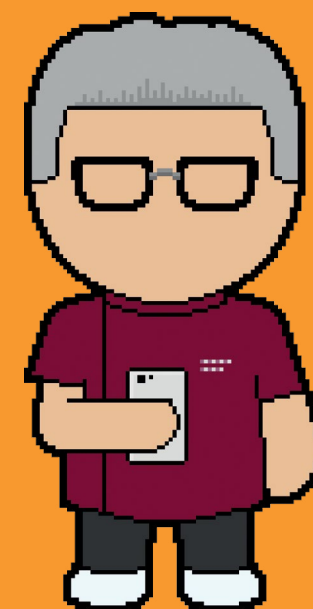
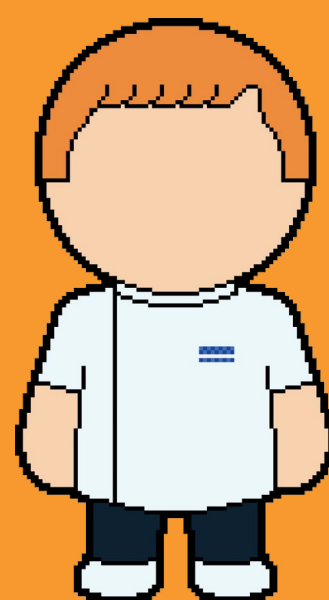
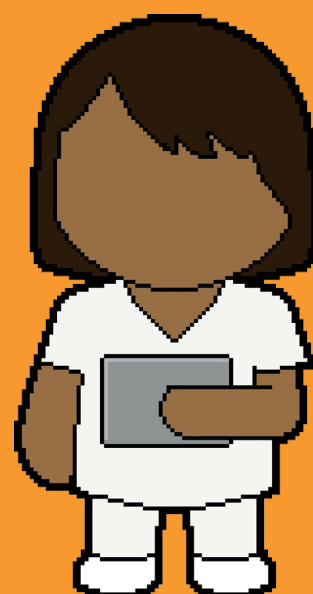
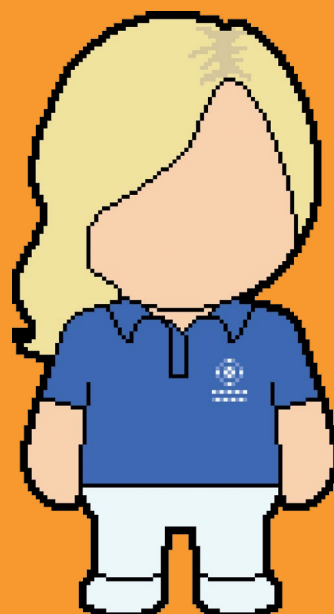
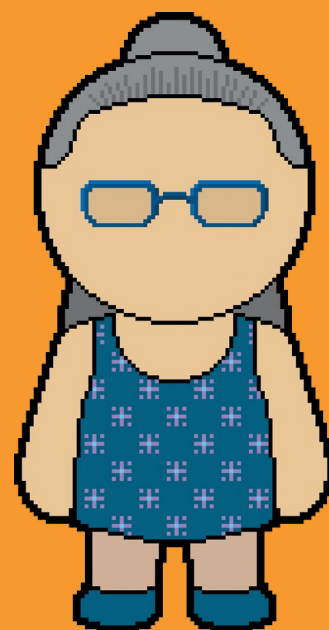
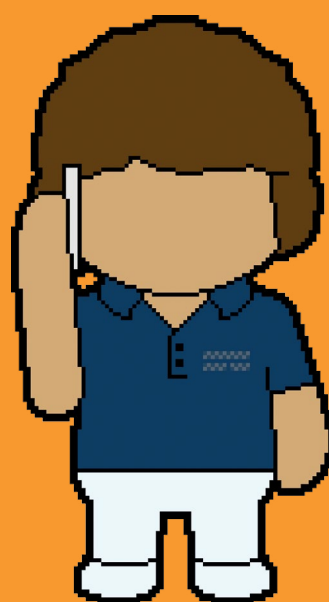
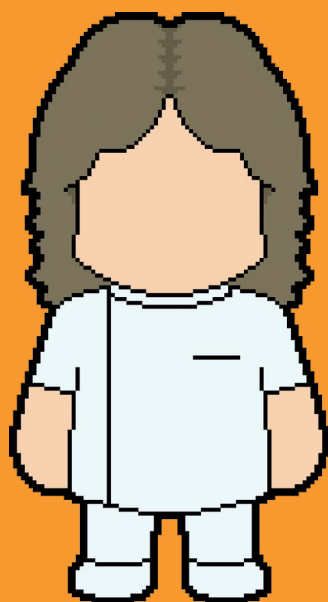
More osteopaths are connecting for CPD with virtual groups, where they can fit meetings round clinic hours and other commitments.

Read about how three osteopaths set up a Skype group at: cpd.osteopathy.org.uk/virtual-groups We'd really like to hear from more osteopaths who are connecting like this for your CPD, so do get in touch.

Or has your regional group covered a new element of the CPD scheme recently? How did you do this and were there any resources on the CPD site that you found particularly useful? For example, read how the Carlisle Osteopathic Group used role play to develop case-based discussions (an objective activity option): cpd.osteopathy.org.uk/learn-from-others/stories/case-based-discussion-carlisle-osteopathic-group

CONTRIBUTE YOUR TIPS AND CASE STUDIES ON NEW CPD

If you are interested in sharing tips or a case study, please email: editor@osteopathy.org.uk It will be quick and easy – you don't need to send a final article, instead you can answer some brief questions by email or the information can be taken over the phone if you prefer. The final version will be checked with you before it is published.

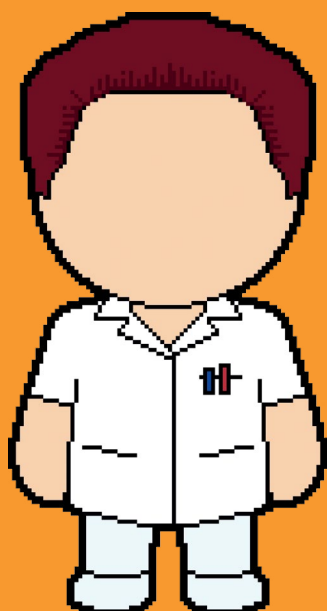
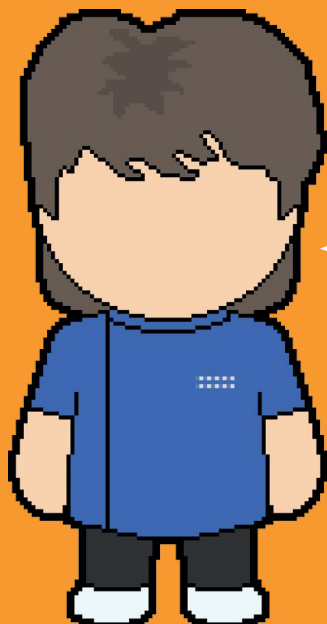




Your views count

Taking part in this year's CPD Evaluation Survey will allow you to reflect on your own development – and you can claim CPD for it

Illustration: Craig Robinson – Debut Art



The GOC's 3rd annual CPD Evaluation Survey is open until Tuesday 9 July 2019. The feedback you give us through this survey is really important because it means we can develop the tools and resources you tell us you need, so you can get the most from the new CPD scheme.

Osteopaths have told us that taking part in the two previous CPD surveys has been useful to them for taking some time to think and reflect on where they are with their CPD, while also giving them some time to plan ahead for areas they would still like to focus on in the future. You will be able to claim the time you have taken on the survey as CPD – once you have completed the survey, you can download your answers to keep for further reflection and to add to your CPD record. (But do remember to download your answers within 15 minutes of pressing submit.)


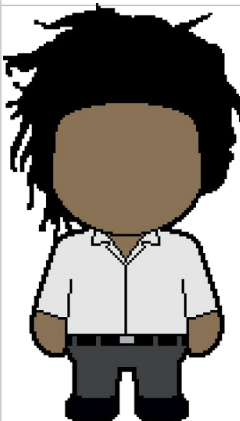
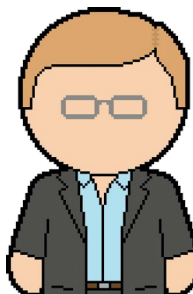
We were pleased to receive more than 500 responses to the 2nd annual CPD survey and we would like to get even more responses this time. We are running this 3rd annual survey slightly later this

year than last year because, by the time the 3rd survey runs, over half of the 5,300 osteopaths on the Register will have started on the new CPD scheme. This means that your views and thoughts could benefit the development of resources for the whole professional community of osteopaths. As well as filling in the survey yourself, please do encourage your colleagues, and any groups you are involved in, to take the survey too. Remember, we want to hear from you even if you haven't started on the new scheme yet – taking the survey will help you to prepare for the new scheme.

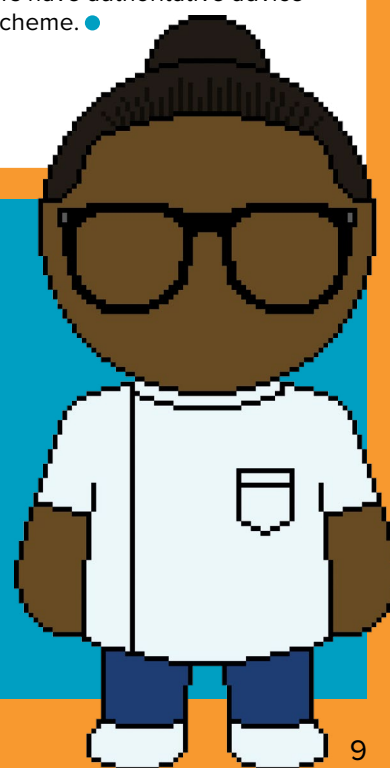
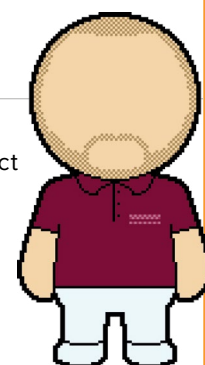
'You said, we did' and we will do more

In the past two surveys, at face-to-face events and through a variety of other ways, we have been listening to your feedback and working out what we can provide to help you with your concerns and information needs in relation to the new CPD scheme. The table on the following pages shows a summary of what osteopaths have told us and what we have done in response to those concerns, plus more on what we plan to do: → p8



You said...	We did...	We are planning to do more...
<p>‘When do I start the new CPD scheme?’</p> 	<p>All osteopaths should have received an individual letter outlining their start date, as well as their own copy of the special launch issue of the September/October 2018 The Osteopath magazine telling you all you need to know about the scheme. See: bit.ly/TheOsteopathSeptOct2018</p> <p>We have also published information and advice on our website and regularly promoted key information in our monthly news ebulletins.</p> <p>If you want to check when you start the new scheme, see: cpd.osteopathy.org.uk/when-do-i-join</p> <p>You can find an overview of the scheme and the new elements at: cpd.osteopathy.org.uk/getting-started</p>	<ul style="list-style-type: none"> ■ We will notify you in your next annual registration renewal letter that you have moved onto the new scheme. ■ Then we will email you with some useful links. Next, keep an eye out for a special pack when you move into your first three-year CPD cycle which will provide even more resources and support to help you participate in the CPD scheme. ■ The pack will include a ‘Your Guide to the New CPD Scheme’ booklet. For a preview, see: cpd.osteopathy.org.uk/yourguide ■ We will also follow this up with a digital version of the booklet, so you can have your own digital copy and use all the links more easily.
<p>‘What are the CPD requirements if you’re part-time?’</p>	<p>Osteopaths working part-time, as now, must complete all the requirements of the CPD scheme because all osteopaths on the Register have a duty to patients to keep up to date. We provide free online resources at cpd.osteopathy.org.uk to help osteopaths undertake CPD cheaply and simply.</p>	<p>We can look at providing further examples of CPD for osteopaths working part-time, if there is more demand for this. Why not fill out the CPD Evaluation Survey this year and let us know.</p>
<p>‘I’m unclear about the specific details and requirements of the new scheme’</p>	<ul style="list-style-type: none"> ■ We have refreshed the CPD microsite: cpd.osteopathy.org.uk, to make it easier to find your way around. ■ We have included a range of guidance and resources to help you with the CPD scheme. You’ll also find case studies from osteopaths and CPD groups who have started trying out the features of the new scheme. ■ We designed a jigsaw graphic to encapsulate the scheme. See: The Osteopath on p7 bit.ly/TheOsteopathSeptOct2018 	 <p>We will continue to provide resources, examples and animations to illustrate some of the queries and concerns that you raise – your feedback in this year’s survey will help us to tailor these resources and focus on the areas you tell us you need most.</p>
<p>‘I’m unclear about what evidence will be required and how to record my CPD under the new scheme’</p>	<p>We have developed workbooks including the Keeping CPD records workbook. See cpd.osteopathy.org.uk/workbooks</p> <p>This can help support you to record your CPD and how to share records with peers.</p> <p>We have redesigned the CPD Annual Summary form into an online CPD Diary. This will be available in the My CPD section of the o zone, once you’ve started on the new scheme. See p15 bit.ly/TheOsteopathNovDec2018</p> <p>There’s information on what evidence the GOsC requires in the CPD Guidance: cpd.osteopathy.org.uk/cpd-guidance</p>	<p>There is information about what evidence you will need to provide in the pack you will be sent after you join the new scheme. But you can read the booklet now, if you want to get ahead: cpd.osteopathy.org.uk/yourguide</p> <p>We can provide more examples of completed CPD records to increase knowledge and understanding. Let us know if this would be useful by completing this year’s survey.</p> 

You said...	We did...	We are planning to do more...
‘Please can you keep it simple’	<p>We have designed a ‘jigsaw’ graphic, see p7 bit.ly/TheOsteopathSeptOct2018 plus a two-minute animation to summarise the CPD scheme: cpd.osteopathy.org.uk/cpd-overview</p> <p>We have provided examples of what you could do across your CPD cycle in the CPD Guidance: cpd.osteopathy.org.uk/CPD-guidance</p>	<p>We can explore new and different ways of presenting information that do not involve written guidance. Let us know through the survey what else would help you or in which areas you feel you need more support.</p> <p>We have been simplifying the workbooks and writing introductory guides, and will continue to do this, in response to your feedback.</p>
‘It would be helpful if CPD providers could link their provision to the GOsC CPD scheme’	<p>We have published CPD Guidance for Providers to encourage them to do just this: cpd.osteopathy.org.uk/resources/cpd-provider-guidance We have sent this guidance to providers. And, for example, at the Institute of Osteopathy (iO) convention sessions in October 2018, the iO helpfully set out which aspects of the GOsC CPD scheme were being covered, which osteopaths reported as being very useful.</p>	<p>We will continue to engage with CPD providers to encourage them to link their provision explicitly to the GOsC CPD scheme to help osteopaths. But do let us know when you complete the survey if there is something else that would be useful for you.</p>
‘Please support me to connect to other osteopaths’	<p>We have published information about how to set up your own regional or virtual group and provided examples and tips from osteopaths who have done this successfully in The Osteopath and on the CPD microsite. See: cpd.osteopathy.org.uk/regionalgroups and cpd.osteopathy.org.uk/virtualgroups</p>	<p>We are planning to do more work to help osteopaths connect online and we are working with the Institute of Osteopathy to explore this further.</p>
‘Who can I ask if I have questions about the scheme?’	<p>You can feed your questions into the lead of your regional CPD group, as we are holding a series of webinars for them (see p13).</p> <p>You can have a look at cpd.osteopathy.org.uk which has a wealth of advice and guidance, plus resources.</p> <p>Or you can contact the GOsC by email at: newcpd@osteopathy.org.uk</p>	<p>We will work with other providers to encourage them to help you with your questions about the CPD scheme. We can make sure that CPD groups and others have authoritative advice about the CPD scheme. ●</p>



It's your chance to take part in the 3rd annual CPD Survey

Taking part in the survey will help you to:

- Prepare for the new CPD scheme
- Inform the development of resources to support you to successfully participate in the scheme
- You can claim 30 minutes of CPD for completion of the questionnaire, along with any additional time spent reflecting on the content, either individually or with a colleague.
- Remember to download your answers for your CPD record, after you press submit, at the end of the survey – do this within 15 minutes of completion.

The survey is now open, so take part now before it closes on: 9 July 2019.

Go to: bit.ly/CPDsSurvey19

■ Case-based discussions can take place in person, over the phone or by Skype.



Case by case



Case-based discussions are an objective activity option for the new CPD scheme. Managing Editor, **Clare Conley**, talked to two osteopaths about what they learned from this CPD activity



‘For me, the learning point was to manage patient expectations better and to communicate clearly, prior to treatment, what was likely to happen’



Phil Wise graduated from the European School of Osteopathy (ESO) with a BSc (Hons) in Osteopathy, in 2006. He works at two different practices in Maidstone, and also helps to teach technique at the ESO one morning each week. He has been particularly interested in CPD courses focusing on visceral techniques, since graduating.

Phil Wise, based in Maidstone, and Martin Rose, based in Whitby, carried out a case-based discussion together after taking part in one of the GOSc’s webinars for the new CPD scheme. They each chose an anonymised version of a real case that they had dealt with in practice, which they felt they could learn from, for the discussion.

After speaking on the phone to fix up a suitable time around their practices – for them this was a Saturday – they emailed the anonymised case notes to each other in advance. They then talked about each of their cases, and the learning points, for about an hour and a half. Phil said that as it was a nice sunny day, he was able to chat from his garden! Martin and Phil used resources and templates from the GOSc CPD microsite (see box on p12) to provide some structure to their thinking and discussions, while also thinking about how to link the activity to the Osteopathic Practice Standards (OPS) themes covered.

‘I don’t feel so anxious about my Peer Discussion Review now’

What case did you choose to discuss?

Mr X is a 36-year-old man who has been unemployed for a long time. He likes walking and carries a rucksack everywhere. He has had ulcerative colitis for nine years, and takes slow release anti-inflammatories for that. He’s also been diagnosed with anxiety for a number of years and takes citalopram as well as beta blockers. He had no significant history of surgery, fractures or other illnesses or accidents. His main complaint was low back pain, and the overall diagnosis of a likely L5/S1 facet inflammation on the right side more than the left, with somatic dysfunction around the upper lumbar area.

I treated the patient using a very conservative and gentle approach with GOT (general osteopathic treatment) and a little lift at the T12. He reported feeling no real pain in comparison, that he was happy with the treatment outcome and he re-booked for a week’s time. On his second appointment, he reported a 15% improvement overall. While this wasn’t the level of 50 or 60% that is quite common, I understood it in this case, as there were quite a few complex factors. So I took a similar sort of treatment approach and the patient seemed happy enough and he made a third appointment.

However, Mr X called five days later to cancel the appointment, even though he had felt about another 15% improvement, so a total of 30% by this point. He said that while there was no personal problem with me, he was expecting to feel better faster and wanted to try physiotherapy instead. I wished him well and said he’d be welcome back to my clinic at any time in the future.

What were the main learning points?

I sensed in the second appointment that perhaps the patient was expecting

a bit more or maybe some different treatment. I realised, after talking this case through with Martin, that I should have communicated more clearly that, taking all the various factors into account, it was unlikely to be a ‘quick fix’ and he was likely to need around 6 to 10 sessions at least. Plus, that any improvement would also depend on how much work he was prepared to put in and what else was going on in the rest of his life. So, for me, the learning point was to manage patient expectations better and to communicate clearly, prior to treatment, what was likely to happen and how long it might take.

In terms of linking this CPD activity with the OPS themes, I found that it mainly involved:

Theme A: Communication and patient partnership.

What do you do differently now?

I’m very careful to communicate the prognosis clearly prior to treatment now, and to make sure that the patient understands the implications of this. Making a learning point of it, means that you really ‘plug it in to your brain’ and remember to do it. Otherwise, you could just end up repeating the same mistake.

Has this helped you to feel more prepared for your Peer Discussion Review (PDR)?

Yes, I don’t feel so anxious about my PDR now. I’m interested in what that person will say to me, to help me, rather than as a highly critical event that I won’t like. Trying out a case-based discussion and learning more about the features of the new CPD scheme has helped me to feel more confident about it. I think overall, the new scheme should be good for the profession. → p12



‘Getting together with other practitioners to discuss cases that didn’t turn out as we’d hoped, can create that dynamic learning environment which challenges us and can provoke useful change.’

Martin Rose graduated from the ESO in 1988. He initially joined an experienced physiotherapist and osteopath before establishing his own practice in Whitby, North Yorkshire. Martin is a sole practitioner seeing a wide range of patients and conditions.

How did you carry out the discussion?

Both mine and Phil’s cases were similar in that they resulted in the patient not continuing with treatment. This highlighted the challenges of the communication of realistic expectations and the communication of diagnosis.

In both our cases there were many positives which we focused on first. We then looked at what didn’t go so well and why. Phil helped me see things from another angle and how I might have done things differently, which could possibly have led to a better outcome.

What were the learning points for you?

Now that some time has elapsed, I can look back and see how this particular case-based discussion has helped me make positive changes in my interaction

with patients. There’s a tendency to get too comfortable in the way we practice and be resistant to change. Getting together with other practitioners to discuss cases that didn’t turn out as we’d hoped, can create that dynamic learning environment which challenges us and can provoke useful change.

Have you done any more case-based discussions?

Yes, I’ve carried on doing case-based discussions with other colleagues. Not only do I find it a good learning opportunity, but I enjoy the interaction, plus it’s easily accessible locally with little cost. My advice would be to start with one-to-one meetings then progress to small groups, as this provides a better learning environment and it’s more fun! ●

RESOURCES AND TIPS TO HELP YOU CARRY OUT A CASE-BASED DISCUSSION

- 1. Case-based discussion**, including analysis and reflection counts as an objective activity – one requirement of the new CPD scheme.
- 2. You can use real cases**, that you anonymise, as long as you make sure that your duties of patient confidentiality are preserved. Or you could develop example cases that help you look at particular areas of CPD you want to address.
- 3. A case-based discussion can also count as the communication and consent requirement** and link with a number of Osteopathic Practice Standards themes. See standards.osteopathy.org.uk
- 4. Read and download the editable Case-Based Discussion Workbook.** See the Update section on p5 for more information or go to: cpd.osteopathy.org.uk/workbooks
- 5. You can use or adapt the case-based discussion template** to record it. See back of workbook mentioned above.
- 6. For more resources and case study examples** from other osteopaths who have carried out case-based discussions, go to the objective activity section of cpd.osteopathy.org.uk/themes/objective-activity where you can filter by type of objective activity, so in this instance by ‘case-based discussions’.

Connect and communicate

The new CPD scheme encourages osteopaths to connect and get objective feedback for professional development



COME ALONG TO AN EVENT

The GOsC is running sessions at the iO Roadshow

Hear about the GOsC's strategic approach and attend a session on the new CPD scheme, including the Peer

Discussion Review, at the Institute of Osteopathy's (iO) Roadshow.

Open to non-members of the iO:

29 March – Bristol **10 May** – Manchester

9 June – Perth **21 June** – Maidstone

For more information and to book your ticket, see:

osteopathy.org/for-osteopaths/io-roadshow

Norwich Osteopathic group find out about PDR

Steven Bettles, GOsC's Policy Manager and osteopath, ran a session about the Peer Discussion Review (PDR) in Norwich on 23 March.

Request a speaker from the GOsC

We may be able to provide a speaker for your CPD group meeting. For more information, email: stowle@osteopathy.org.uk



ATTEND A WEBINAR

regional group leads take part in CPD webinars

The GOsC ran three lunchtime webinars for regional CPD group leads, in February. The webinars provided

the opportunity to:

- Receive a refreshed update on the CPD scheme
- Feedback any concerns or queries from groups, about the new scheme
- Let the GOsC know if there are any further areas of support we could potentially offer
- Share experiences, network with and learn from each other

Participants for this round of webinars included: Bristol; Cambridgeshire; Dorset; Essex; Kent and East Sussex; London; North East (England); North and Mid Wales; and Petersfield.

We are planning to run more webinars for regional group leads in the future. So do tell your regional lead if you have any tips to share, or concerns or questions about the new CPD scheme that you'd like to raise. Or you can contact the GOsC direct by emailing: newcpd@osteopathy.org.uk



TIPS AND RESOURCES TO HELP YOU CONNECT FOR CPD

- 1. Find a CPD course or event:** cpd.osteopathy.org.uk/events_
- 2. Join your regional or local group:** cpd.osteopathy.org.uk/groups
- 3. Contact other osteopaths in your local area** – you can find them by searching the Register at: osteopathy.org.uk/register-search
- 4. Stay in touch** or get back in touch with osteopaths you met at college, on courses or via other events, particularly if you work as a sole practitioner, as this could help you identify a peer to liaise with for objective activities like case-based discussions and your Peer Discussion Review.
- 5. Why not set up a new group?** It could be a local group for face-to-face meetings and/ or a virtual group by Skype, phone or similar channels. Read tips from other osteopaths who have set up groups at: cpd.osteopathy.org.uk/virtualgroups
- 6. The GOsC can put you in touch with osteopaths in your area** – if you're interested in setting up a new group. Email: stowle@osteopathy.org.uk
- 7. Join a National Council for Osteopathic Research (NCOR) research hub:** ncor.org.uk/category/hubs
- 8. Connect with other health professionals** by joining a research hub run by The Council for Allied Health Professions Research (CAHPR). See: cahpr.csp.org.uk/content/regional-hubs-and-contacts
- 9. Join or set up a journal club** to consider evidence-based research with groups of health professionals. See cahpr.csp.org.uk/content/cahpr-top-ten-tips ●

Act now – check your insurance

Here we explain what you need to check

To avoid problems and protect their patients, osteopaths need to make sure they have the correct insurance and that they have continuous insurance cover in place.

This means that osteopaths need to ensure patients are covered for any injury that befalls them while visiting the osteopath, whether it is caused by the osteopath themselves (professional indemnity) or by something on the premises (public liability).

- Every individual osteopath must have their own professional indemnity insurance cover
- Every osteopath must ensure that the place they work is covered by public liability insurance (whether or not they themselves are the policy holder).

The GOsC has a duty to investigate. If you forget to renew your professional indemnity insurance or fail to have the required cover, and yet continue to be registered and practising, be aware that the GOsC has a duty to investigate the matter under our fitness to practise procedures. Avoid getting into this situation – see our helpful checklist on p15.





What's the difference between professional indemnity and public liability insurance?

PROFESSIONAL INDEMNITY INSURANCE

1. Is a legal requirement of the Osteopaths Act 1993.
2. Is also a requirement of the Osteopathic Practice Standards (OPS).

(Updated OPS) Theme D Professionalism

D1.3: You must have a professional indemnity insurance arrangement which provides appropriate cover in accordance with the requirements of the Osteopaths Act 1993 and the current Professional Indemnity Insurance Rules.

D4.5: You should inform your professional indemnity insurers immediately if you receive a complaint.

See: standards.osteopathy.org.uk/themes/professionalism

3. Protects you against claims for compensation.
4. Provides cover for damage or injury caused during your work **as an osteopath**, for example if a patient suffers harm as a result of treatment that you carried out on them.
5. You need to check that you have the minimum cover of £5 million.
6. Check the current Professional Indemnity Insurance Rules at: legislation.gov.uk/uksi/2015/693/contents/made

PUBLIC LIABILITY INSURANCE

1. Is a requirement of the Osteopathic Practice Standards (OPS):

(Updated OPS) Theme C: Safety and quality in practice

C5.3: You must have adequate public liability insurance.

See: standards.osteopathy.org.uk/themes/safety-and-quality-in-practice

2. Protects you against claims for compensation.
3. Provides cover for damage caused **outside your professional capacity as an osteopath**, for example if someone is injured as a result of falling over in your waiting room and is seeking compensation.
4. There is no fixed amount for this cover. You will need to discuss the range of policies available with an insurance broker based on where and how you work.

‘Make sure you have the correct insurance and continuous cover’



Thinking about a combined policy?

Some insurers offer combined policies providing cover for both public liability and professional indemnity. If you decide to purchase a combined policy, it's important to check that the professional indemnity cover meets all the requirements set out in the Indemnity Insurance Rules (see osteopathy.org.uk/insurance), in particular the minimum cover of £5 million.

KEY POINTS TO CONSIDER:

1. Check the GOsC website:

osteopathy.org.uk/insurance

2. You must have professional indemnity insurance.

3. You need to check that your place of work is covered by sufficient public liability insurance.

4. You must have sufficient cover.

5. You must have continuous cover. Why not set a reminder for yourself ahead of your annual renewal date?

6. Seek expert advice to ensure you have the correct policy for you. Contact an insurer, broker or financial adviser.

7. Inform your insurer and the GOsC if your circumstances change. Your policy may need to change if your circumstances change. This could include:

- if you go on maternity leave or take any break from practising
- if you change the venue where you practice (if you move from a clinic to practising from home, for example) – you need to check your policy still provides cover for treating patients
- or if you change the type of treatment you are giving (if you start to provide acupuncture for example). ●

Safeguarding patients



Steven Bettles, GOSc Policy Manager and osteopath, highlights changes in the updated standards for safeguarding

Keeping patients from harm is an integral part of the role of all health practitioners. This includes having an understanding of safeguarding issues, which encompass measures to protect the health, wellbeing and human rights of individuals, especially children and vulnerable adults (Care Quality Commission*).

What's changed in the updated standards?

In the current standards:

Theme C: Safety and quality in practice

C9 states: 'Act quickly to help patients and keep them from harm'. In the updated standards, this becomes:

C4 You must take action to keep patients from harm.

See: standards.osteopathy.org.uk/themes/safety-and-quality-in-practice

This sounds quite a broad undertaking – what does it mean in practice?

The guidance sets out the context to this standard. This reproduces the current guidance, which outlines a range of options for managing situations where you believe that the health, conduct or professional performance of a colleague or other health practitioner poses a risk to patients. These include discussing your concerns with the practitioner directly, through to raising the issue with other colleagues or their employer/principal, their regulator or professional



body and, in the case of serious and immediate concerns, contacting social services or the police.

The updated guidance now includes some additional elements in relation to this standard:

- There is now the specific statement that you must comply with the law to protect children and vulnerable adults.
- Also, that you should have an awareness of and keep up to date with current safeguarding procedures including those relevant to your local area, and follow these if you suspect a child or vulnerable adult is at risk. Each area, for example, will have specific contact details to use to raise concerns about children and vulnerable adults, and you should be aware of these.

There is also acknowledgement within the updated guidance that you must comply with any mandatory reporting requirements – for example, those in

relation to female genital mutilation (osteopathy.org.uk/reporting-fgm).

If you're a principal of a practice, you should ensure there are systems in place for your staff to raise concerns about risks to patients. We will be covering the issue of raising concerns in more detail in the next issue of The Osteopath.

Where can I find out more?

Two papers by Maddick, Feld and Laurent on safeguarding children were published in the International Journal of Osteopathic Medicine (IJOM) in December 2014 and 2015. They provide a helpful overview of the issues applicable within osteopathic practice, and how these might be managed. You can access these articles via the research journals link on the o zone:

- IJOM (2014) 17, 250-295: Safeguarding children in osteopathic practice, part 1: Identifying children at risk: bit.ly/IJOM-safeguarding-children1
- IJOM (2015) 18, 297-304: Safeguarding children in osteopathic practice, part 2: Managing concerns about children: bit.ly/IJOM-safeguarding-children2

You can also read:

- The Royal College of Nursing provides a basic overview of safeguarding issues: bit.ly/RCN-safeguarding
- The NHS website provides some information on safeguarding of vulnerable adults: bit.ly/NHS-vulnerable-adults ●

References:

*bit.ly/CQC-safeguarding-people

Why do we need research?



NCOR Director **Dawn Carnes** and researcher **Austin Plunkett** explain why research is good for osteopaths and their patients

Research is one means by which knowledge can be generated and tested. As osteopaths, we engage with this knowledge-base to ensure the care of our patients is always improving, so that we do not stagnate or remain comfortable with out-moded practices. Ultimately, research can improve patient care and help us understand and minimise any risks to which our patients may be exposed.

Beyond the clinic room, engaging in research can also serve to improve the reputation of the profession. A mature profession is one that is capable of reflecting on its practices and improving them, as well as offering possible career pathways for academically-minded osteopaths. This can help to attract students who are seeking a broad and fulfilling career. It also offers the potential to collaborate with colleagues around the country and throughout the world, demonstrating that the job of the osteopath need not be limited to clinics.

Reflecting on practice

By examining the nature of our own practice, we can help demonstrate the maturity of the osteopathic profession. For example, Carnes (2016) explores concerns and complaints that have been raised against osteopaths. The benefits from this research are clear: clinicians can see how the scene is set for complaints when patient and osteopath expectations are misaligned. Also, consent and adverse events are revealed as critical areas where osteopaths strongly benefit from up-to-date training.



These findings indicate why the latest Continuing Professional Development Guidance (cpd.osteopathy.org.uk/cpd-guidance) from the GOsC strongly emphasises the need for well-developed communication skills between clinician and patient, between osteopaths, and between osteopaths and other healthcare professionals. Such research can help us learn from mistakes and understand

complex issues such as consent. It can help us manage expectations and understand factors that lead to complaints, as well as gaining insight into the safety of our practice (Carnes, Mars, et al, 2010). While serious safety issues are rare, they do occur, and examination of these risks demonstrates to our patients how seriously we take their health. → [p18](#)



‘Collecting and examining patient perspectives is vital if we are to guard against complacency’

tell us their outcomes and experiences (Fawkes, Froud, et al, 2015; Fawkes, Carnes, et al, 2016) and they expect us to listen and learn (GOsC, 2018).

We can even learn from those who have no voice of their own, such as paediatric patients. NCOR’s (The National Council for Research) recent systematic review found that manual therapy for ‘colicky’ babies can help reduce crying time by over an hour a day (Carnes, Plunkett, et al, 2018). As always, while we learn one lesson, further questions emerge. For example, why do parents seek paediatric osteopathic care even if they have access to other existing services? We hope to examine this in future research. It is through conducting research and reflective examination of the findings that these questions emerge.

Engaging with research

There are factors that deter clinicians from engaging with research. Thinking in terms of statistics and data can be challenging (Kahneman and Tversky, 2000) and arguments based on statistical findings are rarely persuasive (Tyreman, 2018).

It can also be disconcerting to confront issues and tensions that lurk below the surface of the profession. However, these difficulties help to illustrate why research is necessary: to investigate unchallenged assumptions and to uncover or inspire new perspectives. Research can challenge our thinking and reveal insights that we might not naturally anticipate. Our patients can be actively involved in this process, and their narratives are central to effective care (ibid). Collecting and examining their perspectives is not only expected, it is vital if we are to guard against complacency.

Healthcare takes place in the real world and not in the tightly-controlled conditions of the laboratory. Consequently, all the untidy realities of daily life intrude into the clinical encounter. This is certainly not unique to osteopathy. Other professions such as nursing, psychoanalysis and surgery fall squarely under the ‘complex intervention’ label. The clinical encounter is rich and varied, and many subtle factors support the hands-on treatment delivered

by osteopaths. Aspects of clinical work including physical touch (McGlone, Cerritelli, et al, 2017), language (Thomson and Collyer, 2017), psychological support (Edwards and Toutt, 2018) and lifestyle guidance, as well as the complexity of the patient’s life, all contribute to the ‘ecology’ of clinical osteopathy. They can all be explored to help us refine our practice and improve patient experiences and outcomes.

As a profession, we tend to find it challenging to concisely define exactly what osteopathy ‘is’. However, we can certainly investigate what we ‘do’, and there are many different approaches to generating knowledge that are well suited to exploring practice (Vogel, 2018). Research provides tools to explore the different approaches among osteopaths when it comes to practical clinical thought processes (Lederman, 2017; Smith, 2018), pathophysiological reasoning (Fryer, 2016), philosophical rationales (Vogel, 2017), and beyond. ●

→ Improving patient care

Historically, as we all know, bed rest was commonly advised for back pain (Dahm, Brurberg, et al., 2010), but due to decades of research into non-specific back pain, we now know that it is better to be as active as possible to prevent back pain becoming persistent in the longer term. This is one such example where research has influenced the advice given to patients to improve their care. We also know that not all patients with back pain respond well to the same management approach. Clinician judgement is vital in determining an appropriate course of action, alongside agreed treatment planning in partnership with the patient. Some efforts have been made at helping clinicians predict patient outcomes in order to improve the patient’s care (Hill, Whitehurst, et al, 2011). Approaches might involve a combination of exercise, advice and manipulation (Vogel, Dear, et al, 2005). Can we predict which patients will respond best to which approach, in which combination?

Some osteopaths may feel they are adept at such predictions. Perhaps this comes with experience, and through frequent discussion of cases with colleagues. Osteopaths tend to be curious and inquisitive, qualities that are desirable in research. However, formal research requires compliance with formal processes – which are perhaps not always fully appreciated by non-researchers. Consequently, when messages from research are uncomfortable, it can be simpler to dismiss them as ‘progress for its own sake’ and hence undesirable or unnecessary (Cotton, 2013). However, to dismiss evidence-informed practice ignores the patient’s voice. Our patients want to

SUMMARISING CONCLUSIONS:

In summary, research exists to:

- answer clinical questions about care and to inform practice
- help clinicians make choices about treatment, diagnosis and examinations
- provide a wealth of knowledge to Answer patient questions, so they can make informed decisions and choices about their care and their health.

Ultimately, the ability to critically appraise and appropriately apply up-to-date research findings to practice, enables osteopaths to converse wisely with patients and other health care professionals. We know our patients value what we do, but we cannot expect them to communicate on our behalf. Our work does not end in the clinic. The osteopathic profession must take responsibility for examining its own practice transparently and communicatively.

Use these references and resources for your own research

You can use research resources for CPD and to meet the requirements of the Osteopathic Practice Standards (see p18-19 of January/February 2019 *The Osteopath* (bit.ly/TheOsteopathJanFeb2019)). The references from the preceding article are grouped into sections to make it easier for you to follow up any specific area you may be interested in.

LEARNING FROM OSTEOPATHS AND PATIENTS:

Carnes, D. (2016) **What can osteopaths learn from concerns and complaints raised against them? A review of insurance and regulator reports.** *International Journal of Osteopathic Medicine*, **22**, 3–10. bit.ly/IJOM-learn-from-concerns

Vogel, S., Dear, J., and Evans, D. (2005) **The UK BEAM trial – a review and discussion.** *International Journal of Osteopathic Medicine (IJOM)*, **8**(2), 62–68. bit.ly/IJOM-UK-BEAM-trial

USING THE OSTEOPATHIC PRACTICE STANDARDS:

General Osteopathic Council (2018) **Keeping up standards.** *The Osteopath*, **21**, 9. bit.ly/TheOsteopathNovDec2018

RESEARCH ON SPECIFIC CONDITIONS:

Carnes, D., Mars, T. S., Mullinger, B., Froud, R., and Underwood, M. (2010) **Adverse events and manual therapy: A systematic review.** *Manual Therapy*, **15**(4), 355–363. bit.ly/MT-adverse-events

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Fryer, G. (2016) **Somatic dysfunction: An osteopathic conundrum.** *IJOM*, **22**, 52–63. bit.ly/IJOM-somatic-dysfunction

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management for low back pain with current best practice (STarT Back): a randomised controlled trial. *The Lancet*, **378**(9802), 1560–1571. bit.ly/Lancet-low-back-pain

Thomson, O. P. and Collyer, K. (2017) **Talking a different language: a qualitative study of chronic low back pain patients' interpretation of the language used by student osteopaths.** *IJOM*, **24**, 3–11. bit.ly/IJOM-language

McGlone, F., Cerritelli, F., Walker, S., and Esteves, J. (2017) **The role of gentle touch in perinatal osteopathic manual therapy.** *Neuroscience & Biobehavioral Reviews*, **72**, 1–9. bit.ly/NBR-perinatal

INVOLVING PATIENTS IN RESEARCH:

Fawkes, C., Carnes, D., and Froud, R. (2016) **Collecting patient reported outcome data in clinical practice.** *European Journal of Integrative Medicine*, **8**(4), 591. bit.ly/EJIM-patient-data

Fawkes, C., Froud, R., and Carnes, D. (2015) **Measuring patient outcome using data capture by mobile app.** *Trials*, **16**(Suppl 1), P27. bit.ly/NCBI-PROMs-app

CONSIDERING USING RESEARCH:

Kahneman, D. and Tversky, A. (2000) **Choices, Values, and Frames.** Cambridge University Press.

Tyremann, S. (2018) **Evidence, alternative facts and narrative: A personal reflection on person-centred care and the role of stories in healthcare.** *IJOM*, **28**, 1–3. bit.ly/IJOM-stories-healthcare

THE NATURE OF OSTEOPATHY:

Cotton, A. (2013) **Osteopathic principles in the modern world.** *IJOM*, **16**(1), 17–24. bit.ly/IJOM-principles

Lederman, E. (2017) **A process approach in osteopathy: beyond the structural model.** *IJOM*, **23**, 22–35. bit.ly/IJOM-process-approach

Smith, D. (2018) **Reflecting on new models for osteopathy – it's time for change.** *IJOM*, **30**. bit.ly/IJOM-new-models

Vogel, S. (2017) **A road to somewhere - endless debate about the nature of practice, the profession and how we should help patients.** *IJOM*, **26**, 1–2. bit.ly/IJOM-debate

Vogel, S. (2018) **It depends on how things are to you.** *IJOM*, **29**, 1–2. bit.ly/IJOM-it-depends

How to register with the GOsC

A guide for final year students

Your application pack

- You should have received an application pack containing registration forms in January. These are sent to all final year students early in January each year. You can also download the registration forms in the student zone of the **o** zone. (Please note that we don't send out replacement forms.)
- If you didn't receive a pack, please check that the GOsC has your correct contact details. You can update these via the **o** zone – go to the 'Update my details' area in the 'My registration' section. It's very important to keep your contact details up-to-date throughout your career as an osteopath, to ensure that you receive important correspondence from us.

The application process

APPLICATION FORM

- 1st – sign and date the declarations on the front of the application form, as any unsigned declaration will delay the registration process
- 2nd – you'll need to answer all the questions on the application form. If any questions aren't completed, it will delay the registration process
- 3rd – provide the name of your intended insurance provider (see p14 of this issue for how to check you have the correct insurance).

HEALTH REFERENCE

- Ask a GP to complete, sign and date this form
- The GP needs to have known you for at least four years or be able to access your medical records over the past four years
- The GP can't be a relative
- If the GP can't complete the form, email registration@osteopathy.org.uk and you will be advised how to proceed.

CHARACTER REFERENCE

- Ask a professional to complete, sign and date this form
- Choose someone who has known you for at least 4 years
- They can't be related to you (including by marriage).

ENTRY FEE

- Entry fee is £320. This is taken when you are being signed onto the Register
- You can pay in one lump sum or by monthly direct debit.

PROOF OF RECOGNISED QUALIFICATION (RQ)

- Your school will forward proof of your RQ directly to the GOsC, so you don't need to do this.

ENHANCED CHECK FOR REGULATED ACTIVITY

As part of your application, you'll need a DBS (Disclosure and Barring Service) 'enhanced check for regulated activity', in order for your name to be entered on to the Register. The key thing is to do all this in good time – but remember, the check is only valid for 6 months. It needs to be current when

your registration application is being processed by us.

HOW TO APPLY FOR YOUR ENHANCED CHECK

To get your enhanced check, you'll need to apply via a service registered with the DBS (as you can't apply to the DBS directly). The GOsC uses GBGroup which administers enhanced checks on our behalf:

- The GOsC needs your written permission to share your contact details with GBGroup, you can do this by emailing registration@osteopathy.org.uk
- GBGroup will then email you a PIN number and a link to its website
- Complete the online form then print off the verification page. Take this with your documentation to a Post Office (find a branch at postoffice.co.uk/branch-finder) with a fee of £62.60
- The Post Office will verify the documentation and confirm to GBGroup
- GBGroup will then start working on your enhanced check – this usually takes 4 to 6 weeks.

WHAT HAPPENS NEXT

- Once the enhanced check is completed, GBGroup will send a disclosure certificate to you. You don't need to pass this certificate on to us, as the Registration Department will be able to view your completed check via a secure website
- If you have any convictions/cautions on your certificate, the GOsC won't be able to view this online – you'll need to send the original disclosure certificate together with a supporting letter which outlines the circumstances that led to the caution/conviction being issued.



When can I start to practise?

Once all parts of your application are completed and all queries resolved, it can take up to five working days for your name to be entered onto the Register. You'll then receive a letter from the GOsC confirming your registration.

INSURANCE

When you receive this letter, you'll then need to activate your insurance and send a copy of your insurance policy to: registration@osteopathy.org.uk

Within 2 weeks of confirming your registration

- You will receive your certificate and an ID card (if requested)
- Followed by a full registration pack.

FURTHER INFORMATION:

Have a look at the information in the student area of the o zone, including these 2 booklets: **Registering with the General Osteopathic Council** and **Registering with the General Osteopathic Council: Frequently Asked Questions**

The features of the new CPD scheme



You'll find an overview of the features of the new CPD scheme, on page 5 of the Your Guide to the New CPD Scheme at: cpd.osteopathy.org.uk/yourguide. You'll also find more information on the back cover of this magazine.

Look out for your new CPD scheme pack



General
Osteopathic
Council

Continuing
Professional
Development

Your guide to the new CPD scheme

We will be sending you this booklet and pocket guide to give you an overview of the features of the new CPD scheme, plus useful tips and plenty of links to further support and resources.

The packs are going out each month over the next year, as osteopaths join the new scheme at different times. So you should receive your pack after you have moved onto the new scheme and have renewed your registration.

If you want a sneak preview of the guide, visit: cpd.osteopathy.org.uk/yourguide

In the meantime, for workbooks, templates, case studies and other resources for the new CPD scheme, visit: cpd.osteopathy.org.uk



General
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Development

Pocket guide to the CPD scheme