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Resources and case studies to help osteopaths meet the requirements of the proposed GOsC CPD scheme

Communication and consent

General
Osteopathic
Council

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Contents

Acknowledgements

These resources are published to support the *CPD Guidelines*. They have been developed in partnership with regional groups, educational institutions, advanced practice groups, the Osteopathic Alliance and other organisations.

CPD in communication and consent

What is it?

During their three-year CPD cycle, osteopaths must undertake CPD in communication and consent to refresh their knowledge.

Where can I do this CPD?

CPD in communication and consent can be undertaken in a number of ways, including:

- using an e-learning programme available on the GOsC website at: http://www.osteopathy.org.uk/ozone/practice-guidance/Osteopathic-practice-standards
- reviewing GOsC guidance and supplementary materials (including case studies), such as the *Osteopathic Practice Standards* and GOsC guidance on obtaining consent
- reviewing relevant research available on the National Council for Osteopathic Research (NCOR) website: www.ncor.org.uk
- as a component of a commercially-provided CPD course which also deals with other aspects of care. (Course providers may indicate that their courses cover these mandatory elements in their course advertising.)
- through case-based discussion or case study with colleagues.

How should I record and evidence it?

You should take notes of your CPD activity to enable you to discuss it as part of your Peer Discussion Review at the end of the three-year cycle. Your notes should be recorded in your CPD folder.

Who can help me?

Regional groups and CPD providers (including osteopathic educational institutions) can help you to undertake CPD in the area of communication and consent, as well as supporting you to record the activity so that you can discuss it at your Peer Discussion Review.

A list of regional groups and CPD providers is available on the GOsC website.

What resources are available to help?

A wide range of resources exist that support osteopaths to learn more about consent.

References

Resources for osteopaths:

The *Osteopathic Practice Standards*, 2012 (see in particular standards A3, A4 and A5 and the associated guidance), available at: www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf

Obtaining consent guidance, 2013, available at: www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_england&wales.pdf (England and Wales); www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_northern_ireland.pdf (Northern Ireland); www.osteopathy.org.uk/uploads/patients'_capacity_to_give_consent_guidance_scotland.pdf (Scotland).

GOsC e-learning module exploring communication and consent, September 2014, available at: http://professionalstandards.articulate-online.com/p/2434080801/DocumentViewRouter.ashx?Cust=24340&DocumentID=66177d9c-27f8-4a7a-8350-9b6e5affd8ee&Popped=True&v=1&&InitialPage=quiz.html

Conference video: Risks and benefits: adverse events and outcomes in UK osteopathy, Steven Vogel, osteopath, 2012, available at: www.youtube.com/watch?v=tiDxxonwl1U

Conference video: Communicating benefits and risks effectively with patients, Pippa Bark, lay person and psychologist, 2012, available at: www.youtube.com/watch?v=I3-Y4wd1y2Q

Evidence for osteopathy – summary sheet of relevant research, National Council for Osteopathic Research (NCOR), available at: www.ncor.org.uk/research/evidence-for-osteopathy/

Links to the Adverse Events research study reports, available at: http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Adverse-events-studies/

NCOR will periodically provide updated information for osteopaths about the benefits and risks of osteopathy to assist practitioners when gaining consent from patients.

Resources for patients:

The National Council for Osteopathic Research (NCOR) has a range of resources available on its website for patients, available at: www.ncor.org.uk/patients/information-for-patients/

NCOR will periodically provide updated information for patients about the benefits and risks of osteopathic treatment.

Case study 1: Communication and consent

Belfast Pathfinder Group
January 2014

Summary

The Belfast Pathfinder Group, led by Ben Jarvie and Kate De Fleury, ran a CPD session where the group viewed videos about communication and consent, followed by a discussion. One video was of an osteopath, Steve Vogel, and the other of a clinical psychologist, Pippa Bark.

Planning

The organisers planned the session to test whether viewing a video of an osteopath presenting the findings of a research project on managing clinical risk in osteopathy, and a video of a non-osteopath presenting the patient's perspective on clinical risk, provided a useful way to undertake CPD in relation to communication and consent.

What did they do?

The videos were each about 45 minutes long. The organisers set up a laptop in a room with a projector and streamed the videos from the internet. The internet connection was not always good. Discussion took place while the videos played.

What did participants learn?

The first video, of Steve Vogel, was about his research project on Clinical Risk in Osteopathy Management undertaken in 2011 and 2012. The research gathered data from osteopaths and patients, including information about the patients' reported pain levels before treatment, 48 hours after treatment, and 6 weeks after treatment.

Members of the Belfast Pathfinder Group were able to discuss the likelihood of patients responding favourably to treatment and/or having side-effects after treatment, which was helpful to set the context for discussion about communication and consent. One of the main messages from the research was that adverse events, although rare, do happen. However, the group noted that the risk of adverse events was more strongly associated with the characteristics of the individual patient and their history, than to the particular osteopathic treatment provided. For example, patients at risk of adverse effects were likely to report certain symptoms. Members of the group noted that osteopaths, therefore, needed to be particularly careful to ask the right questions of patients to ensure that they were given the right information to support the discussion about communication and consent.

Participants found the video of Pippa Bark extremely helpful as it allowed them to put themselves in the shoes of a patient and explore alternative perspectives. The group particularly liked Ms Bark's analogy of a dentist providing information about the risks involved in removing a wisdom tooth and her reminder about how little we would be listening to our accountant if we were sat in our underwear!

At the end of the session, the group was able to reflect on what had been learned about communication and consent in relation to members' own cases.

What were the concerns/barriers and how were these overcome?

Some participants felt a bit nervous about sharing anonymised cases but they gained confidence to do so through the support of colleagues. Hearing different opinions about how a situation might be handled gave everyone greater confidence in dealing with these issues in future. It was more interesting than expected.

The internet connection was a bit unreliable which was annoying and disrupted the flow slightly. Next time, the group would download the whole video before watching it, thereby avoiding the need for a good internet connection.

How long did it take?

About 3 hours in total.

Would you do it again?

Yes. We recommend that this is an activity to do with a small group of people who are comfortable discussing cases with each other. The key is for everyone to share difficult cases as this helps to build trust and shows participants that everyone can learn new things, no matter how long they have been in practice.

Case study 2: Communication and consent in research

Dr Oliver Thompson PhD

As a researcher, consent in research work is critical to the delivery of robust and ethical research. Regular review and analysis of feedback about ethical approaches to research is an example of appropriate CPD in this area.

This can include, for example, how acting on feedback from Ethics Committees can successfully lead to gaining ethical approval for a research project. Equally, CPD in this area can also include reviewing the current literature on managing power imbalances, providing sufficient information to participants and Ethics Committees about a research project, and thinking through the implications of the research for patients and members of the public who will be involved in the study.

Case study 3: Communication and consent

British School of Osteopathy January 2014

Summary

The British School of Osteopathy ran a one-day 'Communication and Consent' CPD course in July 2014, led by Mark Waters, Andrew Maddick and Craig Ward. As well as reviewing GOsC guidance about communication and consent in osteopathic practice, presenters focused on the specific needs of children/teenagers and those with conditions that might limit their capacity to consent to treatment.

Planning

The School's planning team talked to practising osteopaths, who felt that 'revision' of the issues, combined with case-based discussions around communication and consent, would be helpful to them. The team also wanted to build on this foundation by looking at more challenging areas of consent, so the afternoon session was extended to include speakers who focused on communication and consent issues that arise with children and with patients with dementia or similar conditions.

What did they do?

The morning session started with an overview of the guidance given in section A4 of the *Osteopathic Practice Standards* and this led into a facilitated discussion on how participants were making the guidance work within their own settings. Mark Waters, who teaches Communication and Consent on the M.Ost programmes, led an interactive session using case-based learning. Participants were able to bring their own experiences to the session and, as a result, there was a high level of peer support and sharing of good practice. The morning also focused on best practice in case history taking and record keeping, and concluded with a review of the recently published GOsC research report, *Public and Patient Perceptions of Osteopaths and Osteopathy.*

In the afternoon, Craig Ward, a solicitor with an expertise in this area, updated participants on the relevant legislation relating to capacity to consent for patients with dementia or similar mental health conditions. This was followed by a presentation by Andrew Maddick, an osteopath with a specialist interest in paediatric care, who looked at communication with children and their ability to consent to treatment.

What did participants learn?

Participants commented in their feedback that they felt that they had updated their skills and had new information in this important area of the *Osteopathic Practice Standards.* They liked the ability to discuss situations they had found challenging in their own practices, and gained peer support and advice about the best ways of dealing with these.

Several participants commented about new information they had learned in relation to consent by children, while others said the information about dementia and consent would be really helpful.

Participants commented that the area was so broad it needed to be kept under review.

The interactive style of the session seemed to be popular.

What were the concerns/barriers and how were these overcome?

Feedback showed that the session about barriers to consent from a mental health perspective was quite information-heavy, and could have been more related to clinical scenarios. One participant suggested role playing as a way of developing skills in a practical way.

How long did it take?

The day ran from 9:30am to 5pm, with an hour's break for lunch.

Would you do it again?

Yes. The feedback was overwhelmingly positive, and participants seem to have gained more from the day than they had anticipated. The School will run the course again in 2015 (see www.bso.ac.uk/cpd) and will work to ensure that all the information presented is made accessible and clinically relevant. Organisers will consider including role play activities, but are aware that these are not always welcomed by some participants.