KPMG

HEALTHCARE

Report A: How do osteopaths practise?

March 2011

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Executive summary

There are a large number of risk factors evident in osteopathic practice, including many of those identified in the 2007 White Paper of Heath Professionals - Trust Assurance and Safety – The Regulation of Health Professionals, in the 21st Century.

Summary of findings

This report is one of a series of six reports forming an evaluation and impact assessment of the GOsC's draft revalidation scheme. The data is drawn from a stratified sample of 940 osteopaths, the response rate was 267, a 28% response rate. This response allows us the confidence to extrapolate these findings to the rest of the registrant population.

The invitation to tender (para. 9) for this work referred to the 2007 White Paper on regulation of health professionals: Trust, Assurance and Safety. That White Paper includes a number of factors denoting higher risk practice. In establishing a baseline for our independent assessment through this report, we have found that many of those factors identified in the White Paper are indeed present in Osteopathy: The survey results indicated:

- The unsupervised nature of osteopathy also means that responsibility for patient safety rests firmly with individual osteopaths:
  - More than half of osteopaths normally practise alone, meaning they are frequently alone with patients; and
  - Circa 20% of practising osteopaths spend more than 50% of their time practising in their own home.
- 15% of osteopaths regularly practise in managed environments such as hospitals or clinics which may be subject to NHS standards of clinical governance.
- Osteopathy's relative youth as a regulated profession means that there is a number of registrants who have experience prior to regulation (the average osteopath has 13 years and 2 months of practice experience, while the statutory register of osteopaths was established 11 years ago, in 2000) . We have also found that 28% of registrants have been registered for less than five years.
- A further implication of the individualistic nature of osteopathic practice is that formal performance appraisal is rare, and we have found that very little documented reflection on performance or feedback from patients exists.

The invitation to tender (para.17) identified a number of specific situations relating to risk factors based on the White Paper, Trust Assurance and Safety – The Regulation of Health Professionals, in the 21st Century. This report has considered the prevalence of these situations in osteopathic practice. Findings in relation to some of these are set out above. Other points to note are:

- Based on survey data, around two thirds of osteopaths appear to use one or more adjunct therapy. The most common were dry needling (29%), electrotherapy (18%) and acupuncture (12%).
- 22% of all survey respondents appear to undertake examinations of intimate areas, although the majority of these habitually offer chaperones when so doing. Of those osteopaths who do undertake examinations of intimate areas, 10-15% of this subset never offer chaperones when undertaking such examinations.
- Many osteopaths practise less than full time (c. 50% practise less than 30 hours a week), however qualitative feedback has indicated that this number may be inflated by those osteopaths who have available appointments. There may be differences between how respondents defined their practice. This may be purely clinical practice or may also infer administration and management time.

We also found that a number of other factors identified in the invitation to tender are not highly prevalent in osteopathy, i.e. treatment of vulnerable groups;

- Few osteopaths 'specialise' in treating particular groups (7% spend more than half of their time treating infants, children or pregnant women). Although the majority of osteopaths spend at least some time treating these groups.
- The number of sole practitioners among osteopaths limits the number of leaders of teams (i.e. although sharing of good practice may be limited, so too is reinforcement of poor practice).
- Only one survey respondent taught osteopathy but did not conduct any clinical practice themselves. This suggests teaching staff also practise osteopathy.

Executive summary

- Home visits do not account for very much of osteopathic practice (home visits account for more than 10% of the practise time of fewer than 5% of osteopaths, and around a third of osteopaths who responded to our survey make occasional home visits).

There were a number of additional findings which may be relevant to our future work including:

- Informed consent appears to be gained from patients for specific techniques in around 50% of cases, this is written consent in around 15% of those subset of cases where informed consent is sought.
- Osteopaths are not distributed evenly around the country (they are significantly more populous in London and the South East, more so than the population as a whole). This has implications for the availability of professional networks and the opportunities for osteopaths to learn from each other.
- The majority of osteopathic treatment is paid for directly by patients (over 80%). Whilst this type of payee profile is consistent with an effective (self-regulating) market, this will necessarily be responsive rather than preventative in nature.

Implications for Reports C to F

This understanding of how osteopaths practise is likely to be drawn on in a multitude of ways in the remainder of our work. Many of the implications will be ones which emerge through piloting and evaluation of the pilot. However, there are some impacts which we can already foresee:

- The overall level of risk in osteopathic practice, and the number of specific risks both have implications for the extent and scope of revalidation, and consequently for costs (or for risks). It will be our role in reports C and D to highlight any particular impacts on the groups we have stratified in this report.
- The extent to which osteopaths practise alone has implications for the cost of revalidation as it limits networks which can be exploited in reviewing or collating submissions, unlike larger professional groups working predominantly in the NHS.
- The number of osteopaths working less than fulltime, including those for whom this is due to vacant appointments, will have implications for selection of any pilot sample.

Background and methodology

This report will serve as a baseline for future KPMG reports culminating in an independent assessment of the proposed scheme of revalidation for costs, benefits, risks, feasibility and proportionality

This report uses both quantitative and qualitative sources and as far as possible draws on existing information to minimise the impact on the profession

Purpose

This report was designed to help the GOsC understand how osteopaths practise. This includes reference to risk, and the impact on particular groups of people, as identified from the GOsC 2009 Revalidation Consultation Analysis, as well as other factors identified from analysis of data from other sources (as specified in the invitation to tender Appendix 2).

This information will help to inform the GOsC about the profile of current osteopathic practice and provide a basis for the actual evaluation of the draft revalidation scheme as well as informing the best way to evaluate the scheme.

Methodology

Our work for this report has been comprised of three elements:

- Identification and analysis of existing data on osteopathic practice;
- Collection and analysis of further data on osteopathic practice; and
- Collection of qualitative information to support, challenge and contextualise the quantitative data gathered through the first two elements.

The first phase of work involved examination of a number of data sources identified through discussion with the GOsC for relevance to this report A. The data sources considered were:

- The GOsC register of osteopaths;
- GOsC continuing professional development (CPD) data;
- 2009 GOsC's consultation on revalidation;
- GOsC's 2006/07 practice pilot survey;
- Draft Consortium for Delivering Osteopathic Research (CONDOR) report on claims and complaints against osteopaths;
- National Council for Osteopathic Research (NCOR) – Standardised data collection (SDC) project report;
- The University of Brighton report 'Investigating Osteopathic Patients' Expectations of care: The OPEn project, July 2010'

This phase was designed to minimise the extent of any data gathering and the related impact on the profession through maximising the use of existing data.

The culmination of this first phase of work was a gap analysis reporting on the information which could usefully be derived from existing data and identifying areas in which further data would need to be collected to complete this report. The gap analysis also identified how we proposed to collect further data during the second phase of work.

We proposed to survey a representative sample of osteopaths to fill the gaps identified. We proposed to sample 940 registrants. This number was based on a desire to achieve a 95% confidence level and a 10% confidence interval, and assume a response rate of 10%, i.e. we sought a minimum of 94 responses. The sample was stratified based on gender, age, geographical location (based on a proxy – regions used by the GOsC communications team) and practising status (i.e. practising or not). In the end we received 267 responses. The table overleaf shows the extent to which the profile of the responses mirrors the profile of the sample selected and of the profession as a whole.

For the collation of qualitative information we held two focus groups. One in North Wales and one in Birmingham. This was designed to ensure we gained feedback and views from a range of registrants and also differing practice types and locations.

A questionnaire was also made available for registrants not surveyed to complete. This was hosted on the GOsC registrants' website the **'o zone'.**

We also met with the senior representatives of the British Osteopathic Association.

Background and methodology

We received a total of 267 responses to a survey issued to a representative sample of 940 osteopaths

The profile of respondents closely resembled the profile of the osteopathic profession in terms of gender, age, geography and practising versus non-practising

We also held focus groups in North Wales and Birmingham and received nine responses to a qualitative questionnaire available to all osteopaths

Sample v responses

	Register	Sample	Response
Gender			
Male	*51.2%*	*51.2%*	*48.1%*
Female	*48.8%*	*48.8%*	*51.9%*
Age			
30 or under	*14.2%*	*14.1%*	*11.1%*
31 to 40	*27.3%*	*27.3%*	*24.5%*
41 to 50	*35.9%*	*35.9%*	*36.5%*
51 to 65	*20.2%*	*20.2%*	*26.4%*
66 or older	*2.4%*	*2.4%*	*1.4%*
Geographical location			
South East	*24.8%*	*24.8%*	*23.1%*
Greater London & Middlesex	*19.5%*	*19.5%*	*15.9%*
South West	*8.9%*	*8.9%*	*14.9%*
North West	*6.7%*	*6.7%*	*8.2%*
Central England	*5.8%*	*5.9%*	*8.7%*
Other parts of the UK	*10.6%*	*10.5%*	*10.1%*
Non-UK regions	*5.6%*	*5.6%*	*3.4%*
No allocation	*18.1%*	*18.1%*	*15.9%*
Practising status			
Non-practising	*3.8%*	*3.8%*	*3.4%*
Practising	*96.2%*	*96.2%*	*96.6%*

Sources: GOsC registrant database as at 13.10.10, KPMG data

In particular representation of Northern Ireland, Scotland and Wales was important to draw from the registrant database and this is shown below.

Registrants	Area	Percentage of entire registrant population
10	Channel islands	0.2%
96	Eastern and home counties	2.2%
2	Isle of man	0.05%
117	Northern England – East	2.6%
19	Northern Ireland	0.45%
132	Scotland	3%
92	Wales	2.1%
468	**Total**	**10.6%**

The survey is reproduced in full at Appendix 1.

The data from the survey responses and from the sources identified in compiling the gap analysis was supplemented by three further sources of qualitative data:

- Focus groups held in North Wales and Birmingham with attendances of 8 and 7 osteopaths respectively. Discussions were based around a template discussion framework agreed with the GOsC, which we have reproduced at Appendix 3.
- A meeting held between KPMG and the British Osteopathic Association.
- A qualitative questionnaire available to all registrants on the GOsC registrants' website: the '**o zone**', which was based on the focus group template. We received 9 responses to the questionnaire, which was available throughout the period of the survey.

The qualitative data is used throughout the following pages both explicitly (through quotations or comments) and implicitly in contextualising the data and drawing conclusions.

Results

We received 222 paper responses in the four week period the survey was open (25 October 2010 to 22 November 2010) and 45 online responses in the same period. The following shows the numbers received and accepted from both paper and online surveys.

Responses received

	Paper	Online	Total
Total received	222	45	267
Less: responses without unique ID	(51)	-	(51)
Less: duplicate responses *	(1)	(5)	(6)
Less: responses with incorrect unique ID	(2)	-	(2)
Total accepted	**168**	**40**	**208**

*Note: * Two of the duplicate responses included under online are instances of paper and online copies being received from the same unique ID Sources: Survey responses, KPMG analysis*

The survey covering letter included a unique identifier (ID) consisting of a set of numbers to all survey recipients to be included on returns, either in paper or online form.

51 paper responses did not provide the unique identifier issued . The unique ID was provided to allow us to verify the veracity and composition of the sample. Therefore any responses without this unique ID have been excluded from the data analysis. However, comments provided in any excluded responses were considered as part of the qualitative analysis.

Background and methodology

Our report reflects the requirements of the GOsC as described in the Invitation to Tender

The following table sets out the potential situations identified by the GOsC as a result of its Revalidation Consultation Analysis in 2009, published on the GOsC website, as requiring addressing in this report. They were included in the invitation to tender on which our agreed scope was based (see Appendix 2), and we have set out below how we have addressed each (i.e. the source of data), and in which section of this report the results for each can be found

Situation	Data Source	Report Section
i. People taking time out of practise. For example maternity leave.	• KPMG data survey	• What do osteopaths practise?
ii. Sole practitioner	• KPMG data survey • 2006/07 practice pilot survey	• With whom do osteopaths practise?
iii. Newly qualified osteopaths (within 2 to 5 years of initial registration)	• GOsC registrant database	• How often and how much do osteopaths practise?
iv. Practitioners working less than full time	• KPMG data survey • 2006/07 practise pilot survey	• How often and how much do osteopaths practise?
v. Practitioners with a disability – including autistic spectrum disorders, ME, visual impairment, colour blindness	• 2009 GOsC consultation on revalidation	• Background – who are osteopaths?
vi. Teaching or research (with no clinical practise)	• KPMG data survey	• What do osteopaths practise? • How often and how much do osteopaths practise?
vii. Groups registered with other health regulatory bodies	• KPMG data survey	• What do osteopaths practise?
viii. Locum practitioners	• KPMG data survey	• With whom do osteopaths practise?
ix. National Health Service (NHS) practice (either exclusively or in conjunction with a private practice too).	• KPMG data survey	• Where do osteopaths practise?
x. Those who deliver osteopathy via home visits either exclusively or as part of their practice.	• KPMG data survey • 2006/07 practice pilot survey	• Where do osteopaths practise?
xi. Those registered with the GOsC who practise outside of the UK with or without formal regulation in their main country of practice.	• GOsC registrant database	• Where do osteopaths practise?

Background and methodology

Situation	Data Source	Report Section
xii. Those registered in the UK on a temporary basis.	• GOsC registrant database	• How often and how much do osteopaths practise?
xiii. Those using unregulated adjunct therapies as part of their practice.	• KPMG data survey • 2006/07 practice pilot survey	• What do osteopaths practise?
xiv. Those undertaking internal interventions. * It was agreed at the GOsC Council 14/10/10 that the consideration of intimate examination would be preferred	• KPMG data survey • 2006/07 practice pilot survey	• What do osteopaths practise?
xv. Those who are consulted by particular groups, for example, pregnant women or children	• KPMG data survey	• What do osteopaths practise?

There are additional situations and information about the nature of osteopathic practice which we deemed it necessary to understand in order to inform our independent assessment of the proposed revalidation scheme (Report F) and this information is also included within the relevant report sections. To understand this information we drew on existing data sources as well as gathering additional data through the KPMG data survey.

Background and methodology

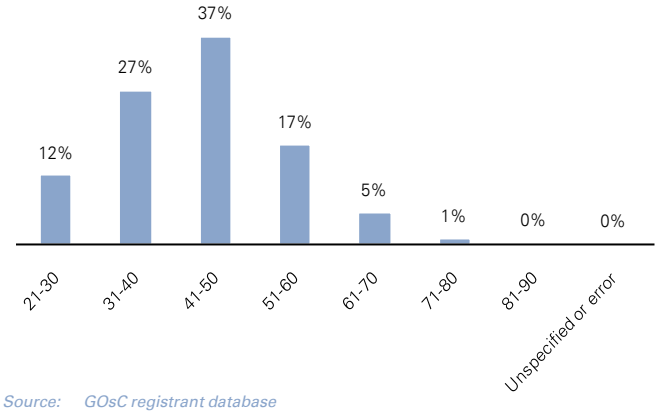
The profile of the osteopathic profession may not reflect the diversity within society in terms of ethnicity, sexuality etc.

Increasing diversity will be a challenge for the profession as a whole to meet in coming years (particularly for the OEIs)

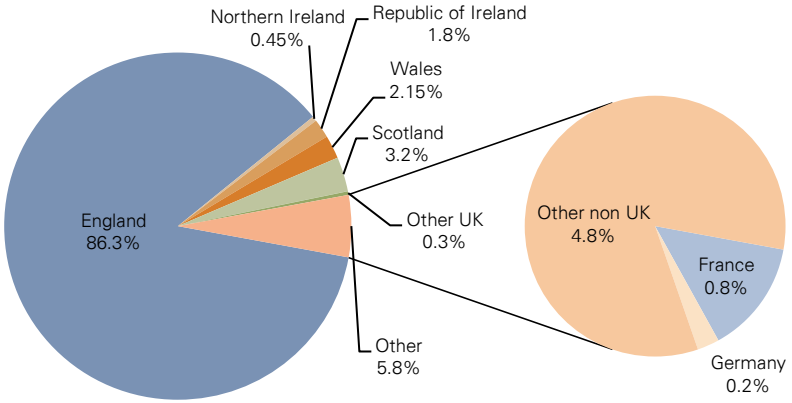
The GOsC should ensure that it collects sufficient data in future to allow it to monitor diversity issues

Who are osteopaths?

- From the osteopathic register we can say that 51.6% of osteopaths are male and 48.4% are female
- We also know about the ages and geographical base of osteopaths:



Source: GOsC registrant database



Source: GOsC registrant database as at 23/03/11

- We have gathered some additional information on ethnicity, sexuality, religion and marital status from our data survey

Ethnicity		Sexuality		Religion		Marital status	
white	*82.1%*	heterosexual	*85.9%*	christian	*50.5%*	married	*56.9%*
mixed	*1.4%*	homosexual	*2.9%*	muslim	*1.6%*	civil partnership	*6.4%*
asian or asian british	*5.3%*	bisexual	*0.5%*	hindu	*1.6%*	single, never married	*17.3%*
black or black british	*1.4%*	transsexual	-	buddhist	*1.1%*	separated/divorced	*3.5%*
chinese	-	other	*0.5%*	sikh	-	widowed	*1.0%*
other	*1.4%*	prefer not to say	*10.2%*	jewish	*1.1%*	other	*6.4%*
prefer not to say	*8.2%*			other	*3.2%*	prefer not to say	*8.4%*
				none	*40.9%*		
				prefer not to say	*10.2%*		

Source: KPMG data survey

- In the 2009 GOsC consultation on revalidation, 3% of 360 respondents to a survey reported having a disability. The disabilities stated were diabetes (0.8%), ME (0.3%), MS (0.3%), dyslexia (1.1%) and rheumatoid arthritis (0.3%).
- We recommend that the GOsC expand the basic demographic information collected through its initial registration and annual update processes. The collection of this information will allow the GOsC to: monitor whether it is considering relevant equality and diversity issues, ensure it complies with equality and diversity legislation; and in particular ensure that any consultations (including on revalidation) do not inadvertently discriminate against any group.

What do osteopaths practise?

The SDC project report by NCOR (June 2010) supplies some data on responsibility for payment:

- 97% of respondents to our survey stated that they are currently practising compared to 96% registered as practising on the GOsC database of registrants. In addition to the 3% non-practising osteopaths, our survey identified one further respondent taking a break from practice for maternity leave.
- Our survey also indicated that 25% of all respondents are currently doing academic work, teaching or studying in osteopathy, and 14% of all respondents are providing other health services. The other health services most frequently listed include: acupuncture, naturopathy, massage, physiotherapy, dry needling, pilates, herbal medicine, applied kinesiology and musculo-skeletal medicine. 10% of all survey respondents are working in an unrelated field. Common unrelated fields listed include: applied kinesiology, microbiology, cosmetic science, acupuncture, counselling, aromatherapy, animal osteopathy, immunology, dry needling, research and chinese medicine**.** It is possible that differing views of respondents of techniques such as acupuncture may have an impact of how they classified them i.e. as part of osteopathy, some as separate fields and some as techniques/methods.
- None of the osteopaths at the North Wales focus group combined osteopathic techniques with other adjunct therapies, whereas the majority in the Birmingham group did. Of the respondents to the qualitative questionnaire, most did not perform other professional roles, although one was a GP and a clinical academic and integrated the three, and one also practised as an Alexander Teacher, but clearly distinguished that from osteopathy.
- 4.8% (n=10) of respondents to our survey are registered also with the General Medical Council, and 5.3% of all respondents (n=11) with the Health Professions Council. 2.4% of all respondents cited registration with overseas regulators of osteopathy, 1.0% of all respondents are registered with the General Council and Register of Naturopaths and 0.5% of all respondents with the Complementary and Natural Healthcare Council. A number of respondents also cited the British Medical Acupuncture Society, although this is not a regulatory body.
- Our survey also asked about the time spent on different osteopathic methods or therapies in a normal week:

Time spent on different osteopathic methods or therapies in a normal week, % and number of respondents

	More than 90%	50-90%	10-50%	0-10%	None	No response
Cranial osteopathy	7% (14)	12% (24)	22% (46)	26% (54)	24% (49)	9% (21)
Structural osteopathy	46% (96)	31% (65)	11% (22)	3% (6)	1% (3)	8% (16)
Visceral osteopathy	1% (2)	2% (4)	7% (15)	37% (77)	32% (67)	21% (43)

Source: KPMG data survey

- A number of respondents also listed time spent on functional and classical osteopathy as well as animal osteopathy, paediatric osteopathy and various techniques including massage, acupuncture and dry needling. We noted that there is a significant minority (c. 20%) who predominantly practise structural osteopathy, but who also practise a small amount of cranial or visceral osteopathy.
- Respondents to the survey were asked whether they practise or incorporate a given list of other therapeutic methods. All were used to some extent and others were offered in addition. The most common therapeutic methods found are listed below.
    - Dry needling – 29%
    - Electrotherapy – 18%
    - Acupuncture – 12%
- 33% of all respondents did not apply any other therapeutic methods. The majority of focus group attendants and respondents to the qualitative questionnaire did not use any 'unregulated' adjunct therapies. A small number used acupuncture (with training), dry needling and naturopathy.
- A number of respondents made the point that osteopathy is a blend of different techniques and it is not straightforward to separate structural from cranial and visceral.
- One respondent commented that they predominantly (99%) practise cranial osteopathy with occasional use of structural techniques, but would be concerned at the prospect of having to demonstrate these structural techniques if re-examined.

What do osteopaths practise?

Few osteopaths specialise in treating particular groups, although many treat these groups (children, pregnant women etc) at least to some extent

22% of survey respondents undertake examinations of intimate areas. Most of these osteopaths habitually offer chaperones to their patients, but a significant number never do

- We also asked osteopaths about the amount of practice time they spend focussing on particular groups. We found a very small number who practise almost exclusively on older people or infants. We also found a minority who focus primarily on a specialist group but see other groups as well.

Percentage of osteopathic practice time spent focusing on particular groups in a normal week

	More than 90%	50-90%	10-50%	0-10%	None	No response
Older people (65+)	0.5% (1)	14% (30)	63% (132)	13% (26)	3% (6)	6.5% (13)
Infants (<1)	0.5% (1)	2% (4)	22% (45)	26% (55)	41% (86)	8.5% (17)
Children (1-18)	0% (0)	2% (4)	22% (46)	58% (121)	11% (22)	7% (15)
Pregnant women	0% (0)	2% (5)	17% (34)	67% (140)	7% (15)	7% (14)
Sportsmen/women	0% (0)	6% (13)	38% (79)	38% (80)	9% (18)	9% (18)
Other adults	7% (14)	38% (79)	42% (88)	0.5% (1)	5% (10)	7.5% (16)
Animals	0% (0)	0.5% (1)	1% (3)	5% (10)	76% (159)	17.5% (35)

Source: KPMG data survey

- Our survey also considered the point of intimate examinations. We asked whether osteopaths undertake examinations of intimate areas and if so if they offer the use of chaperones. We found as follows:
  - 22% of respondents do undertake examinations of intimate area

If you undertake examination of intimate areas, do you offer the use of chaperones?

	Always	Usually	Sometimes	Never
For genital examinations	77% (20)	4% (1)	-	19% (5)
For rectal examinations	78% (25)	6% (2)	3% (1)	13% (4)
For breast examinations	72% (26)	11% (4)	3% (1)	14% (5)
For other intimate examinations	55% (11)	5% (1)	10% (2)	30% (6)

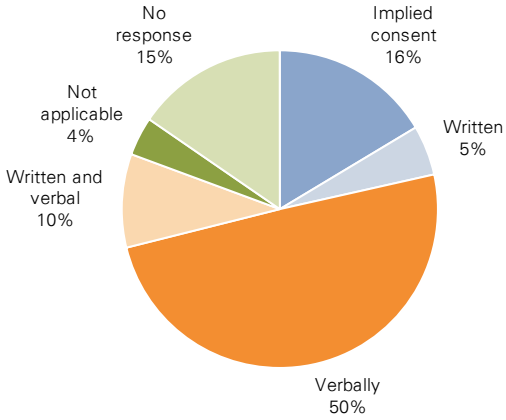
Source: KPMG data survey
Note: other intimate areas listed included mouth and pubis/coccyx

  - One respondent felt that it was necessary to comment that "vaginal, anal and to a lesser extent, breast examination, is more appropriately performed by a GP" and that the respondent "would be very reluctant to perform a PV or PA adjustment".
- One respondent felt that it was important to look at "wider aspects of running a business" which are "just as important". These may be beyond the scope of the GOsC, but it is interesting to note that administrative/management skills and safe, high quality patient care are not independent (as they aren't in the NHS either).

What do osteopaths practise?

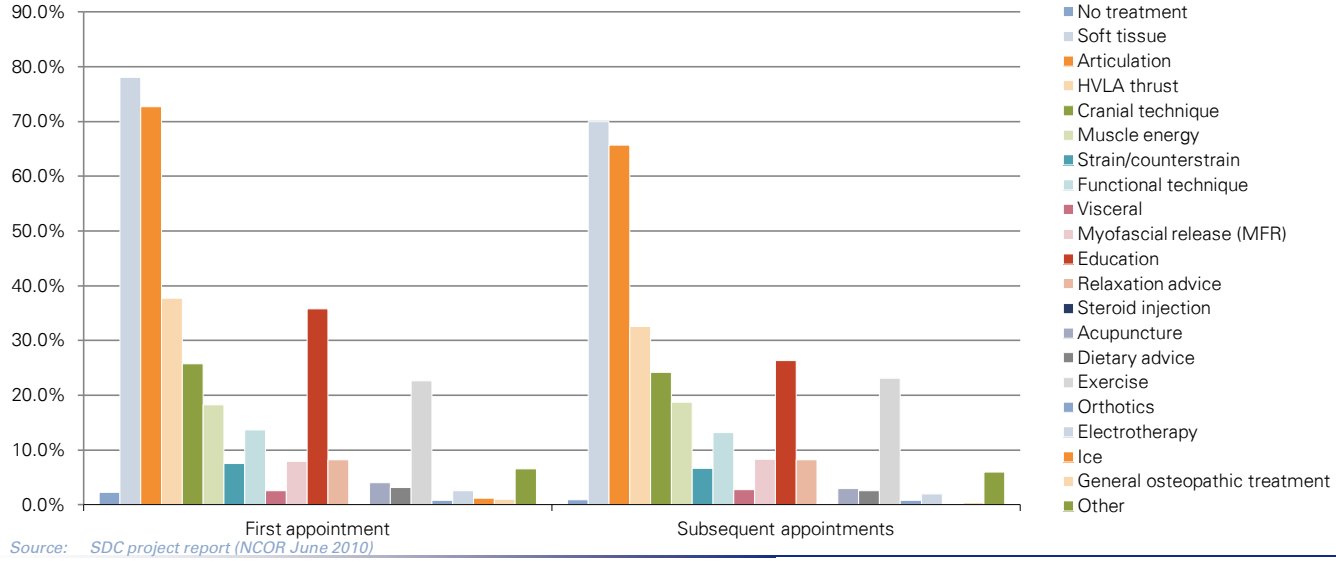
Informed consent is gained from patients for specific techniques around 50% of the time, although this is rarely written consent (15% of the time)

- The issue of consent was considered by NCOR in their SDC project report (2010). Whilst this report was based upon a small non-stratified sample of osteopaths it does none the less provide an indication of how informed consent may be obtained. It found that informed consent for a variety of specific techniques was obtained from 57% of patients at first appointments and 42% at subsequent appointments in the 343 patient episodes they examined. It also found that where informed consent was gained, it was gained in the following ways:



Source: SDC project report (NCOR June 2010)

- The same report also collected data on treatments given at first and subsequent appointments which supplements the data we have collected on osteopathic methods and therapies and other therapeutic methods above:



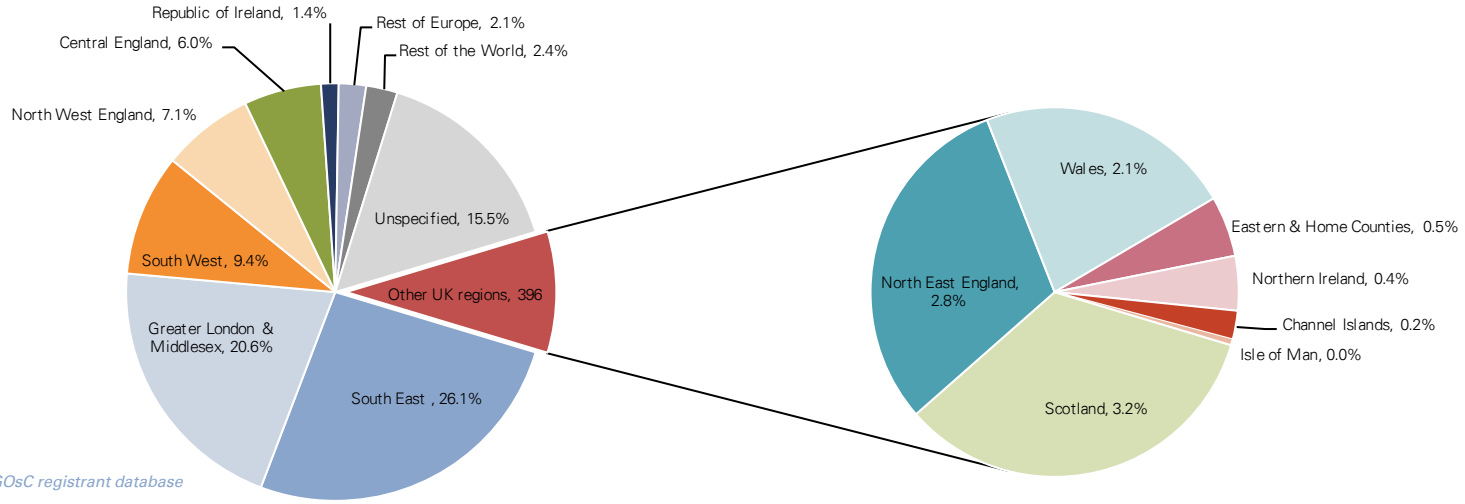
Source: SDC project report (NCOR June 2010)

Where do osteopaths practise?

A very high proportion of osteopaths practise regularly outside 'managed environments' such as hospitals or clinics'

Osteopaths, and therefore professional networks, are not distributed evenly around the county, which effects the extent of interactive learning and development

- For the majority (84%) of current active registrants, regions have been assigned by the GOsC communications team based on registrants' addresses. These regions are not officially recognised regions, but rather those which are convenient for the purposes of the GOsC events. The data is nevertheless a useful indicator of the geographic spread of osteopaths, and it allows us to identify which osteopaths practise in areas where osteopathy is less prevalent and where professional links may be less strong



Source: GOsC registrant database

- One respondent identified that the density of osteopaths in an area is an important factor for learning and development citing their own experience moving from Kent where a high density of osteopaths allowed frequent discussion and interaction with other osteopaths, to an area with fewer osteopaths.
- We asked osteopaths about their practice setting and we found that a significant proportion practise mostly in their own practice or in a group practice or in a room in their home set aside as a clinic. We also found that many osteopaths undertake a small amount of home visits.

What proportion of your time in a normal week do you spend practising in:

	More than 90%	50-90%	10-50%	0-10%	None	No response
Your own home - room set aside as a clinic	12% (24)	6% (12)	4% (9)	5% (10)	55% (114)	18% (39)
Your own home - room for clinical & domestic use	1% (3)	-	2% (4)	6% (12)	63% (132)	28% (57)
Patients' homes	-	-	3% (6)	27% (57)	46% (96)	24% (49)
Your own sole practice	22% (46)	9% (19)	5% (10)	1% (3)	40% (84)	23% (46)
A group practice	31% (65)	14% (30)	8% (17)	3% (7)	32% (47)	21% (42)
A hospital	-	-	1% (2)	1% (3)	66% (137)	32% (66)
A surgery	7% (15)	2% (5)	5% (11)	1% (2)	63% (130)	22% (45)
A non-NHS employer's address, eg office	-	-	2% (4)	-	67% (139)	31% (165)

Source: KPMG data survey

Where do osteopaths practise?

The majority of osteopathic treatment is paid for directly by patients which is consistent with an effective market (i.e. self-regulating) although this is responsive in nature rather than preventative

- Discussion about practice setting at the North Wales focus group found that participants typically practised either in a designated room in their house or in a separate office/practice. The relative presence or absence of intimacy from each of these settings were both seen as beneficial in terms of putting the patient at ease. One osteopath with a larger practice had a policy of not treating patients without a receptionist on duty for risk management purposes. They also commented that patient experience and the ability to discuss practice with colleagues are benefits of a larger practice environment.
- The Birmingham focus group had a similar mix of practice settings. There was a comment about a limited amount of home visits being conducted, but these are typically for patients with limited mobility and are not preferred generally because of the reduced access to equipment and the additional time needed for treatment. In Birmingham there was a mix within the group in terms of extent of use of reception staff.
- Respondents to the qualitative questionnaire gave a range of practice settings consistent with the data above. One osteopath, who practised 100% in a dedicated practice commented that they "think practice setting is very important in terms of professional appearances, protection for the patient…", others were more focused on the lifestyle benefits of practice setting. Most practised alone.
- We also surveyed osteopaths about the nature of the areas they practise in. We found that the majority of osteopaths (c.90%) practise predominantly in one type of area, although a significant amount of rural osteopathy is undertaken by those who spend the majority of their time in more urban areas:

What percentage of your osteopathic practice time do you currently spend practising in:					
	More than 90%	50-90%	10-50%	0-10%	None
City-based areas	51	14	16	8	63
Town-based areas	77	34	8	6	40
Village-based/rural areas	22	9	14	14	80

Source: KPMG data survey

- One respondent provided the example that whilst they practise ten hours per week in their rural home, they also operate a five hour clinic once a month in London.
- Another respondent made the connection between rurality and animal osteopathy, by observing that the nature of the community they practise in inevitably leads to greater involvement with animals.

Source: SDC project report (NCOR June 2010)

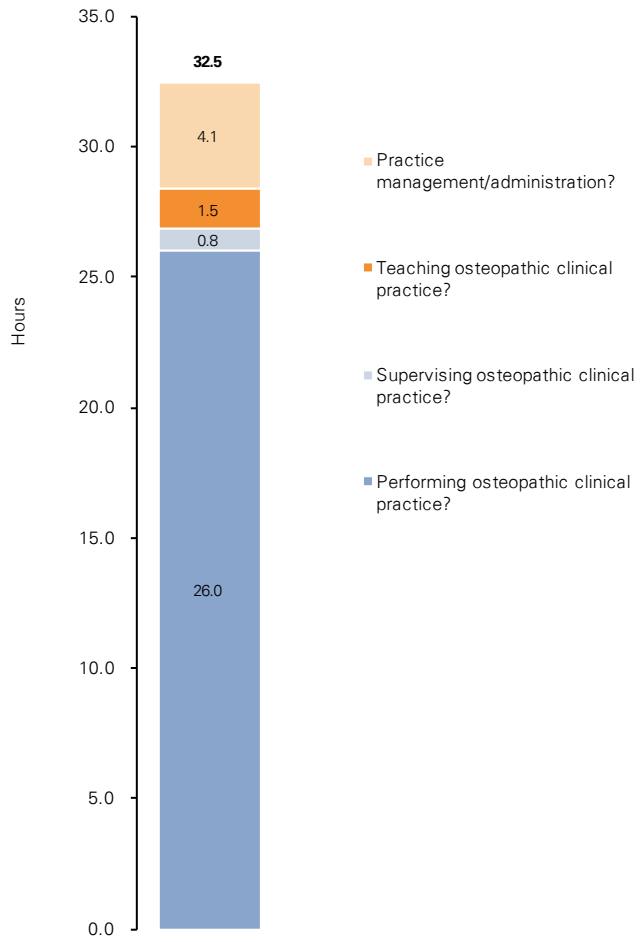
How often and how much do osteopaths practise?

As a relatively newly regulated profession, osteopathy has a high proportion of registrants in the first few years of registration. It also has registrants with many years experience prior to regulation

Most osteopaths who teach also undertake some clinical practice

A number of osteopaths work part time, although this can be demand-led as well as supply-led

The average osteopath's working week



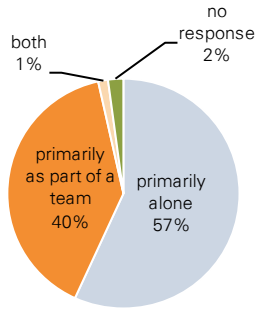
Source: KPMG data survey

- The GOsC register showed us that there are currently a few (4 prior to 2010) osteopaths from elsewhere in the European Union (EU) who are registered temporarily as practising in the UK. There may be more osteopaths practising temporarily in the UK from overseas who are not shown as temporary on the register. Non-UK trained osteopaths practising in the UK meet the same standards of practice as UK trained osteopaths. However, it would be beneficial to undertake further consideration of this sample and potential inclusion of this group in pilot studies.
- We know from the register that 566 osteopaths have been on the register less than two years, and that a further 636 have been on the register for between two and five years. We also know that 2350 have been on the register for over nine years. Our survey also told us that the average osteopath responding has been practising for 13 years and 2 months (excluding any breaks in practice).
- The responses to our survey (see opposite) indicated how the average osteopath spends their working week. The average number of hours practised varied from 0 to 60, with c.10% of osteopaths working fewer than 10 hours per week, and c. 50% of osteopaths working fewer than 30 hours per week.
- Our survey told us that on average, osteopaths see 30 existing patients and 4 new ones each week.
- Our survey revealed only one case of an osteopath teaching osteopathy with no clinical practice, and in all other cases teaching was supplemented by at least one day of clinical practice each week.
- NCOR's SDC project report (June 2010) told us that allocated appointment durations ranged from 10-90 minutes for first appointments and 10-60 minutes for subsequent ones. Over 30% of first appointments were allocated 30 minutes; appointments allocated 60 minutes also accounted for over 30%; and appointments of 40 or 45 minutes accounted for nearly another 30%. Over 60% of subsequent appointments were allocated for 30 minutes.
- A number of comments raised the point that number of hours in practice is driven by demand rather than availability of osteopaths in many cases. This appears to be increasingly the case as the market is becoming more competitive. Consequences of this point are also felt for the cost of revalidation to osteopaths in such circumstances and one respondent felt it would be appropriate for this report to consider net earnings of osteopaths.
- We noted a number of comments citing flexible working around childcare as the driver for periods of not practising or low hours.

With whom do osteopaths practise?

A large number of osteopaths practise alone

- The 2006/07 practice pilot survey gave us an indication about the number of osteopaths who normally practise alone and who normally practise with others:



Source: GOsC 2006/07 practise pilot survey

- In our survey, we asked osteopaths how much of their time they spend practising alone or with different groups and we found that the majority primarily practise alone :

What proportion of your time in a normal week do you spend practising:						
	More than 90%	**50-90%**	**10-50%**	**0-10%**	**None**	**No response**
On your own	56% (116)	13% (27)	6% (12)	8% (17)	8% (16)	10% (20)
With other healthcare practitioners (NHS)	0.5% (1)	1% (2)	3% (6)	5% (10)	65% (13)6	25.5% (53)
With other non-healthcare staff (NHS)	-	-	2% (4)	1% (3)	68% (141)	29% (60)
With other healthcare practitioners (non-NHS)	16% (34)	8% (17)	9% (19)	13% (28)	33% (68)	21% (42)
With other non-healthcare staff (non-NHS)	6% (13)	0.5% (1)	2% (4)	5% (11)	63% (130)	23.5% (49)

Source: KPMG data survey

- One osteopath commented that although a sole practitioner, they have access to good networks of peers to discuss problems or call upon for second opinions, i.e. that the question of appropriate supervision/guidance/counsel is more complex than who osteopaths practise with.
- Another osteopath commented that as a recent graduate, they find being in sole practice beneficial, allowing more thorough reflection.

With whom do osteopaths practise?

A minority of osteopaths act infrequently as locums

- We also asked osteopaths about the ways in which they practise with other osteopaths. We found that 30% of osteopaths normally (at least often) work with other osteopaths across multiple practices and 38% normally (at least often) work with other healthcare professionals. We also found that 13.5% of those surveyed acted as locum osteopaths, mostly infrequently.

In what ways do you practise with other osteopaths?

	Never	Seldom	Sometimes	Often	Usually	Always	No response
As a prinicipal of a practice with other osteopaths	54% (111)	1% (2)	3% (7)	1% (3)	5% (11)	15% (32)	21% (42)
Working in a practice as an associate or employee osteopath	43% (89)	2% (4)	3% (7)	8% (16)	11% (24)	10% (21)	23% (47)
Working as an osteopath in a practice with other osteopaths	38% (78)	1% (3)	7% (15)	7% (14)	9% (18)	14% (30)	24% (50)
Working as an osteopath in a practice with other health	27% (58)	2% (4)	10% (20)	10% (22)	15% (31)	13% (26)	23% (47)
As a locum osteopath	57% (118)	7% (15)	4% (8)	0.5% (1)	0.5% (1)	1% (3)	30% (62)
In more than one practice	35% (73)	2% (5)	4% (9)	4% (9)	7% (15)	24% (49)	24% (48)
Alone	22% (45)	4% (8)	11% (23)	7% (15)	34 (16%)	16% (34)	24% (49)

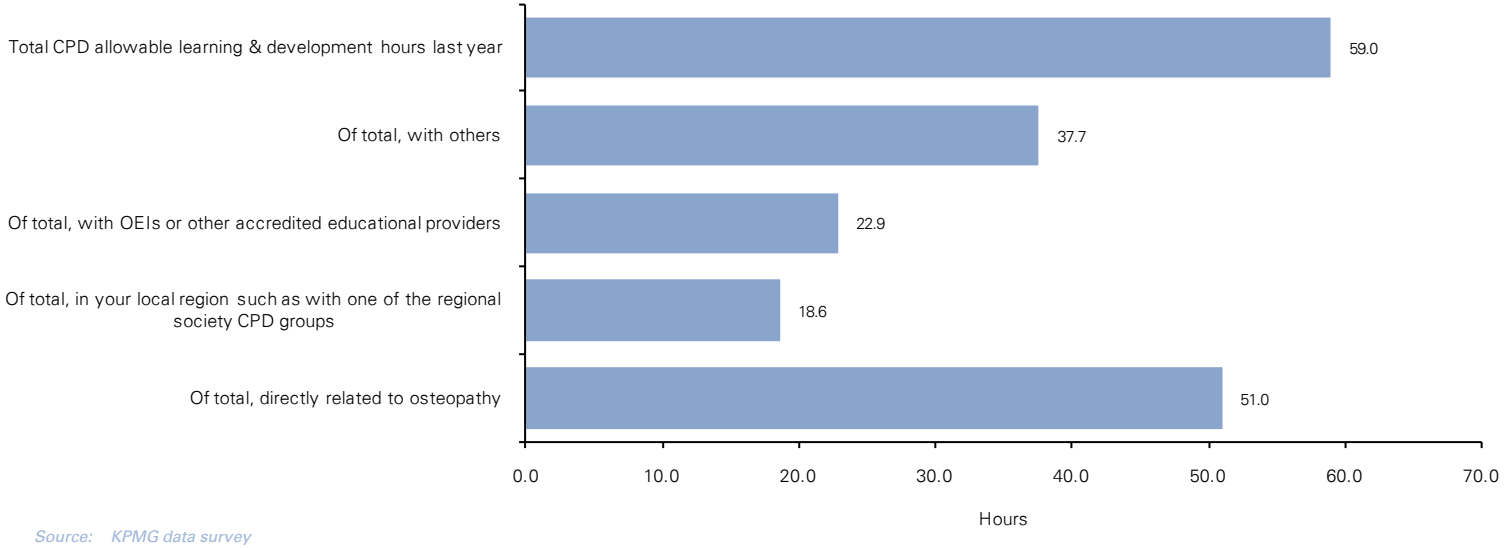
Source: KPMG data survey

How do osteopaths improve through feedback and learning?

The nature of osteopathy (small or sole practices) means that appraisal and supervised learning and development is uncommon

Much of osteopathic feedback and learning is informal, although the majority is undertaken with others

- In performing our initial gap analysis we identified that despite the annual CPD returns by all registrants, the GOsC held very little useful data on the ways in which osteopaths improve through feedback and learning. We recommend that the GOsC consider whether there is scope in future to retain more of the data submitted in CPD returns in an analysable format. This may require further data fields to be completed and stored in a database.
- We collected some basic data on the previous CPD year (for each registrant surveyed) and found that the average osteopath undertakes nearly double the required 30 hours of CPD. The average CPD allowable learning and development hours recorded last year totalled 59 hours per registrant and of this subset, 64% of this time is undertaken with others.



Source: KPMG data survey

- There were a number of comments in focus groups that the majority of CPD was with others, but that desired CPD had to be balanced with available courses. There was a feeling that most courses were in London: this was particularly a problem for the North Wales group, who commented that they felt the role of the regional CPD organiser to be important and valuable. Focus group participants generally commented that they do much more CPD than they record on their forms, but do not record it as it is time consuming. Most of the North Wales group did not carry out formal patient feedback, but would be open to this if they felt they had the tools to evaluate it.
- Responses to the qualitative questionnaire made a number of comments with regard to feedback and learning. A number of respondents commented that they undertake a great deal of reflective practice, but that they do not formally record this. Some regularly discuss cases with colleagues including using this as the basis for group learning. The value of patient feedback was recognised by many, although none commented that they formally seek this.

How do osteopaths improve through feedback and learning?

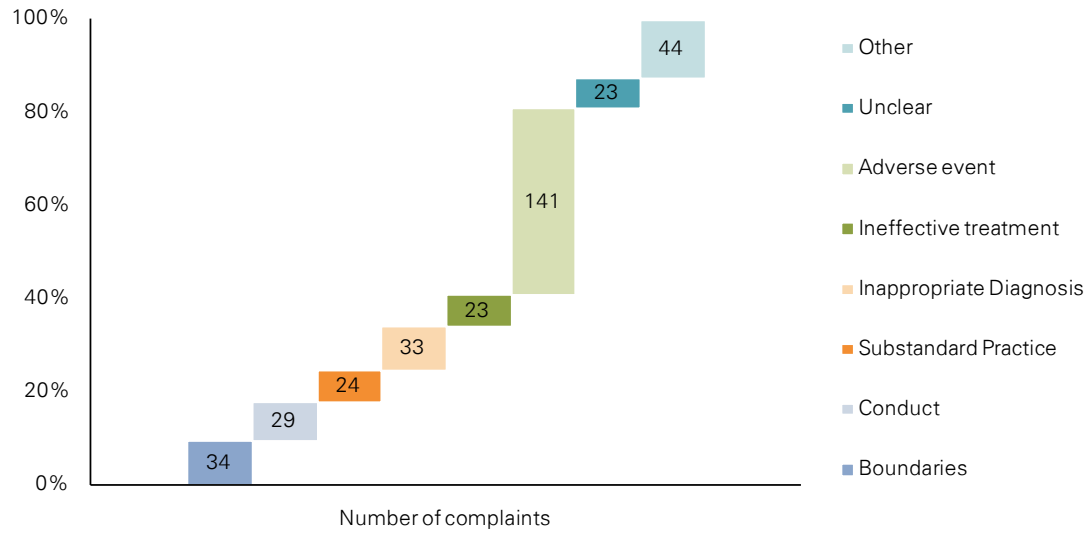
- We also asked those surveyed to list the three activities contributing most to the CPD hours set out above. The most common answers included:
  - Courses
  - Conferences
  - Discussion with other osteopaths
  - Lectures (giving and receiving)*
  - Practice meetings
  - Reading (general or specific)
  - Regional society meetings and regional society CPD groups
  - Research
  - Teaching
  - Unspecified activities relating to particular osteopathic techniques

* Giving lectures is not classified as CPD by the GOsC

Other information about osteopathic practice

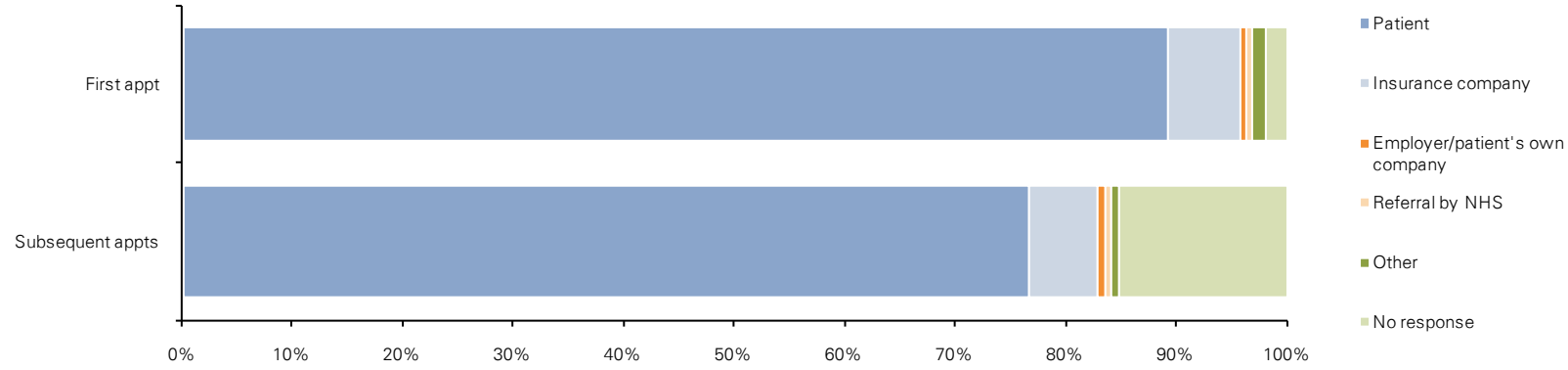
Claims and complaints against osteopaths

- We examined the draft CONDOR report on claims and complaints against osteopaths. In particular, the issue of boundaries is helpful context for findings earlier in this report with regard to chaperones and examinations of intimate areas. It is also potentially relevant to some of the questions about osteopathic practice setting and with whom osteopaths practise.



Source: Draft report: Complaints and claims against osteopaths: a baseline study of the frequency of complaints 2004-2008 and a qualitative exploration of patients' complaints (CONDOR)

- The SDC project report by NCOR (June 2010) supplies some data on responsibility for payment:



Source: SDC project report (NCOR June 2010)

Next Steps and recommendations

The data contained within this report should be used by the GOsC to help define the characteristics of the revalidation pilot sample. It would be advantageous to have a representative sample of osteopaths. This would give confidence that the pilot roll out is scaleable both in terms of costs and feasibility.

Example characteristics to monitor osteopaths involved in the pilot scheme may include :

- The number of years qualified
- The number of years practising prior to regulation
- The location of their practice(s)
- Non-UK trained osteopaths

The focus groups response to the use of adjunct therapies was inconclusive. However as the more rural based osteopaths seemed not to use them, as opposed to the more urban practising osteopaths who did, it is possible that there are differences in practice and therefore risk.

The national geographical distribution of osteopaths is not even. However, care should be taken with the pilot sample to ensure a good number of osteopaths from other regions . Given the reported problems and frustrations osteopaths have accessing formal CPD outside of London similar concerns may arise with access to support for revalidation.

The number of osteopaths currently working less than fulltime due to vacant appointments may have implications for feasibility of the pilot scheme. Osteopaths' level of practice may have been adversely impacted by the economic downturn, therefore this will need to be considered in the pilot roll out.

Given that full implementation of revalidation will necessarily take many years, we recommend that the GOsC expand the basic demographic information collected through its initial registration and annual update processes. This will allow the GOsC to monitor equality and diversity going forward.

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Report A: Appendices

AUDIT ▪ TAX ▪ ADVISORY

Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice

Please enter your unique four digit reference number in the box to the left

You will find this number ("*your ref*") in the top right hand corner of the letter that accompanies this survey opposite your address.

Please note that this reference number allows KPMG to monitor the survey responses. As stated in the letter accompanying this survey all surveys are returned to and are analysed by KPMG, individual osteopaths will not be identifiable or raw data shared with the GOsC.

Q1 Are you currently:

Practising as an osteopath?	Yes ☐	No ☐
Doing academic work, teaching or studying in osteopathy?	Yes ☐	No ☐
Providing other health services?	Yes ☐	No ☐
If yes, please give detail: _____		
Working in an unrelated field?	Yes ☐	No ☐
Doing other clinical work related to osteopathy or otherwise? (please state) _____		

Q2 Are you currently registered with another health regulator?

GMC	☐
HPC (physiotherapist)	☐
HPC (other – please specify) _____	
Other (please specify) _____	

Q3 How many hours a week are you currently spending:

Performing Osteopathic clinical practice?	_____ hours
Supervising Osteopathic clinical practice?	_____ hours
Teaching Osteopathic clinical practice?	_____ hours
Practice management/administration?	_____ hours

Q4 How long have you been practising as an Osteopath (Note: Please include time before the statutory register was created and exclude any prolonged breaks e.g. sabbaticals, pregnancy)?

_____ years _____ months

If you are not currently practising please go to question number 20. If you are practising please answer all questions.

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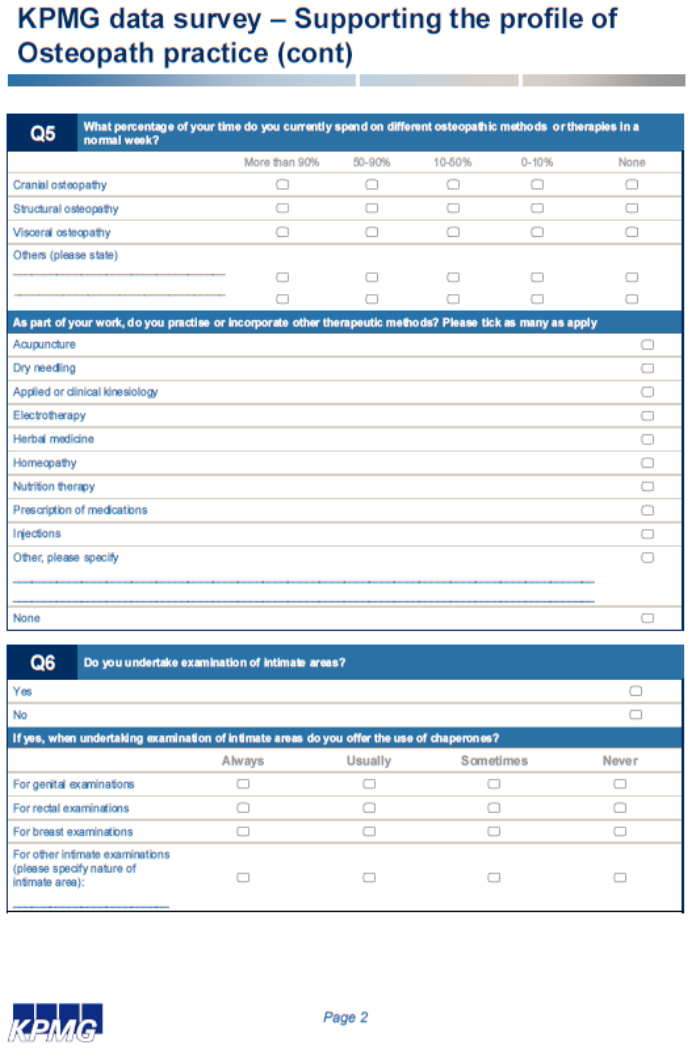
Appendix 1 – survey



KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q5 What percentage of your time do you currently spend on different osteopathic methods or therapies in a normal week?

	More than 90%	50-90%	10-50%	0-10%	None
Cranial osteopathy	☐	☐	☐	☐	☐
Structural osteopathy	☐	☐	☐	☐	☐
Visceral osteopathy	☐	☐	☐	☐	☐
Others (please state)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

As part of your work, do you practise or incorporate other therapeutic methods? Please tick as many as apply

Acupuncture	☐
Dry needling	☐
Applied or clinical kinesiology	☐
Electrotherapy	☐
Herbal medicine	☐
Homeopathy	☐
Nutrition therapy	☐
Prescription of medications	☐
Injections	☐
Other, please specify	☐
_____	
_____	
None	☐

Q6 Do you undertake examination of intimate areas?

Yes	☐
No	☐

If yes, when undertaking examination of intimate areas do you offer the use of chaperones?

	Always	Usually	Sometimes	Never
For genital examinations	☐	☐	☐	☐
For rectal examinations	☐	☐	☐	☐
For breast examinations	☐	☐	☐	☐
For other intimate examinations (please specify nature of intimate area): _____	☐	☐	☐	☐

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Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q7 What percentage of your osteopathic practice time is spent focussing on particular groups in a normal week?

	More than 90%	50-90%	10-50%	Less than 10%	None
Older people (age 65+)	☐	☐	☐	☐	☐
Infants (age under 1 year)	☐	☐	☐	☐	☐
Children (age 1-18)	☐	☐	☐	☐	☐
Pregnant women	☐	☐	☐	☐	☐
Sportsmen/women	☐	☐	☐	☐	☐
Other adults	☐	☐	☐	☐	☐
Animals	☐	☐	☐	☐	☐
Others (please state)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Q8 What proportion of your time in a normal week do you spend practising in:

	More than 90%	50-90%	10-50%	0-10%	None
Your own home – room set aside as clinic	☐	☐	☐	☐	☐
Your own home – room for clinical & domestic use	☐	☐	☐	☐	☐
Patients' homes	☐	☐	☐	☐	☐
Your own sole practice	☐	☐	☐	☐	☐
A group practice	☐	☐	☐	☐	☐
A Hospital	☐	☐	☐	☐	☐
A Surgery	☐	☐	☐	☐	☐
A non-NHS employer's address e.g. office	☐	☐	☐	☐	☐
Others (please state)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

Q9 What proportion of your time in a normal week do you spend practising:

	More than 90%	50-90%	10-50%	0-10%	None
On your own	☐	☐	☐	☐	☐
With other healthcare practitioners (NHS)	☐	☐	☐	☐	☐
With other non-healthcare staff (NHS)	☐	☐	☐	☐	☐
With other healthcare practitioners (non-NHS)	☐	☐	☐	☐	☐
With other non-healthcare staff (non-NHS)	☐	☐	☐	☐	☐
Others (please state)					
_____	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐

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Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q10 What percentage of your osteopathic practice time do you currently spend practising in:

	More than 90%	50-90%	10-50%	0-10%	None
City-based areas	☐	☐	☐	☐	☐
Town-based areas	☐	☐	☐	☐	☐
Village-based/Rural areas	☐	☐	☐	☐	☐
Other (please specify)	☐	☐	☐	☐	☐

Q11 How many hours do you practise in a typical week?

Q12 How many patients do you see in a typical week?

Q13 How many of these patients are new patients in a typical week?

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Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q14 In what ways do you practise with other osteopaths? (tick all that apply)

	Never	Seldom	Sometimes	Often	Usually	Always
As a principal of a practice with other osteopaths	☐	☐	☐	☐	☐	☐
Working in a practice as an associate or employee osteopath	☐	☐	☐	☐	☐	☐
Working as an osteopath in a practice with other osteopaths	☐	☐	☐	☐	☐	☐
Working as an osteopath in a practice with other health professionals	☐	☐	☐	☐	☐	☐
As a locum osteopath	☐	☐	☐	☐	☐	☐
In more than one practice	☐	☐	☐	☐	☐	☐
Alone	☐	☐	☐	☐	☐	☐
Others (please state)						
_____	☐	☐	☐	☐	☐	☐
_____	☐	☐	☐	☐	☐	☐

Q15 Approximately how many hours of Continuing Professional Development (CPD) allowable learning and development did you do last year? (please include the total amount even where this is greater than the amount declared on your CPD return)

_____

_____

Q16 Approximately what proportion of the hours in Q15 were undertaken with others?

_____

_____

_____

Q17 Approximately what proportion of the hours in Q15 were performed in association with one of the osteopathic educational institutions or other accredited educational providers?

_____

_____

_____

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Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q18 Approximately what proportion of the hours in Q15 were performed in your local region such as with one of the Regional Society CPD groups, or other? - please specify

Q19 Approximately what proportion of the hours in Q15 were directly related to osteopathy?

Please list the three activities contributing the greatest number of hours to the above

1.
2.
3.

Q20 Diversity and Ethnicity. This data will be treated confidentially and is for our research purposes only. It helps us to ensure that we do not discriminate against groups of people. Please circle each of the following that apply:

Your gender:	Male	Female	Other	Prefer not to say	
Your age:	18 - 25	26 - 30	31 - 40	41 - 50	51 – 60
	61-65	65+	Prefer not to say		
Your ethnicity:	White	Mixed	Asian or Asian British	Black or Black British	Chinese
	Other	Prefer not to say			
Your sexuality:	Heterosexual	Homosexual	Bisexual	Transsexual	Other
	Prefer not to say				
Your religion:	Christian	Muslim	Hindu	Buddhist	Sikh
	Jewish	Other	None	Prefer not to say	
Your marital status:	Married	Civil partnership	Single, never married	Separated/ divorced	Widowed
	Other	Prefer not to say			

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Appendix 1 – survey

KPMG data survey – Supporting the profile of Osteopath practice (cont)

Q21	The survey is designed to capture 'how osteopaths practice.' If there is any other information you feel is relevant, but was not captured by the survey, please indicate in the space below:

Thank you for taking the time to complete this survey. The data collected will now will be analysed by KPMG and the results will be used with other data to inform a report to the GOsC on "How Osteopaths practise?". This report will in turn inform the Council's decisions about the planned pilot revalidation scheme.

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Appendix 2 – your requirement

Extract from your invitation to tender

17. The proposal should deliver:

a) A report (including the methods used) outlining how osteopaths practise and the proportion of osteopaths that practise in the following situations:

i. People taking time out of practise. For example maternity leave.
ii. Sole practitioner
iii. Newly qualified osteopaths (within 2 to 5 years of practice)
iv. Practitioners working less than full time
v. Practitioners with a disability – including autistic spectrum disorders, ME, visual impairment, colour blindness
vi. Teaching or research (with no clinical practice)
vii. Groups registered with other health regulatory bodies
viii. Locum practitioners
ix. National Health Service (NHS) practice (either exclusively or in conjunction with a private practice too).
x. Those who deliver osteopathy via home visits either exclusively or as part of their practice.
xi. Those registered with the GOsC who practice outside of the UK with or without formal regulation in their main country of practice.
xii. Those registered in the UK on a temporary basis.
xiii. Those using adjunct therapies as part of their practice.
xiv. Those undertaking internal interventions.
xv. Those who are consulted by particular groups, for example, pregnant women or children.

Please note that subject to data protection requirements, access to the General Osteopathic Council database should be available to assist with this work

Focus Group Guide 1: How Osteopaths practise – Report A

This guide is not intended to set out a prescriptive format for conducting focus groups with any of the regional groups. However, during the course of the focus groups, it is essential that information is gathered to address each of the questions listed. Some of the registrants may have been part of the previous consultation with regards to the proposed draft GOsC revalidation scheme and as such they will be familiar with the objectives and issues. However others are likely to be less familiar and it may be necessary to give them an overview of the principles behind the proposed draft GOsC revalidation scheme (attached at Annex A).

Suggested structure of the focus group

Introduction

Include:

- A brief introduction to the report A as set out in the brief attached at Annex B;
  - Ensure all participants complete basic details as at Annex C
- A brief overview of the focus group, highlighting that we want to capture their views about where when and how they practise. Please stress this is not designed in any way to examine or assess scope of practise.
- Confirm that the individuals will not be identified in the report.

If asked:

Any requests for further information about the proposed draft GOsC revalidation scheme should be directed to:
Fiona Browne
Head of Professional Standards
General Osteopathic Council
Osteopathy House
176 Tower Bridge Road
London
SE1 3LU

Tel: 020 7357 6655 x239
Mob: 07826 542435
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Focus Group Questions

Practice setting

Q1. How much practice takes place in their own home, in patients' homes, in their own practice, in multiple settings?
Probes:

- How do they determine where they practice?
- Do they have any fixed criteria for where they practice such as equipment needed?
- Do they think that the practice location has any impact on the treatment the patient receives, lack of specialist equipment, ability to ask for second opinion of colleague, lack of others such as reception staff etc?

Q2. If you do not practise Osteopathy full time, do you do perform other professional roles when you are not practising?
Probes:

- What governs how much they practise, patient case load etc?
- Do they practise in another role such as GP, practice nurse physiotherapy?
- If so can they differentiate between the roles? If so how?
- How do their patients differentiate their roles?

Type of practice

Q3. Do you use any `unregulated' adjunct therapies as part of your practise?
Probes:

- Acupuncture, homeopathy?
- Are these integrated into a holistic care plan for your patient and/ or are you able to differentiate between this care and osteopathic techniques? If so how?

Continual Professional Development?

Q4. How do you ensure that you continually improve your Osteopathic practise?
Probes:

- What ways do you do this? Is it informal, formal?
- Do they meet with others such as regional groups; is this above the 15 hours for CPD?
- How much reflective practice do they record?
- What use do you make of patient feedback, informally or through patient satisfaction feedback?
- Do you update more of less the areas of Osteopathic practise that you 'specialise' in? What about other areas that you use less often?

Q5. If as part of your work as an osteopath you practice or incorporate other therapeutic methods? How do you update these?
Probes:

- What ways do you do this? Is it informal, formal

Equality and Diversity?

Q6. The GOsC are committed to ensure the proposed revalidation scheme is inclusive and supports a diverse register. However during the consultation some feedback was received around disability and registrants' ability to perform the full range of Osteopathic treatments. Do you think that there are any types of practice and or disability that may restrict a registrant's ability to practise?
Probes:

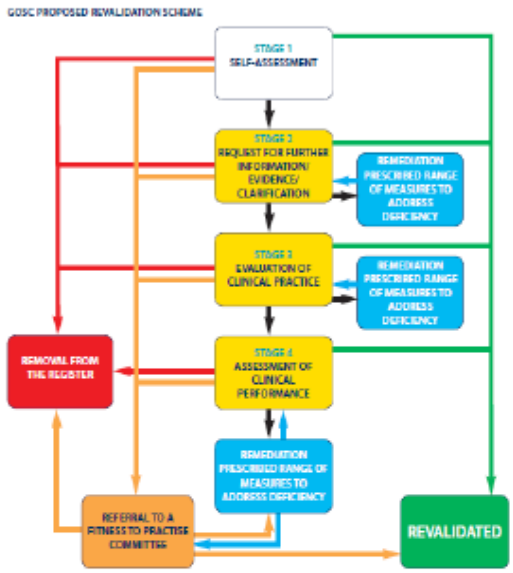
- Explore disabilities such as visual impairment, colour blindness, ME ,autistic spectrum disorders and others

Focus group close

- Ensure they have the opportunity to provide any additional feedback in respect of proposed draft GOsC revalidation scheme during the focus group and after.
- Summarise next steps regarding reporting as set out in Annex B.

Annex A. Proposed revalidation scheme

The GOsC believes that the most pragmatic revalidation scheme would be one that is staged,with an initial self-assessment form at Stage 1, which every osteopath would complete and submit to the GOsC once every five years. The self-assessment form would help to identify whether individual osteopaths are meeting the key performance indicators of good osteopathic practice. Additional stages would only apply where Stage 1 had highlighted a concern.
The proposed scheme of revalidation is outlined in the following diagram.



The scheme would consist of four main stages as outlined below.
STAGE 1 – A self-assessment form is completed by all osteopaths,which tests the key performance indicators of safe osteopathic practice with reference to the GOsC's *Code of Practice* and *Osteopathic Practice Standards*.
The key areas of the self-assessment form are based mainly on an osteopath's clinical interaction with patients, but also relate to important wider considerations of high-quality osteopathic care.

These are:
Section One – How you practise osteopathy
Section Two – Patient partnership
Section Three – Clinical practice
Section Four – Professionalism
Section Five – Continuing professional development (CPD)

Osteopaths will be required to list a range of supporting evidence, which they may be asked to produce at a later date. The self-assessment form is a major component of the proposed scheme.
An unsatisfactory submission at Stage 1 would lead to Stage 2.

STAGE 2 – This stage is a simple request for further information to clarify the response made at Stage 1 if the information provided is deemed ambiguous or gives rise to a concern.
The osteopath may be asked to provide further evidence of the examples cited in the self-assessment form.
In addition, as a quality assurance measure, some random sampling of the Stage 1 submissions will take place to ensure the evidence cited exists, similar to that employed in the CPD process.
An unsatisfactory outcome to Stage 2 would most likely lead to Stage 3.

STAGE 3 – A peer review of practice is required as a result of concerns raised at Stage 2.
This could take the form of any of the following:
> A review of written evidence cited
> A review in practice by a trained GOsC assessor – on a general level or focused on a specific area
> An interview with the osteopath by a trained GOsC assessor.
An unsatisfactory outcome to Stage 3 could lead to Stage 4.
STAGE 4 – A formal assessment of clinical performance – using a procedure similar to the current assessment for final-year students at osteopathic educational institutions.

Remediation

At any stage of the revalidation process an osteopath may be directed to undertake remediation measures in order to be revalidated and re-admitted to the Register. The GOsC will not provide remediation but will aim to 'signpost' the osteopath to sources of training or other measures aimed at addressing the identified deficiency.

Fitness to practise

A referral to the GOsC's fitness to practise procedures could occur at any stage of the revalidation process, in circumstances where a significant level of concern has been identified in relation to the conduct, ethics or performance of an osteopath.

Removal from the Register

If an osteopath fails to submit requested information or to take the required action at Stages 1–4, then he/she will automatically be removed from the Register (subject to the same rights of appeal as other administrative removals). In addition, the osteopath could be removed as a result of a finding by a GOsC fitness to practise panel.

Continuing professional development

The GOsC has considered broadly how its current continuing professional development (CPD) scheme could complement the proposed revalidation scheme. As a result, a section of the self-assessment form has been dedicated to CPD, and osteopaths may use CPD activities as evidence in a number of questions.

Further development

The elements above are to be developed further. The GOsC believes that these proposals meet the principles outlined by the Non-medical Revalidation Working Group.

Appendix 3 – focus group template

Annex B – Overview of Report A – How Osteopaths Practice

This report which will be presented to the GOsC in XX 2010 is intended to establish a baseline of what Osteopaths practise and where. It is not investigating the scope of Osteopathy techniques. The guidance on Osteopathic techniques is in accordance with GOsC's *Code of Practice* and *Osteopathic Practice Standards*.

A survey to collect the quantitative data will be/ has been issued to a sample of Osteopaths believed to be representative of the current registrants. If you do/have receive (d) a survery please complete it.

Participation in a focus group is in addition to the survey information

The focus groups would like to add to the GOsC qualitative understanding of how Osteopaths practise.

Annex C. Information on Attendees at Focus Groups

This information is for the sole use of KPMG LLP to contribute to the Report A – How Osteopaths Practise in support of their independent evaluation and impact assessment of the proposed GOsC Revalidation scheme. Registrants completing this information are non identifiable.

Please indicate on the form below some general information about yourself:

1. Are you:

Male ☐

Female ☐

Appendix 4 – focus group and qualitative questionnaire demographics

Demographic data	Survey response	Birmingham focus group	North Wales focus group	Combined focus groups	O Zone responses
Gender					
Male	48.1%	57.1%	37.5%	46.7%	42.9%
Female	51.9%	42.9%	62.5%	53.3%	57.1%
Age					
30 or under	11.1%	-	12.5%	6.7%	-
31 to 40	24.5%	14.3%	12.5%	13.3%	14.3%
41 to 50	36.5%	71.4%	50.0%	60.0%	28.6%
51 to 65	26.4%	14.3%	12.5%	13.3%	57.1%
66 or older	1.4%	-	12.5%	6.7%	-
Ethnicity					
White	82.1%	85.7%	100.0%	93.3%	100.0%
Mixed	1.4%	-	-	-	-
Asian or asian british	5.3%	14.3%	-	6.7%	-
Black or black british	1.4%	-	-	-	-
Chinese	-	-	-	-	-
Other	1.4%	-	-	-	-
Prefer not to say	8.2%	-	-	-	-
Sexuality					
Heterosexual	85.9%	85.7%	87.5%	86.7%	100.0%
Homosexual	2.9%	-	-	-	-
Bisexual	0.5%	-	-	-	-
Transsexual	-	-	-	-	-
Other	0.5%	-	-	-	-
Prefer not to say	10.2%	14.3%	12.5%	13.3%	-
Religion					
Christian	45.9%	14.3%	50.0%	33.3%	66.7%
Muslim	1.5%	-	-	-	-
Hindu	1.5%	14.3%	-	6.7%	-
Buddhist	1.0%	-	-	-	-
Sikh	-	-	-	-	-
Jewish	1.0%	-	-	-	-
Other	2.9%	14.3%	-	6.7%	-
None	37.1%	42.9%	37.5%	40.0%	33.3%
Prefer not to say	9.3%	14.3%	12.5%	13.3%	-
Marital status					
Married	56.9%	71.4%	62.5%	66.7%	71.4%
Civil partnership	6.4%	14.3%	12.5%	13.3%	-
Single, never married	17.3%	-	-	-	14.3%
Separated/divorced	3.5%	-	12.5%	6.7%	14.3%
Widowed	1.0%	-	-	-	-
Other	6.4%	-	12.5%	6.7%	-
Prefer not to say	8.4%	14.3%	-	6.7%	-