

General Osteopathic Council Equality Impact Assessment Full Assessment Template

Step 1 Scoping the equality impact assessment (EIA)

Building on the material included at the screening stage, you should begin the EIA by determining its scope. The EIA should consider the impact or likely impact of the policy in relation to all areas of our remit. It should be proportionate to the significance and coverage of the policy.

Name of the policy

'Osteopathic Practice Standards'

Is this a new or existing policy?
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New

What is the main aim, purpose and/or outcome of the policy?
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The 'Osteopathic Practice Standards' comprises both the 'Standard of Proficiency' and 'Code of Practice' for osteopaths. Producing them in one joint document avoids repetition of standards and guidance. The document presents all the standards of conduct and competence required of osteopaths to promote patients' health and wellbeing and to protect them from harm.
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Who is most likely to benefit from or be affected by the policy?

Patients, practitioners, tutors and students.

Step 2 Involvement and consultation

It may be helpful to the EIA to involve stakeholders in assessing the impact of the policy, such as registrants, individuals or organisations representing sections of the public or employees. When considering how you might involve other people in assessing the policy, think about internal and external audiences for it.

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

The document 'Final Report of the Consultation Exercise in Relation to Draft Revisions of the General Osteopathic Council's Standards of Practice' by Hewell, Taylor, Freed and Associates (2011) contains full details of the involvement of stakeholders in preparing the 'Osteopathic Practice Standards'.

The following combination of consultation methods was used:

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| <ul style="list-style-type: none">• electronic questionnaire available to complete on the GOsC website, with responses returned directly to external consultants• telephone interviews |
|---|

- face to face interviews
- focus group consultation meetings.

The consultation was publicised in a variety of ways including:

- notification directly to registrants and other stakeholders
- articles in specialist publications
- inclusion in GOsC e-publications and newsletters
- strapline on outgoing emails.

For the telephone and face to face interviews, a stratified sample was used, in order to ensure an appropriate cross section in terms of gender and geography. Osteopaths self-selected to attend focus group meetings and to respond electronically. In addition, a number of patient representative groups and all osteopathic educational institutions were informed about the consultation.

Step 3 data collection and evidence

What evidence or information do you already have about how this policy might affect equality (for men and women, people from different ethnic groups and disabled people) or human rights?

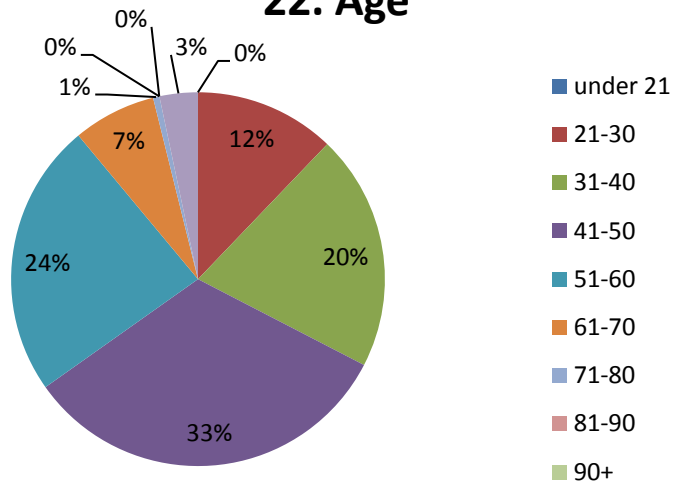
Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

The document 'Final Report of the Consultation Exercise in Relation to Draft Revisions of the General Osteopathic Council's Standards of Practice' outlines responses to the consultation on the draft 'Osteopathic Practice Standards'.

A number of equality issues are raised in the document, principally in relation to disability and religion or belief. The former issue is related principally to osteopaths themselves; the latter to patients.

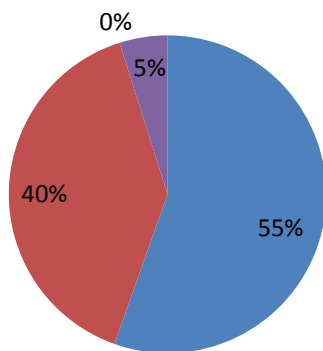
Details of the equality characteristics of respondents to the consultation are given in the charts below:

22. Age

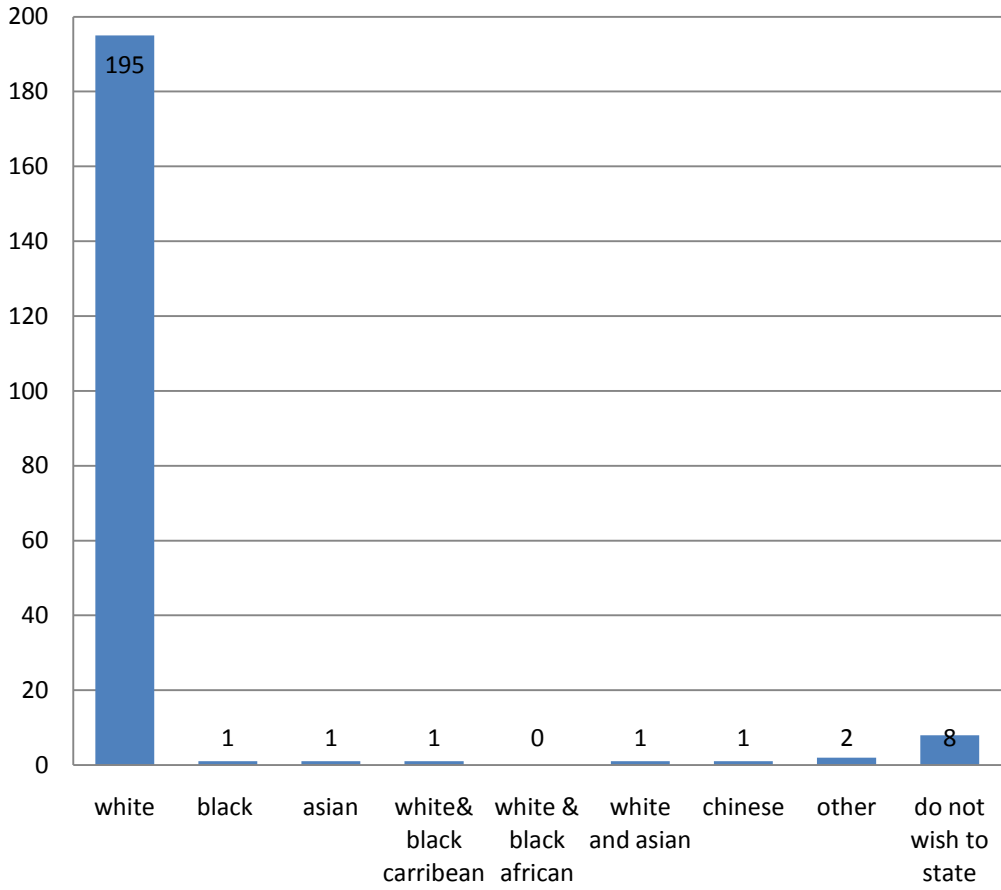


23. Gender

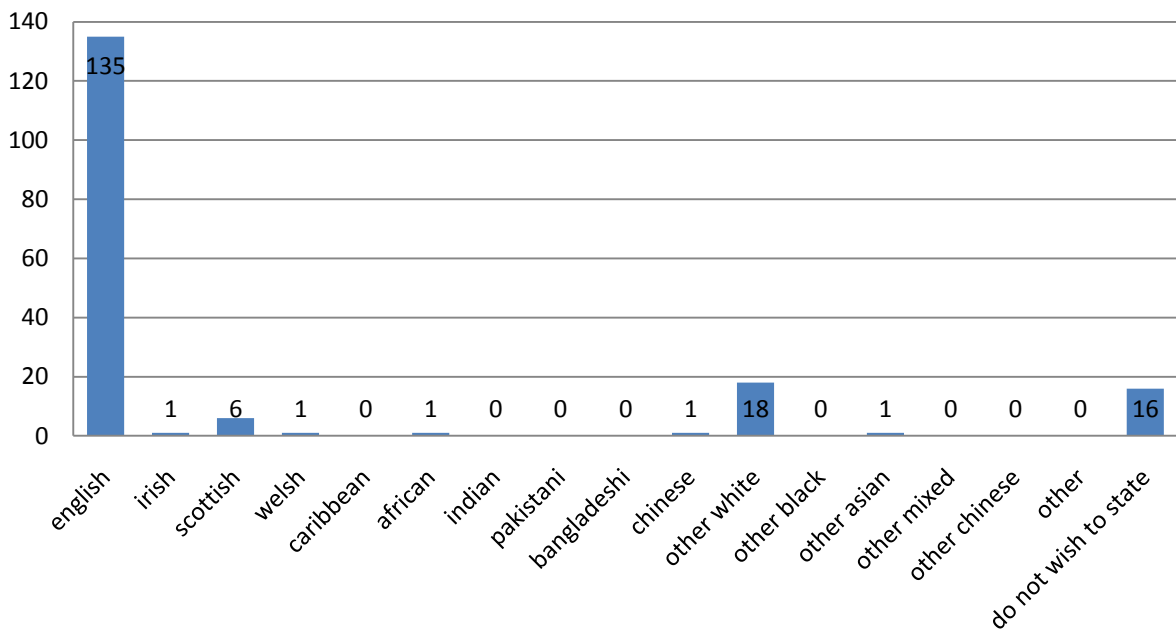
■ female ■ male ■ transgender ■ do not wish to state



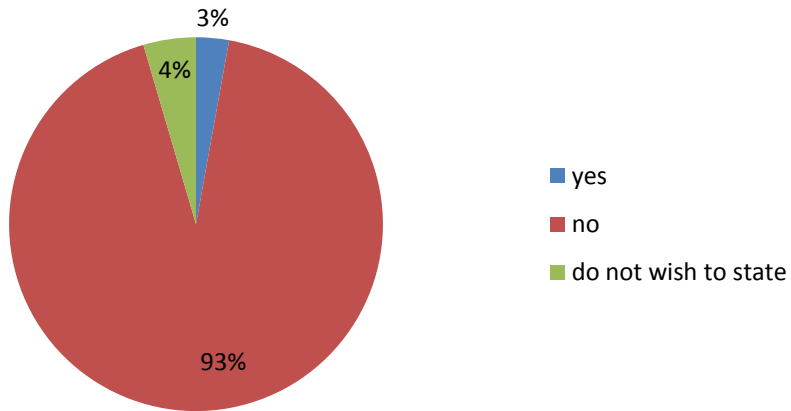
24. Category 1



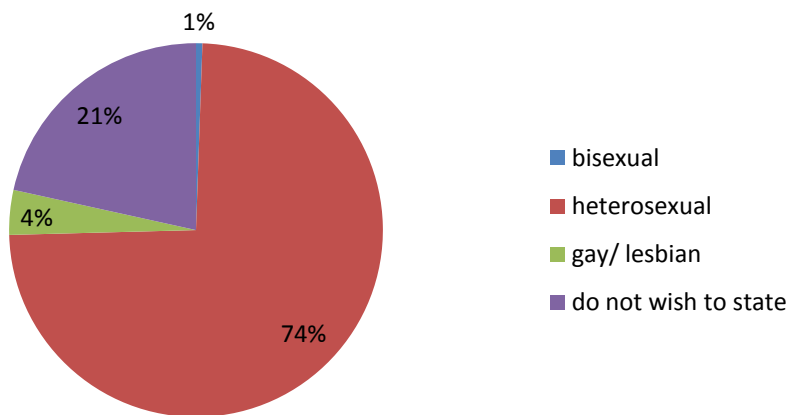
24. Category 2



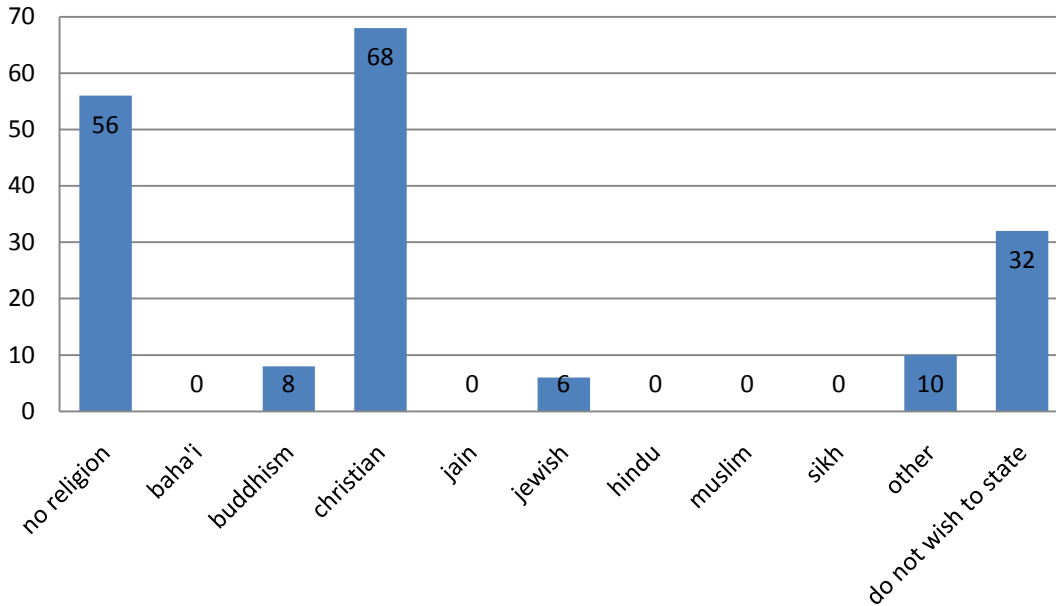
25. Disability?



26. Sexual Orientation



27. Religion / Belief



What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

GOsC is still building its equality data in relation to the Register. This will be useful in determining whether respondents to consultations among osteopaths are representative of the profession. Data relating to students will indicate whether the profession is likely to be more representative of the British population in future, particularly in terms of ethnicity and religion.

Step 4 – assessing impact and strengthening the policy

What evidence do you have about how the policy will affect equality for affected groups or human rights for individuals or groups? The EIA toolkit gives further ideas on what to consider.

What impact does, or could, the policy have on:

- **promoting equality of opportunity between disabled people and other people; between men and women; and between people from different ethnic groups**
- **eliminating disability, race and sex discrimination that is unlawful**
- **eliminating harassment on grounds of disability, race and sex**
- **promoting positive attitudes towards disabled people**
- **encouraging participation by disabled people in public life**
- **meeting disabled people's needs, even if this requires more favourable treatment**

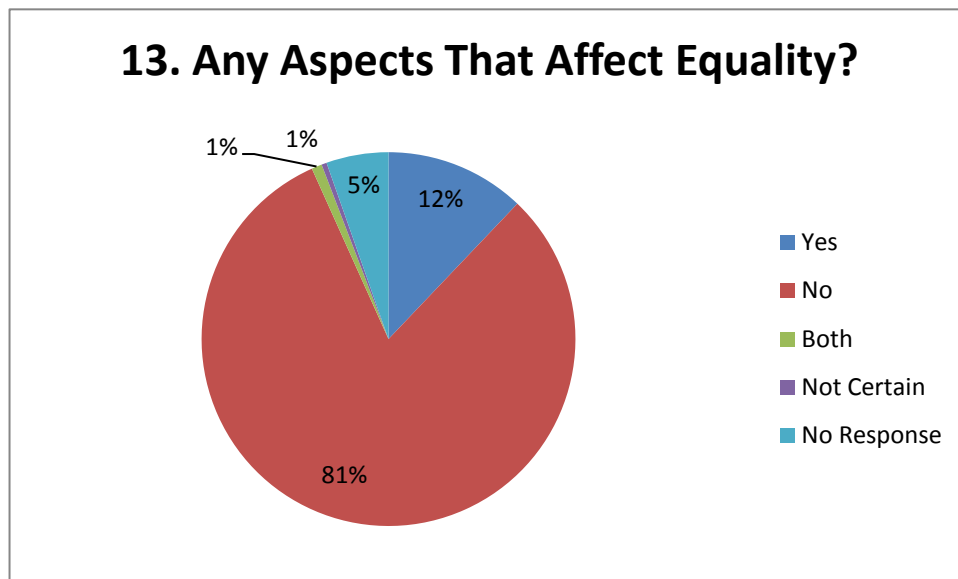
- **promoting good community relations**
- **protecting or promoting human rights?**

This section draws, where indicated, on the 'Final Report of the Consultation Exercise in Relation to Draft Revisions of the General Osteopathic Council's Standards of Practice' by Hewell et al. Other comments are those of the author of this equality impact assessment.

Hewell et al (page 36) quotes the following question asked of consultees: "Once finalised, the revised Osteopathic Practice Standards will set the standards of practice expected of all osteopaths. With that in mind, are there any requirements included within the document that you think will adversely affect either osteopaths or members of the public in relation to gender, race, disability, age, religion or belief, sexual orientation or any other aspect of equality?"

The responses were as follows:

Yes	27
No	181
Both	2
Not Certain	1
No Response	12



1. It is possible that the colour contrast of the document will not be sufficient to distinguish between the Standards (blue) and the Code of Practice (purple) for people who are colour blind or have other types of visual impairment. Alternative formats should be available on request (Hewell et al, page 9).
2. The emphasis on effective communication and appropriate forms of communication in

A1 is positive, emphasising that osteopaths may use different forms of communication in response to their own circumstances or those of a patient (for example, someone who is deaf may prefer to communicate through using notes). The specific example is also helpfully given at A.3.10 of engaging a sign language interpreter.

3. A.2.3. refers to being alert to patients' unspoken signals, for example body language. This might be seen to disadvantage a practitioner with a visual impairment, who might nevertheless be able to pick up nervousness or discomfort in another way – such as through tone of voice. Another example such as this would put the emphasis back on effective communication and not on a sole method for achieving this.
4. C.5.6. makes explicit the tension between accommodating patients' wishes and not compromising the care provided. A key issue, which is clear in the consultation responses, is that of modesty of dress and restrictions to treatment, particularly where these are prompted by religious belief (Hewell et al, page 20, 21). Further guidance on this topic might be useful.
5. D2.2.2, D3 and B.4.5.2 could be taken to imply that all records should be kept electronically could be seen as prejudicial against those who for disability or other reasons are reluctant or unable to spend long periods of time working on a computer. It may also affect those who do not have administrative support, for example those not in group practice and those who practise part-time.
6. D.4.3. is an important statement of principle: that osteopaths should guard against prejudices based on a patient's gender, ethnicity, disability, culture, religion or belief, sexuality, lifestyle, age, social status or language.
7. D.5.5. It may be helpful to clarify that it is illegal to refuse a service to someone on grounds of their age, disability, gender, ethnicity, marital status, sexual orientation, religion or belief, transgender status.
8. Sexual orientation may be better term to use in relation to equality issues.
9. D.10.25. is an important statement relating to avoiding transmission of communicable disease. It may be helpful to have specific guidance available on HIV, which is extremely unlikely to pose any risk as long as very basic precautions are taken. This would ensure that existing practitioners, students and those considering the profession are not discouraged from practising.
10. D.11 does not seem to have any corresponding specific guidance and seems somewhat separate from surrounding material on communicable diseases and safe and hygienic practice premises. This is exacerbated by the fact that guidance on impairment of mental or physical health appears only on the section on integrity, positioning the issue as one of non-disclosure. The emphasis seems to be towards osteopaths with a mental or physical impairment being unable to practise or necessarily restricted in their practice. This may be unhelpful, including in relation to the duty to promote positive attitudes towards disabled people.

If the policy is likely to have a negative effect on equality or human rights ('adverse impact'), what are the reasons for this?

No.

What practical changes will help to reduce any adverse impact on particular groups or for individuals?

n/a

What could be done to improve the promotion of equality and human rights within the policy?

1. Consider clear guidance to practitioners on whether and if so in what circumstances it is ever acceptable to refuse to treat a patient.
2. As part of this or separately, consider guidance on accommodating patients' wishes while not compromising the care provided.
3. Consider some small revisions to the text of the guidance for osteopaths experiencing mental or physical impairment.
4. Provide separate and more extensive guidance on the implications of disability or health conditions on studying, registering and practising as an osteopath.

Step 5 – procurement and partnerships

Consideration of external contractor obligations and partnership working.

Is this project due to be carried out wholly or partly by contractors? If yes, have you done any work to include equality and human rights into the contract already?

If you have, please set out what steps you will take to build into the procurement process the requirement to promote equality and human rights. Specifically, you should set out how you will make sure that any partner you work with complies with all relevant legislation. You should think about tendering and specifications; awards processes; contract clauses; performance measures; and monitoring.

The consultants contracted to conduct the consultation were instructed to ensure monitoring of respondents in terms of equality data and to ensure a representative gender and geographical balance wherever possible.

Step 6 – making a decision

Summarise your findings and give an overview of whether the policy will meet the GOC's responsibilities in relation to equality and human rights.

The document highlights osteopaths' responsibilities in relation to the Equality Act 2010. It provides useful guidance on some challenging equality-related issues, particularly in relation to gender/religion or belief and disability. Some further clarification on these issues, whether within the document or in separate guidance would be useful.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

No adverse/negative impact.

What practical actions do you recommend to include or increase potential

positive impact?

See suggested actions in step 4.

Please note that these should be reflected in the action plan (see step 8).

Step 7 – monitoring, evaluating and reviewing**How will the recommendations of this assessment be built into wider planning and review processes?**

This could include policy reviews, annual plans and use of performance management systems.

The 'Osteopathic Practice Standards' is still in draft form and, once finalised, will be kept under regular review.

How will you monitor the impact and effectiveness of the new policy?

This could include adaptations or extensions to current monitoring systems, relevant timeframes and a commitment to carry out an EIA review once the policy has been in place for one year.

The aim of the document is to reduce complaints against osteopaths and to guide good practice.

Give details of how the results of the impact assessment will be published.**Step 8 – action plan**

Taking into consideration the responses outlined in steps 1-7, complete the action plan below.

	What	When	Who
Involvement and consultation			
Data collection and evidence			
Assessment and analysis			
Procurement and partnerships			
Monitoring, evaluating and reviewing			

Step 9 – sign-off

The final stage of the EIA is formally to sign off the document as being a complete, rigorous and robust assessment.

Author of policy and EIA

Name	Job title	Date	Signature

Quality check: document has been checked by:

Name	Job title	Date	Signature