

Education Committee**14 December 2010****Public session****Investigating osteopathic patients' expectations of private osteopathic care:
the OPEn project – Summary Report**

<u>Classification</u>	Public
<u>Purpose</u>	For decision
<u>Issues</u>	<p>This paper provides a preliminary analysis of the project Summary report for the <i>Investigating osteopathic patients' expectations of private osteopathic care: the OPEn project</i></p> <p>The Committee are asked to agree that the findings build on our existing knowledge and should be considered further.</p> <p>The Committee are asked to note the preliminary analysis. The Committee are also asked to note the next steps which include a further analysis of the report from the perspective of regulation and public and patient perspectives.</p>
<u>Financial & Resourcing Implications</u>	None arising directly from this paper.
<u>Equality & Diversity Implications</u>	None arising from this paper.
<u>Communications Implications</u>	None arising from this paper.
<u>Annexes</u>	Annex A – Investigating osteopathic patients' expectations of private osteopathic care: the OPEn report – Summary Report

Author: Fiona Browne / Brigid Tucker
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Summary

1. This paper outlines a preliminary analysis of the issues identified in the Osteopathic Patient Expectations (OPEn) project. The issues have been boiled down into statements and have indicated the impact on particular groups of stakeholders with reference to education and training issues.
2. The Committee are asked to agree that the findings build on our current knowledge and are sufficiently robust to enable the Committee to agree that the findings are sufficiently robust to inform current education and training policy.
3. The Committee are also asked to note the preliminary analysis of the project summary report: *Investigating osteopathic patients' expectations of private osteopathic care: the OPEn report: Summary report.*

Background

4. As part of a wider programme of work to enhance our knowledge of the attitudes, needs and concerns of the public and patients who seek the care of osteopaths, the GOsC commissioned an investigation of patient expectations of osteopathic treatment. The findings will inform GOsC policy development and the provision of information to patients and guidance to registrants.
5. A University of Brighton research team was appointed through a competitive tendering process led by Dr Jan Leach including osteopaths and people who were not osteopaths.
6. The project commenced in February 2009 at a cost of £73,043.
7. The project was monitored by a GOsC Steering Group comprising five members of the Council, the Chief Executive and the Head of Policy and Communications.
8. On 14 October 2010, the Council agreed the findings of the OPEn study should be analysed by the Executive and relevant Committees of the Council with a view to making recommendations for further GOsC action.
9. This paper considers the status of the study and its implications for both the work of the OEIs and for the ongoing learning and development needs of all registered osteopaths.
10. This paper was circulated electronically on 15 November 2010. The recommendations were not passed and so the paper is put before a meeting of the Committee for a fuller discussion.

Discussion

The impact of the project

11. The findings of the project are consistent with a literature review, findings from patient focus groups, and a patient survey, suggesting that the findings of the study are robust.¹ The authors state 'The study methodology is robust and valuable data at each state, and answered the initial research questions.'²
12. However, there are certain limitations to the project. For example, the population of osteopathic patients involved in this project was relatively homogenous which whilst making the findings robust for this particular group of patients, does not enable them to be generalised to other groups.³ For this reason, the authors suggest that 'further survey research is recommended to confirm the current findings and to evaluate expectations within different populations of osteopathic patients.'⁴ Further, a high proportion of the patient respondents had 'prior experience of osteopathy'.⁵
13. Despite the limitations of the project, it is recommended that the findings do provide us with more evidence that we have now about patient expectations. We know that 'gaps between expectations and delivery of care have a negative effect on the outcomes of care'⁶ from the literature review undertaken as part of this study. The project builds on our current knowledge and should be used to inform our current education and training policy.

Recommendation: To agree that the findings are sufficiently robust to inform current education and training policy.

The findings

14. Whilst the project does to some extent prioritise certain issues as having a higher gap between expectation and perception about that expectation not being met,

¹ See *Investigating osteopathic patients' expectations of private osteopathic care: the OPEN project: SUMMARY REPORT*, Leach J et al, September 2010, GOsC

² See above p47. See also p21 which states: 'The consistency of the findings across the three components of the study lends weight to the findings, and suggests evidence about the expectations of osteopathic patients is robust.'

³ See above p18, p20 and p35.

⁴ See above p47.

⁵ See above p18. Although also note 'The survey showed that the expectations of new patients were very similar to those of returning patients with prior experience of osteopathy. However, the sample of osteopathic patients that responded to the survey was too homogenous to permit sub-group analysis of variation within minority groups.'p21 above

⁶ See above p22

the study also indicates that 'the results as a whole define more clearly for the profession what patients expect when they seek osteopathic care'.⁷

15. We have considered the findings of the research and have broken them down into three categories. This is to help to link the findings with our current work on education and revalidation matters and planned work as outlined in the Corporate Plan approved by Council in 2009.

16. The categories chosen are:

- a. Expectations of the environment: Business matters
- b. Communication matters
- c. Clinical matters

Expectations of the environment: Business matters

17. This table incorporates issues which relate more to environmental matters rather than the particular sense of expertise of the osteopath.

Issue	Reference	Impact	Notes
96% of respondents were satisfied or very satisfied with their osteopathic care.	p18	An important statement to refer to in osteopathic literature to aid confidence in the practitioner.	
0.3% of respondents were unsatisfied.	p18	A very low rate of unsatisfied patients. As above.	

⁷ See p42

Issue	Reference	Impact	Notes
Importance attached to session duration.	p15	Existing and newly qualified practitioners. OEI curricula	This might not be a specific educational requirement. But osteopaths should probably be aware of these sorts of expectations, in order to minimize complaints.
Time to explain and educate patient about symptoms.	p15	Existing and newly qualified practitioners. OEI curricula	
A healing environment	p15	Existing and newly qualified practitioners. OEI curricula.	
Access to people with disabilities	p20, p36	This item was indicated as having a 'high; unmet expectation. All practitioners. OEI curricula	The Equalities legislation should be a key part of curricula as it pervades every aspect of practice.

Communication

18. This table deals with issues that primarily should be communicated to the patient in advance of any treatment or perhaps in advance of the consultation.

Issue	Reference	Impact	Notes
Forewarn patients about undressing	p14	Issues for newly qualified and existing practitioners. OEI curricula issue. Also to consider setting this expectation through literature sent to patient in advance.	
Nature of treatment. ie no surprises about the forceful nature of the treatment	p15, p22	Issues for newly qualified and existing practitioners. OEI curricula issue. Also to consider setting this expectation through literature sent to patient in advance.	This came out particularly in focus groups.
The expectation of better than NHS treatment	p15	Issues for newly qualified and existing practitioners. OEI curricula issue.	To be aware that this is potentially a benchmark and expectations of private care will be higher.

Issue	Reference	Impact	Notes
The importance of confidentiality	p14, p20, p34, p36	<p>This is also one of the worst met expectations suggesting it is more of a priority area.</p> <p>This is particularly important for OEI curricula and newly qualified practitioners as well as existing practitioners.</p>	The issues related to concerns that reassurance was not provided. Patients also indicated concerns about the receptionists and confidentiality.
Importance of conveying understanding of the individual patient / demonstrate listening skills	P15, p18	<p>Issues for newly qualified patients and existing practitioners.</p> <p>OEI curricula issue.</p> <p>Issues around education on patient centredness?</p>	This is quite a complex issue and will be demonstrated by enabling patient to take control and being told what they need to know. Some patients want to trust practitioner completely, some wanted active shared decision making etc....
Treat with respect / Trust that osteopath will behave in a professional manner with clear	p18, p27	<p>Issue for newly qualified and existing practitioners.</p> <p>OEI curricula issue.</p> <p>Also a SftP issue. Can this be dealt with effectively by training.</p>	One osteopath was described as 'creepy' by a patient.

boundaries		See CHRE report. Possibly.	
Issue	Reference	Impact	Notes
Make patients aware of the complaints procedure	P19, p30, p36	The level of unmet expectation here for this issue was 'very high' Issue for newly qualified and existing practitioners.	
Communication between GP and Osteopath.	P19, p28, p36	The level of unmet expectation here for this issue was 'high'. Issue for newly qualified and existing practitioners.	
Being informed about the risks and side effects of treatment	P19, p34, p36	The level of unmet expectation here for this issue was 'high'. Impact both for newly qualified and existing practitioners. OEI curricula.	This is a serious issue to tackle as it relates to consent. It is also notable that many patients did not consider this to be an issue. But crucially some did.
Opportunities to receive advice over the telephone	P20,p30, p36	The level of unmet expectation here for this issue was 'high'. Impact both for newly qualified and existing practitioners. OEI curricula. Alternatively, it may be expected that advice should not be given over the telephone except in certain circumstances. To consider further in conjunction with regulation.	
Connection – A sense that the door remains open	p15	Existing and newly qualified practitioners	

Clinical issues

19. Other patient expectations fall more into the area of clinical issues.

Issue	Reference	Impact	Notes
Treat one patient at a time	p18	Impact both for newly qualified and existing practitioners. OEI curricula	
Confidence in the osteopath. The knowledge and skills to reduce pain and deal with problems affecting joints and muscles.	p11	Impact both for newly qualified and existing practitioners. OEI curricula Perhaps more of an issue for newly qualified practitioners.	
A detailed account of the patients clinical history to be taken	p18, p36	Impact both for newly qualified and existing practitioners. OEI curricula	

Issue	Reference	Impact	Notes
The osteopath will have a wider knowledge of other types of healthcare and links for referral purposes and advice to other healthcare practitioners. Referred elsewhere if symptoms do not improve.	P20, p27, p36	Impact both for newly qualified and existing practitioners. OEI curricula The level of unmet expectation here for this issue was 'high'.	
Unexpected treatment modalities including acupuncture, cranial	P20	Impact more for existing practitioners.	

Next steps

20. At this stage, the Education Committee is asked to note this early analysis of the project and to advise of any errors in interpretation.
21. We plan that a similar analysis is being undertaken with reference to information to be provided to patients and the public and also from a fitness to practise perspective under the auspices of the Fitness to Practise Policy Committee.
22. We then plan that the analyses will be drawn together, to avoid duplication, to confirm the findings and the impact on our current work and also our future work.
23. We expect that the findings as outlined above will be taken into account as we continue to undertake our work on the review of the Standard of Proficiency/ Code of Practise, the development of pre-curriculum content, our review of CPD and revalidation as well as other educational projects.

Recommendations

24. The Education Committee is invited

- a. To agree that the findings are sufficiently robust to inform current education and training policy.
- b. To note the preliminary analysis of the project summary report: *Investigating osteopathic patients' expectations of private osteopathic care: the OPEN report: Summary report.*