



Osteopathic Practice Committee
2 October 2014
Effectiveness of regulation research

Classification	Public
Purpose	For noting
Issue	The progress of the effectiveness of regulation research.
Recommendations	To note the progress on the research project 'Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice'.
Financial and resourcing implications	The total costs of this research are £79,987 (including full economic costs) which is being funds designated for research activity by Council.
Equality and diversity implications	Equality and diversity implications are being taken into account as part of the research.
Communications implications	Regular communications about the research have appeared in the osteopath and also the e-bulletins to osteopaths. We have also provided information to the OEIs, the Osteopathic Alliance and the Institute of Osteopathy (formerly the British Osteopathic Association) and to our patient and public reference group.
Annexes	<ul style="list-style-type: none">A. Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: Scoping Report to the General Osteopathic Council, 4th Feb 2014.B. Progress Report dated 4 April 2014.C. Progress Report dated 14 July 2014.
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Background

1. On 13 December 2012, the Council agreed to commission research on the effectiveness of osteopathic regulation. The work is important as it will help us to explore which regulatory interventions are more effective in achieving our goal of patient safety and quality of care.
2. Regulation is about public and patient safety and enhancement of the quality of care – about providing reassurance to the public and patients. However, recent inquiries have shown that there is increasing public concern about distant ‘tick box’ forms of regulation, and that regulators should develop forms of regulation that promote professionalism and compliance with standards in practice.
3. We are interested in regulation which achieves the desired outcome of public and patient safety and enhancement of the quality of care – not in ticking boxes. Therefore, the GOsC has commissioned research by researchers from the Universities of Warwick, Nottingham and Oxford, to explore these questions in the osteopathic context with a view to influencing the future model of osteopathic regulation and to inform key areas of policy development such as continuing fitness to practise.
4. This paper provides reports which provide the background to the research along with progress reports.

Discussion

The scoping report

5. The original scoping report dated 4 February 2014 is attached at Annex A and also includes the original proposal and the invitation to tender to situate the work at appendices 1 and 2 to Annex A as important background to the research for the Committee.
6. In their original proposal the team outlined a variety of questions to support an understanding of effective regulation in the osteopathic context as follows:
 - How do Osteopaths understand the *Osteopathic Practice Standards* and judge whether their own practice, and that of their colleagues, complies with these standards?
 - Which osteopathic regulatory activities most support or hinder better osteopathic practice, patient quality and safety?
 - Which standards are more or less difficult to comply with, and if so why?
 - How do patients and members of the public judge the effectiveness and usefulness of osteopathic treatment complies with standards?

- How do osteopaths, the public and patients judge the effectiveness of osteopathic regulatory activities and standards?
- Are there any variations in respondents' views, and if so, what accounts for such variations?
- How do wider educational, organisational and regulatory activities affect compliance with standards and effective osteopathic practice?
- How can the GOsC evaluate and demonstrate the effectiveness of its regulatory activities on an on-going basis?

Deliverables for the research

7. The contract deliverables are as follows:

Date	Deliverable
1 November 2013	Scoping report including: <ul style="list-style-type: none"> • Confirmed method and timescales • Agreed acceptance criteria • Milestones to be reported in February 2014, May 2014 and August 2014 • Development of interview questions.
1 February 2014	Progress report and delivery of milestones agreed in scoping report
1 May 2014	Progress report and delivery of milestones agreed in scoping report.
1 August 2014	Delivery of draft final report
September/ October 2014	Delivery of final report and dissemination

Progress Reports

8. Scoping reports dated 4 April 2014 and 14 July 2014 are set out at Annexes B and C. Although the reports have been delivered slightly later than originally planned, the reasons for this are explained in the progress reports. A large response from stakeholders for interviews has meant that a far greater number of interviews than initially envisaged at the start of the project have been undertaken. We also agreed that it was important to ensure that the survey was open over the summer period to maximise responses.

9. A further research advisory board meeting took place on 12 May 2014 where attendees reviewed the literature reviews and provided advice on the progress of the research.
10. It can be seen that draft literature reviews have been completed, stakeholders from all areas of the sampling plan interviewed, a survey for all osteopaths, developed, piloted and sent out to all osteopaths on the register for completion.
11. Our communications team undertook to ensure that all osteopaths received a dedicated email with a link to the survey on three occasions. Those without an email also received a letter with a link to the survey. In addition to this, a number of communications appeared in the osteopath and to all our key stakeholders to ensure that all osteopaths were encouraged to participate in the survey. The survey closed on 7 September 2014.
12. The research lead, Professor Gerry McGivern is currently completing the analysis of the data and preparing the final report. It is expected that the first draft of the final report will be delivered in 31 October 2014.
13. The emerging findings from the research will be shared as follows:
 - Scottish Government Conference – 27 October 2014.
 - Stakeholder seminar on 6 November 2014 comprising for example, representatives of the osteopathic profession (including educators, researchers practising osteopaths and those representing advanced practice groups), patients, members of other professions and the media.
 - Council seminar on 6 November 2014.
14. The final report will be delivered in November 2014.

Recommendation: to note the progress on the research project 'Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice'.

Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: Scoping Report to the General Osteopathic Council, 4th Feb 2014.

Prof Gerry McGivern, Warwick Business School.

Introduction and research background

In June 2013, the General Osteopathic Council (GOsC) invited research proposals to investigate the effectiveness of osteopathic regulatory activities and other factors influencing registrants' compliance with the Osteopathic Practice Standards (see invitation to tender at Appendix 1 to this report). The GOsC wanted to commission research about the effectiveness of regulatory activities in the osteopathic context to better understand what factors encourage and inhibit osteopaths from practising in accordance with GOsC standards and, consequently, what regulatory activities could support osteopaths to practise in accordance with standards. The research findings should enable the GOsC to target regulatory activities to more effectively and efficiently support patient safety and quality of care.

To conduct this research, the GOsC appointed a research team comprising Professor Gerry McGivern (University of Warwick), Professor Justin Waring (University of Nottingham) and Dr Michael Fischer (University of Oxford). The project proposal is entitled: 'Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice.' This document comprises a scoping report setting out how the research team propose to conduct this research and reports the progress made to date in the research project.

The original proposal (attached at Appendix 2), details how the research would enable the GOsC to provide efficient and effective regulatory activities, influence registrants to comply with Osteopathic Practice Standards, determine factors that encourage or inhibit compliance with standards, and thus support the provision of safe and high quality care to osteopathy patients. The research team noted that, in the aftermath of the Mid-Staffordshire NHS scandal and Francis Report, there is increasing public concern about distant 'tick box' forms of regulation, and that regulators should get closer to clinical practice and develop forms of regulation that promote professionalism and compliance with standards *in practice*. We suggested that effective regulation first requires a close analysis of the often complex and ambiguous nature of regulation in practice. How regulation is perceived, enacted and affects those it aims to regulate has a strong bearing on whether it will achieve its aims, but this may, at times, be determined by both rational and non-rational factors (e.g. anxiety, stories about regulation) and the wider regulatory context, beyond the control of the GOsC. We also suggested that creating 'formative spaces' within regulatory systems, in which professionals felt safe to openly discuss and address any problems they might be facing in their practice, could be an important part of effective regulation, which achieves its intended outcome of patient safety and quality of care. To answer the GOsC's research questions, we posited wider questions:

- How do Osteopaths understand *Osteopathic Practice Standards* and judge whether their own practice, and that of their colleagues, complies with these standards?
- Which osteopathic regulatory activities most support or hinder better osteopathic practice, patient quality and safety?
- Which standards are more or less difficult to comply with, and if so why?
- How do patients and members of the public judge the effectiveness and usefulness of osteopathic treatment complies with standards?
- How do osteopaths, the public and patients judge the effectiveness osteopathic regulatory activities and standards?

- Are there any variations in respondents' views, and if so, what accounts for such variations?
- How do wider educational, organisational and regulatory activities affect compliance with standards and effective osteopathic practice?
- How can the GOsC evaluate and demonstrate the effectiveness of its regulatory activities on an on-going basis?

Scoping report

Our proposal detailed a number of stages in our research project. Our preparations for the project suggest that the approach proposed in that proposal remains appropriate, although we have modified our research plans slightly, most notably to increase the number of interviews we will conduct to capture the views and experience range of Osteopaths and Osteopathic organisations.

Project monitoring plan

The table below sets out an indication of activities to be completed ahead of each progress report. Activities will be judged 'complete' on the basis that members of the research team agree with GOsC that they have been satisfactorily achieved and that on-going research plans remain appropriate in light of emergent findings. Progress will be reviewed at each milestone and the timescales or activities may be adjusted to ensure that the research activities remain appropriate in light of emerging findings with agreement between GOsC and the research team.

Date	Activity	Status
End Jan 2014	Recruit project researchers. Preliminary analysis of GOsC revalidation pilot reports and public fitness to practise information. Submit research ethics application. Delivery of scoping report (including confirmed methods and timescales) Publish timescales for involvement in <i>the osteopath</i> .	Complete
End Jan 2014	Milestone – Delivery of the agreed Scoping Report.	Complete
End Feb 2014	Delivery of draft review of literature on Osteopathy and regulation. Receive research ethical approval. Research team discuss draft literature reviews and analysis of GOsC revalidation pilot reports and public fitness to practise information. Devise and agree interviewee-sampling framework informed by literature review. Devise and agree first draft interview questions informed by literature review. Complete pilot of interview questions. Finalise interview questions Begin arranging interviews.	To be completed (TBC)
1 April 2014	Milestone 1 - Delivery of Progress Report 1 confirming completion of activities listed above.	TBC
End May 2014	Delivery of complete literature reviews. Complete analysis of GOsC revalidation pilot data. Complete interviews including: Semi – structured in depth qualitative interviews with a range of stakeholders including:	TBC

Annex A to 8

Date	Activity	Status
	<ul style="list-style-type: none"> • a range of osteopaths - sampled on the basis of educational modality, geography, years in practice as an osteopath, sole/group practice, age, ethnicity, sexuality, gender, etc. • Participants and assessors from the revalidation pilot • Osteopaths subject to a complaint considered by GOsC • Representatives from the Osteopathic Alliance, • Representatives from the British Osteopathic Association, • Representatives from all Osteopathic Educational Institutions • Representatives from other regulators (e.g. General Chiropractic Council, Health and Care Professions Council, General Dental Council), • Osteopathic patients, and representatives of the public and • Wider stakeholders (e.g. osteopathic insurers, professional litigation lawyers, journalists) in osteopathic regulation. <p>Transcribe interviews. Complete an initial coding and analysis of interview data, using theoretically informed iterative methods Devise question for online survey. Pilot online survey questions, informed by literature review and analysis of interview data. Agree online survey questions Publicise online survey with Osteopaths. Hold second meeting of Project Board to discuss emerging findings.</p>	
End of June 2014	Milestone 2 - Delivery of Progress Report 2 confirming completion of activities listed above.	TBC
End June 2014	Complete online survey. Begin analysing survey data. Begin writing up final project report.	TBC
End Sept 2014	Complete analysis of interview and survey data. Complete first draft of project report. Hold workshop disseminating and validating findings with stakeholders.	TBC
End Oct 2014	Complete/deliver near-final draft project report to the GOsC for comment and feedback.	TBC
End Oct 2014	Milestone 3 - Delivery of first draft of Final Report	TBC
End Nov 2014	Complete/deliver final project report to the GOsC.	TBC
December 2014	Milestone 4 - Delivery of agreed Final Report.	TBC
End 2015	Submit papers for publication in academic journals.	TBC

Research progress to date

Overall, the project is progressing well. While the research contract between the GOsC and the University of Warwick was signed at Warwick later than we planned (November 2013), we are now making progress in line with the contract and the revised timescales outlined in this report.

We conducted an initial preliminary analysis of data from the GOsC revalidation pilot reports and publicly available fitness to practise information. We note that those participating in the revalidation pilot found the process provided a useful opportunity to reflect on their practice, work more closely with osteopathic colleagues, and made them more aware of Osteopathic Practice Standards, while expressing concerns about the complexity and time consuming nature of the process. We note the individualistic nature of Osteopathy; with most Osteopaths practicing independently, outside the NHS or other large employers (in contrast with other clinical professions, where team-working is more common). We also note a relatively low rate of complaints to the GOsC about osteopaths (particularly compared to Chiropractors, for example) and a range of reasons for complaints.

We held a first Project Advisory Board Meeting on 6th November 2013, attended by Fiona Browne (GOsC), Douglas Bilton (Professional Standards Authority), Steve Vogel (British School of Osteopathy), Haidar Ramadan (GOsC Council Osteopath Member), Gerry McGivern (PI, Warwick University), Michael Fischer (CI, Oxford University), Justin Waring (CI, Nottingham University). Michael Guthrie (Health and Care Professions Council), Brenda Mullinger (Lay person and Researcher) and Julie Stone (GOsC Council Lay Member) were unable to attend the meeting. However, Julie Stone sent helpful comments by email about our research proposal. The meeting provided valuable discussion of our research proposal and initial research ideas, which included:

- The specific nature of the Osteopathic profession and practice and its aspects with greatest potential for complaints;
- The results of the GOsC revalidation pilot;
- Regulatory models that might improve compliance with Standards
- Ways of ensuring compliance with standards as a natural part of professionalism;
- Sampling, drawing on the KPMG revalidation report, including by training school, geography, years in practice, isolated versus group practitioners.
- The possibility of interviewing Osteopaths who had been subject to complaints.

Overall, the meeting provided a fruitful forum for discussion and the group were positive about our proposed direction of research.

In our original proposal we planned to recruit a single project researcher to support the research team. In response to the opportunity of working with two excellent researchers with complementary skills, and in consultation with the GOsC, we have amended our plans and have recruited two project researchers who will work on a part-time basis for the project. These are Dr Oliver Thomson, a trained Osteopath with a PhD on a topic relating to osteopathy practice and researcher at the British School of Osteopathy, and Zoey Spendlove, a PhD candidate at the University of Nottingham, whose thesis examines the introduction of Revalidation for Nurses and Midwives. Both researchers have excellent and relevant qualitative research expertise and bring complementary knowledge of the Osteopathy profession and Revalidation/clinical regulation to the research team. Having two researchers will bring broader subject expertise and enable easier geographic coverage of interviewees. Both will help the research team with sampling interviewees, devising interview questions, conducting interviews, analysing data and writing up findings.

We have now completed draft literature reviews, which will provide the basis for developing our interview questions and sampling framework. These include a draft 5000-word literature review about the history of the Osteopathy profession, its practice and regulation, which has been circulated to the wider research team to enable us to better understand the Osteopathic profession. We note that the Osteopathy profession lobbied Government for osteopathy to be regulated (in contrast to other professions which opposed statutory regulation), leading to the formation of the GOsC in 1993. More recently, following the Trust, Assurance and Safety White Paper (2007), the GOsC was required to introduce a Standard-based 'revalidation' scheme for osteopaths, which was piloted in 2012. Since then, we note that the landscape has changed and that there is now an expectation of 'continuing fitness to practise – as outlined in the Professional Standards Authority Report, An approach to continuing fitness to practise, (2012). We also note a range of approaches to osteopathy, lack of clear consensus within the profession about what osteopathy is and what constitutes (effective) osteopathic practice, the holistic nature of osteopathic practice, and a limited evidence base for osteopathy. We have also completed a draft 5000-word literature review on generic clinical regulation and revalidation, guided by a list of relevant terms emerging from the Research Advisory Board meeting, which will also inform our research.

We have written short articles for *The Osteopath* (December / January 2014 edition and also the February / March 2014 edition) about the research project, which will be published in the next issue of the journal, asking Osteopaths to volunteers to be interviewed by our research team. The project has also been publicised to key stakeholders to anticipate our contacts with them during February 2014.

We have submitted an application for research ethical approval to the University of Warwick Health and Social Sciences Research Ethics Committee and received conditional ethical approval to begin field research.

Next steps

The next phase of the research project will be for the research team to discuss the literature reviews, devise interview questions, sample interviewees and then conduct pilot interviews, which we plan to begin in February 2014 (subject to the conditions of research ethical approval). In light of the findings of our first literature review and discussion with the GOsC, we now plan to conduct a higher number of interviews than we originally proposed; to include representatives of all ten osteopathic education institutions and a higher number (30) of osteopaths, sampled on the basis of educational modality, geography, years in practice as an osteopath, sole/group practice, age, ethnicity, sexuality, gender, etc. We also plan to interview representatives of regional groups, the Osteopathic Alliance, the British Osteopathic Association, osteopaths (including assessors) who participated in the revalidation pilot, and a small number of osteopaths who had been subject to a complaint investigated by the GOsC. We will also continue to analyse more detailed revalidation pilot data and fitness to practise data to inform our initial views. After analysing interview data, we will run an online survey to test the wider validity of our findings, provisionally in June 2014. We will then analyse the results of the survey, run a dissemination and revalidation workshop, provisionally in September 2014. We aim to deliver our final report to the GOsC by November 2014.

Summary of progress

In sum, the project is progressing well, in line with our research plans and the contract. We will deliver a next report on research progress on 1 April 2014.

Gerry McGivern, Professor of Organisational Analysis, Warwick Business School.
4th February 2014

An invitation to tender for research exploring the effectiveness of regulatory activities and other factors in influencing registrants' compliance with the Osteopathic Practice Standards

Purpose

1. This document invites research proposals to investigate the effectiveness of osteopathic regulatory activities and other factors in influencing registrants to comply with the *Osteopathic Practice Standards*¹.
2. We would like to undertake research about the effectiveness of regulatory activities in the osteopathic context to help us to better understand what factors encourage and inhibit osteopaths from practising in accordance with our standards and therefore to better understand what regulatory activities could support osteopaths to practise in accordance with our standards.
3. The outcome of the research should enable us to target our activities to be most effective and efficient to support patient safety and quality of care.
4. The timing is important. Our osteopathic registrants survey indicates that just over 80% of registrants are fairly confident, confident or very confident that they are well-regulated by the GOsC. However, there are also indications that registrants are not achieving the outcomes that we might desire. For example, the survey indicates that a significant proportion of osteopaths would not take action if they were concerned about a colleague's behaviour or competence.
5. The timing is important too, as we have now completed our revalidation pilot and provided feedback to all participants (March 2013) which provides a significant cohort of people to explore the importance of formative spaces and educational feedback and the effectiveness of this type of regulation, particularly in the osteopathic context.
6. We have also almost completed a large amount of supportive work on the implementation of the Osteopathic Practice Standards. Few regulators have had the opportunity to undertake regulatory activities on this more educational side of the regulatory spectrum with such a large sample within their population.
7. The research we are commissioning should build on current research on this area with a highly engaged population working primarily outside the NHS and outside an employment and team structure.

¹ GOsC, Osteopathic Practice Standards, 2012, available at http://www.osteopathy.org.uk/uploads/osteopathic_practice_standards_public.pdf and accessed on 15 May 2013.

Background

Osteopathy

8. Osteopaths are first contact practitioners. This means that they are able to undertake a consultation with any patient without the need for referral from another healthcare professional. This includes taking a case history, performing an examination of the patient, formulating a differential diagnosis and undertaking treatment where appropriate. Osteopaths are trained to refer patients to appropriate healthcare professionals where they are unable to provide a diagnosis or treatment for an underlying condition themselves (although they may still provide treatment in addition to the referral). Osteopaths are able to treat patients exhibiting a significant number of symptoms with a range of osteopathic approaches. Some osteopaths may choose to use adjunct treatments such as acupuncture.
9. Osteopaths work primarily outside the NHS and primarily independently without an employer or teams immediately available. This context is different to that of many other practitioners featuring in research already undertaken in the area of factors inhibiting or enabling compliance with standards and research looking at the effectiveness of regulatory activity.

The General Osteopathic Council

10. The primary purpose of the regulation of health professions is to ensure patient safety. The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. By law osteopaths must be registered with the GOsC in order to practise in the UK.
 - The GOsC keeps the [Register](#) of all those permitted to practise osteopathy in the UK and we set and maintain osteopathic training and practice.
 - We work with the public and osteopathic profession to promote patient safety and we set, maintain and develop [standards](#) of osteopathic practice and conduct.
 - We also assure the quality of osteopathic education and ensure that osteopaths undertake [continuing professional development](#).
 - We help patients with any [concerns or complaints](#) about an osteopath and have the power to remove from the Register any osteopaths who are unfit to practise.
11. Examples of some of the regulatory activities undertaken recently by the General Osteopathic Council include:
 - Annual re-registration of 4681 registrants including submission of CPD Annual Summary form requiring 30 hours of CPD per year, at least 15 hours of which should be learning with others.
 - A revalidation/continuing fitness to practise pilot requiring a self assessment informed by collection of evidence including analysis of patient feedback, clinical audit, case based discussion and structured reflection culminating in

constructive and formative feedback at the end of the pilot process completed by 1 in 18 of the registrant population.

- A programme of implementation activities including publicity and e-learning to support awareness and practice which complies with the Osteopathic Practice Standards (2012), the core standards for registration. This included production of patient leaflets to enhance patient awareness of the Osteopathic Practice Standards, a programme of visits around the country to smaller regional groups and also larger conferences attended by over 800 registrants.
- A registrant survey with a response rate of 30% of the population including questions about awareness of standards and whether or not they comply with them (e.g. taking action when patient safety is at risk.)²
- Quality assurance of pre-registration education including: analysis of annual reports for all 11 institutions and full review of three institutions. Four seminars per year with all osteopathic educational institutions to promote discussions about teaching and learning of key issues such as professionalism in context and enhancement of quality in osteopathic education.
- Investigating osteopaths who have complaints made about them. Culminating in 28 cases considered by an investigating committee and nine cases considered by a final fitness to practise committee in 2012.

Effectiveness of regulatory activities and other factors in influencing the action of registrants

12. There is increasing interest in regulators demonstrating the effectiveness of what they do – that is through demonstrating that they have an effect on outcomes rather than processes. The Professional Standards Authority³ is particularly interested in this area and this paper draws on some of the research that they have commissioned and discussions with them about research activity within and outside the sector.
13. Traditional models of regulation have been criticised as encouraging behaviours that do not deliver the outcomes that are expected as a result of regulation. See for example the following observations⁴:
 - a. Regulation has supported the development of negative attitudes towards complaints processes and unintended consequences including:
 - i. The predominance of a regulatory complaints process as the regulatory perception, can lead to an unintended consequence the 'defensive'

² See GOsC, Opinion Survey, 2012 available at <http://www.osteopathy.org.uk/resources/Research-and-surveys/Surveys/> and accessed on 15 May 2013.

³ The Professional Standards Authority website is available at www.professionalstandards.org.uk

⁴ Please note that this is not meant to be a literature review – only a narrative exploring some of the issues about regulatory activities and their outcomes with a view to framing a research question which will support the development of effective osteopathic registration. It is expected that a formal piece of academic work would explore and challenge the suggestions in this paper where appropriate and would develop an appropriate theoretical framework to inform the research.

Appendix 1 to Annex A to 8

- approach to practice (including not reporting issues that should be reported to the regulator),⁵ and¹
- ii. The 'vicious circle associated with current healthcare regulation, with NHS professionals and organising trying to defend themselves against complaints but in doing so frustrating complainants to the point of driving them to litigation [because most complainants want an acknowledgement and an apology, but the regulatory complaints process is designed to do something different.]'⁶
 - b. Regulation can often lead to gaming, for example, people complete activities to remain registered or to tick a particular box, rather than to achieve desired regulatory outcome. Hood has said that targets can achieve unintended consequences as follows: Targets set at a minimum level 'can destroy incentives for achieving excellence'. Targets set at a minimum level can 'unintentionally encourage managers to hold back on their achievements, in case higher achievement leads to higher targets'. Targets can cause managers to 'focus on incentivised activities at the expense of others'. We see some of these effects in our current CPD scheme for example. There are ways of mitigating these effects including face to face scrutiny.⁷
14. However, positive statements encouraging the regulatory outcomes that we might want to achieve are found too. For example:
- a. The important of formative spaces – 'I tell them that it's good if they fail with me... for me to see the warts and all... because we can change behaviours and turn things around. I preserve their confidentiality and get them feeling... it's possible to have the support of colleagues, and it's possible to show one's vulnerabilities'.⁸ 'Formative spaces should be preserved in regulation.' It is argued that formative spaces support and allow honest reflection and action to be taken to support areas of development.⁹
 - b. 'Registration positive' work spaces were noted with registrants experiencing a positive impact of registration including 'increased communication about

⁵ See, for example, McGivern G et al, *Statutory Regulation and the Future of Professional Practice in Psychotherapy and Counselling*, available at <http://www.kcl.ac.uk/sspp/departments/management/news/StatutoryRegulation1.pdf> and accessed on 10 September 2012.

⁶ See, for example, McGivern G et al, *Statutory Regulation and the Future of Professional Practice in Psychotherapy and Counselling*, available at <http://www.kcl.ac.uk/sspp/departments/management/news/StatutoryRegulation1.pdf> and accessed on 10 September 2012.

⁷ See, Hood C., *The Numbers Game*, Ethos available at <http://www.ethosjournal.com/archive/item/49-the-numbers-game?showall=&start=1> and accessed on 10 September 2012.

⁸ See, for example, McGivern G et al, *Statutory Regulation and the Future of Professional Practice in Psychotherapy and Counselling*, available at <http://www.kcl.ac.uk/sspp/departments/management/news/StatutoryRegulation1.pdf> and accessed on 10 September 2012.

⁹ See McGivern G, *The Visible and Invisible Performance Effects of Transparency in Medical Professional Regulation: Implications for the GMC*, available at http://www.gmc-uk.org/McGivern_The_Visible_and_Invisible.pdf 30868616.pdf and accessed on 10 September 2012.

Appendix 1 to Annex A to 8

conduct issues' and 'actively seeking out opportunities for supervision in relation to conduct case outcomes and welcomed the increased opportunities for training.' This is one small finding in a very interesting although small study by Dr Lel Meleyal which also explored some negative consequences of regulation as outlined above.¹⁰

15. The former Council for Healthcare Regulatory Excellence (CHRE) now the Professional Standards Authority (PSA) has also commissioned and published a Scoping Study about 'the effects of health professional regulation on those regulated' by Dr Oliver Quick. Particular findings from this study noted that:
 - a. The literature shows an under use of 'behavioural theory'
 - b. That, in a limited way, the available research shows that behavioural change is more likely when a combination of factors is available including: 'contracts, clinical guidelines, professional regulation, leadership, law and financial incentives,' and
 - c. That there is a tension between the exercise of clinical governance and clinical judgement.
16. It is worth noting that osteopathy and its distinct context will not have featured in this review as no research in this area has been carried out in osteopathy to inform the literature review. It is also worth noting that some of the factors identified above are not, perhaps, as present in osteopathy, as perhaps in some other professions, which means that the findings will not necessarily be as applicable in the osteopathic context.
17. More recently the Solicitors Regulatory Authority (SRA) and the General Medical Council (GMC) have undertaken research which is looking at factors enabling (and inhibiting) regulatory compliant behaviour and those inhibiting regulatory compliant behaviour.
18. The GMC has published a study, Factors that encourage or discourage doctors from acting in accordance with good practice, which also explores and summarises the literature in this area. The CHRE (now Professional Standards Authority) Performance review 2011 consider that the outcomes of the GMC research (see above) will be useful for the other regulators in understanding the behavioural impact of their guidance.' It appears that the types of barriers that may be in place for doctors may not be so prevalent in the osteopathic profession, for example organisational culture and a lack of control. On the other hand, perhaps some of the enablers of good practice featured within the osteopathic revalidation pilot, for example, recognition of achievement.

¹⁰ See Meleyal L., Reframing conduct: A critical analysis of the statutory requirement for registration of the Social Work Workforce, 2011, available at http://sro.sussex.ac.uk/7665/1/Meleyal%2C_Lel_Francis.pdf and accessed on 10 September 2012. There is also an interesting article about this by Exworthy M, *The teacher and the cop: the role of 'private space' in increasingly transparent clinical practice*, 2011, Journal of health services research and policy, 2012 Jan;17(1):60-2. Epub 2011 Oct 18

19. More recently, the SRA has undertaken some research about 'Attitudes to regulation and compliance in legal services'. This research has explored how both regulatory activities and other motivations might influence behaviour using social and behavioural science based approaches focussing more on factors which influence compliance and barriers to compliance to build more of a picture about their particular profession.
20. The SRA research has used a compliance metric called the Table of 11 which was used in the Hampton Review and also by the Dutch Ministry of Justice. The SRA research identifies that there may be a number of types of people not complying with the regulatory framework but that most non-compliance is unintended.' The research has enabled the SRA to develop a pilot model 'mapping the factors that may contribute to compliant and non-compliant behaviour' specific to the legal profession. It was interesting, for example that the theme of acceptance of regulation was strong within their sample 'firms accept regulation because of their pride in being part of the solicitor's profession, and the role of regulation in upholding standards.' Is this the case in the osteopathic profession?
21. The SRA research appears to identify that different groups are motivated by different factors and that the regulatory approaches to non-compliance may need to vary depending on which group is being looked at (whether deliberately non-compliant or unconsciously compliant, for example), however, it does identify from its sample that the most people are unconsciously not compliant – in the solicitors profession. How far is this replicated within the osteopathic profession and what is the impact of the findings on the regulatory framework – should it be based on the assumption that most comply or most don't comply? Or should there be a menu of options?
22. Other research commissioned by the Health and Care Professions Council (HCPC) looked at how professionals define professional behaviours and considered that professionalism can mean different things to different people in different contexts and that these behaviours could be influenced by innate qualities as well as through external influences such as education and standards.¹¹

The proposed research questions

23. This research proposal is designed to help us to explore which regulatory activities have been successful in helping us to achieve the regulatory outcomes that we are seeking in a profession that works mostly independently and without teams or employers and what other factors may enable or inhibit this.

¹¹ See Morrow G et al, Professionalism in Healthcare Professionals, 2011, available at <http://www.hcpc-uk.org/assets/documents/10003771ProfessionalismInHealthcareProfessionals.pdf> and accessed on 20 May 2013.

Appendix 1 to Annex A to 8

24. There are three proposed research questions:
- What regulatory activities best support osteopaths to deliver care and to practise in accordance with the Osteopathic Practice Standards?
 - What factors inhibit osteopaths from practising in accordance with the Osteopathic Practice Standards?
 - What factors encourage osteopaths to practise in accordance with the Osteopathic Practice Standards?
25. It is expected that the research questions will be framed using an appropriate theoretical framework to ensure academic independence and integrity in the work.

What regulatory activities best support osteopaths to deliver care and practice in accordance with the Osteopathic Practice Standards?

26. Regulatory activities include any functions that we undertake and also the way in which we undertake them. Examples of these are set out in paragraph 11 above.
27. We are interested to know which activities have encouraged osteopaths to continue to comply with the Osteopathic Practice Standards.
28. We are hoping to explore our approaches to regulatory activities to explore which work well and to build on these.

What factors inhibit osteopaths from practising in accordance with the Osteopathic Practice Standards?

29. Aside from the regulatory activities undertaken by GOsC, there may be other factors which inhibit osteopaths from practising in accordance with the Osteopathic Practice Standards. These might be professional isolation, not knowing where to seek advice, or perhaps not seeing the relevance of the standards to their own practice. Our registrant survey conducted in 2012¹² provides some insight into the factors that may inhibit osteopaths from practising in accordance with the Osteopathic Practice Standards, however, we would like to understand more comprehensively, the relevant factors so that we can try to eliminate these factors from the regulatory framework and environment.

What factors encourage osteopaths to practise in accordance with the Osteopathic Practice Standards?

30. There may be other factors which encourage or might encourage osteopaths to practise in accordance with the Osteopathic Practice Standards, perhaps teaching in an Osteopathic Educational Institution or membership of a regional group which meets regularly encouraged exposure and awareness of the standards and dialogue around issues arising in practice. Perhaps more

¹² See above

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recognition of good practice or even status would promote practice in accordance with the Osteopathic Practice Standards.

31. It is important for us to understand, nurture and build on these factors to support osteopaths to practise in accordance with the Osteopathic Practice Standards.

Deliverables of the Project

32. The aim of the proposal is to provide a report exploring the most effective activities supporting registrants to practise in accordance with the Osteopathic Practice Standards on a daily basis.
33. There are limited funds for the research up to a maximum of £80,000 (including full economic costs and VAT). We are looking for a menu of options for carrying out the research using a **small budget, a medium budget and a maximum budget**.
34. The deliverables for the research (evident in each option) should include:
 - a. A scoping report including an outline of the methods to be used to undertake this research.
 - b. Progress reports at reasonable milestones indicating progress made against the overall research plan.
 - c. A final report (including the methods used) outlining the findings of the research. This should include:
 - i. A response to each of the questions outlined above in paragraph 24.
 - ii. Consideration of the policy implications of the findings from the research.
 - iii. Involvement of patients and the public to provide views from a public protection perspective.
 - iv. Involvement of other stakeholders
 - v. Consideration of equality and diversity matters.
35. Please note that subject to data protection requirements, access to the GOsC Register (a database of all UK registered osteopaths) will be available to assist with this work including the identification of an appropriate sample.

Instructions to tenderers

36. We are inviting any interested party to submit a proposal (the 'Tender Proposal') to undertake research into the effectiveness of osteopathic regulation.
37. The tender proposal should clearly identify:
 - a. Previous relevant experience and professional information set out in a concise CV for each member of the team. The CVs should also include publication information.

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- b. The proposed methods to be used to ensure that each of the deliverables is met using a **small, medium and maximum budget** envelope. This should include an indication of how the research team will find out more about osteopathic regulation and educational and practice environments as well as an indication of the planned framework for undertaking the research.
- c. A detailed work plan with milestones and schedules (including dates) for each of the three budget envelope proposals.
- d. The basis of the budget.
- e. The management responsibility for the project indicating clearly the person who will be accountable for delivery of the project.
- f. Details about who will be responsible for attending meetings of GOsC Committees and presenting on work undertaken.
- g. A single point of contact for all correspondence relating to the project.

Submission instructions

38. The specifications for the tender, budget and contract are set out in this document.
39. The tender must be received in a sealed envelope on or before **21 June 2013 at midday**. Five hard copies of the tender and one electronic copy of the tender are required.
40. This invitation to tender does not represent an offer, representation or agreement and does not imply that agreement will be entered into.
41. The General Osteopathic Council will not pay for any expenses or losses incurred in the preparation of the tender proposal.
42. The General Osteopathic Council will not bind itself to accept the lowest tender.
43. No tender will be deemed to have been accepted until such acceptance has been notified to the Tenderer in writing.
44. The General Osteopathic Council does not warrant that the information in this document is accurate, complete or updated. However it will take reasonable steps to ensure that it is.
45. The Tenderers shall assist and co-operate with the General Osteopathic Council (at their sole expense) to enable the General Osteopathic Council to comply with any information disclosure requirements contained in the Freedom of Information Act 2000 and any other relevant information.
46. The General Osteopathic Council will determine at its absolute discretion whether any information in connection with this Tender (including commercially sensitive information) is exempt from disclosure in accordance with the provisions of relevant legislation.
47. In carrying out the research the successful tender research team and anyone acting on its behalf, must comply with the law for the time being in force in the

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United Kingdom. Attention is drawn in particular to the need to avoid committing any act of discrimination rendered unlawful by Equality Act 2010. Attention is also drawn to the obligations under the Data Protection Act 1998 and the Human Rights Act 1998.

48. The Tenderers should also note that any liability incurred under health and safety legislation, or liability for redundancy or unfair dismissal under employment legislation, will be their responsibility. If there is any doubt over any of the above mentioned matters, legal advice should be sought.

Budget

49. A maximum budget envelope of up to £80 000 (including on costs, VAT and any other additional costs) is available for this work – although tenders should include options for a small, medium and maximum budget. This sum of money will be paid in installments as each stage of the tender (paragraph 34 a. to c.) is delivered.

Evaluation of the Tender

50. The tender proposal will be evaluated using the following criteria:
- Background and experience of team. Does the team possess the knowledge, skills and capability to deliver the project? Does the team have a track record of undertaking similar work? Does the team have capacity to undertake the work? In undertaking the elements of this project, it is likely that a variety of people with a variety of skills and disciplines will be helpful.
 - Evidence that the tenderer understands the project.
 - Goals/objective: will the tender proposal deliver the requirements?
 - Are appropriate methods and disciplines used?
 - Are the timescales proposed timely and sufficient to ensure that
 - the quality of work is not compromised?
 - the work is delivered within a reasonable period of time?
 - Does the proposed tender demonstrate value for money?
 - Does the tender demonstrate a commitment to equality and diversity?
 - Is there an indication of the ability to comply with our terms and conditions?

Contract timetable

51. The tender proposal should set out a detailed preliminary schedule that indicates realistic and final deadlines for the research project.

52. The planned timescale for appointment is as follows:

Issue of invitation to tender	20 May 2013
Return of Tenders	21 June 2013 at 12:00
Interviews	Interviews will take place in week commencing 15 July 2013
Preferred Tenderer Appointment confirmation	19 July 2013
Contracts to be signed by	31 July 2013

Research proposal to the General Osteopathic Council: Exploring and explaining the dynamics of osteopathic regulation, professionalism, and compliance with standards in practice

Prof Gerry McGivern, University of Warwick (gerry.mcgivern@wbs.ac.uk)

Prof Justin Waring, University of Nottingham (justin.waring@nottingham.ac.uk) Dr Michael Fischer, University of Oxford (Michael.fischer@sbs.ox.ac.uk)

Background

Research aims

The findings of the research we outline in this proposal will enable the General Osteopathic Council (GOsC) to understand how to provide efficient and effective regulatory activities, influence registrants to comply with Osteopathic Practice Standards, determine factors that encourage or inhibit compliance with standards, and thus support the provision of safe and high quality care to osteopathy patients.

The regulatory climate, Francis Report and regulation in practice

There is much public and academic interest in professional regulation, linked to 'the audit explosion' (Power, 1997) and 'transparency' in public, professional and corporate life. Regulatory transparency against standards may enable greater involvement by a more demanding and critical public and patients, expose inadequate professional regulation, poor performance, and produce visible improvements in health care (Hood and Heald, 2006). Yet professional regulation can also produce side-effects that are less easily detectable or measurable (Hood, 2006), such as superficial 'tick-box' compliance, which neither reflects nor improves the nature of professional care in practice (Hood, 2006, McGivern and Ferlie, 2007, McGivern and Fischer, 2012, Waring, 2009). Indeed regulation has been critiqued for constructing subjects in a transparent and rational way, leading to the production of 'discourses of success' and 'game-playing' to appear to meet external expectations rather than high quality and safe patient care in practice (Newman, 2001: 93).

The Francis Report (2013) into the Mid-Staffordshire NHS Foundation Trust echoed many of these concerns about regulation and accountability regimes. The Report suggests regulatory regimes have undermined professionals' sense of professionalism and focused managers on meeting targets and standards removed from a sense of purpose and ethics of care. The risk is that regulators, distant from clinical settings, may focus on ticking boxes rather than listening to patients, professionals and whistle-blowers accounts of malpractice.

Effective regulation, we suggest, first requires a close analysis of the often complex and ambiguous nature of regulation in practice; how regulation is perceived, enacted and affects those it aims to regulate. Our research team have a track record of doing just this. Our research on patient quality and safety (Waring, 2007, Waring, 2009), medical regulation and 'revalidation' (McGivern, 2005, McGivern and Ferlie, 2007), regulating risk in mental health settings (Fischer, 2008, Fischer and Ferlie, 2013) and regulatory transparency in medicine, psychotherapy and counselling (McGivern et al., 2009, McGivern and Fischer, 2012) combines a macro-level understanding of regulatory and policy contexts with rich ethnographic and interview-based research methods, which get to the heart of how and why regulation works in practice.

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GOsC standards, revalidation and regulation

We note that GOsC recently (Sept 2012) published Osteopathic Practice Standards and ran a pilot project relating to the introduction of 'revalidation', based upon research conducted by KPMG, for all the 4681 registered osteopaths working in the UK. These standards cover four aspects of professional practice:

- Communication and patient partnership;
- Knowledge skills and performance;
- Safety and quality in practice;
- Professionalism.

From examining current and recent complaints investigated by the GOsC (which we note relate to sexual abuse, internet-based advertising deception, common assault, and failure to keep records), it is clear how GOsC standards aim to reflect skills necessary for effective osteopathic practice, to protect patient quality and safety, and prevent future malpractice. But do cases brought to the GOsC reflect all malpractice occurring in osteopathy? And could implementing revalidation based on these standards themselves have any unintended effects on osteopathic practitioners?

In well established and regulated professions, such as medicine, with a developed evidence-base, malpractice is often difficult for regulators to detect and substantiate in practice (Smith, 2004). Osteopathy, like the profession of psychotherapy and counselling we have studied previously (McGivern et al 2009), is an emerging profession, with a complex, judgement-based and relational practice, and nascent evidence-based and standards. This makes regulating professionals more complicated still. How do osteopaths judge whether their own and colleagues' practices comply with these standards and what judgements do they make in practice when deciding to comply, or not, with GOsC standards? The Shipman Inquiry (Smith, 2004) suggested that singlehanded GPs were more likely to engage in malpractice than those working collectively. We note that osteopaths, like psychotherapists and counsellors, often work in isolation in private practice, so how does this affect good or poor practice?

Research by the Solicitors Regulation Authority (2011) has highlighted 11 dimensions for assessing attitudes towards regulatory compliance. Research by the General Medical Council (Scraggs, 2012), CHRE (Quick, 2011) and on the regulation of social work (Munro, 2011, Meyeral, 2011) has highlighted a number of other factors that may support or inhibit professional regulatory compliance. However these studies often presume professionals react to regulation in a rational way.

Our research (McGivern et al., 2009, McGivern and Fischer, 2012, Waring, 2009, Fischer, 2012) has also drawn attention to 'irrational' factors, like anxiety, strong emotionally-driven reactions, and professional narratives about regulatory processes and their wider contexts, which lead to professional defensive practices that undermine patient care. We also noted that regulation could perversely affect important *tacit* elements of practice, which standard-based regulation may find difficult to evaluate or could be misinterpreted. We also highlighted the importance of 'formative spaces' in professional regulation, in which professionals are able to discuss ambiguous and difficult aspects of their practice in a way that helps them address, rather than hide, potential problems. We noted, however, that wider rational-legalistic and media-driven regulatory climates undermine formative spaces. We suggest that many of these elements are also relevant to the regulation of osteopathy.

The GOsC tender has posed three research questions:

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- a) What regulatory activities best support osteopaths to be able to deliver care and to practice in accordance with the Osteopathic Practice Standards?
- b) What factors inhibit osteopaths from practising in accordance with Osteopathic Practice Standards?
- c) What factors encourage osteopaths to practice in accordance with Osteopathic Practice Standards?

Our research experience suggests that answering the GOsC's research questions will require us to ask deeper more varied and complex questions, for example:

- How do Osteopaths understand *Osteopathic Practice Standards* and judge whether their own practice, and that of their colleagues, complies with these standards?
- Which osteopathic regulatory activities most support or hinder better osteopathic practice, patient quality and safety?
- Which standards are more or less difficult to comply with, and if so why?
- How do patients and members of the public judge the effectiveness and usefulness of osteopathic treatment and whether it complies with standards?
- How do osteopaths, the public and patients judge the effectiveness osteopathic regulatory activities and standards?
- Are there any variations in respondents' views, and if so, what accounts for such variations?
- How do wider educational, organisational and regulatory activities affect compliance with standards and effective osteopathic practice?
- How can the GOsC evaluate and demonstrate the effectiveness of its regulatory activities on an on-going basis?

Research team and experience

We propose to bring together a skilled team of social researchers, with extensive experience of researching clinical regulation:

- **Principal Investigator:** Gerry McGivern, Professor of Organisational Analysis at Warwick Business School, University of Warwick;
- **Co-investigator:** Justin Waring, Professor of Organisational Sociology and Health Foundation Improvement Science Fellow at Nottingham University Business School, University of Nottingham;
- **Co-investigator:** Dr Michael Fischer, Senior Research Fellow at Said Business School, University of Oxford.

Gerry McGivern (Principal Investigator) has been researching clinical regulation for more than a decade. He was first funded by the Economic and Social Research Council (ESRC) to research the introduction of appraisal and 'revalidation' for NHS medical consultants. Using in-depth interviews, he revealed and explained how doctors often related to regulation defensively, 'playing tick-box games' to present their practice as effective, because they neither trusted nor believed in the efficacy of the process (McGivern, 2005; McGivern & Ferlie 2007). More recently, in collaboration with Michael Fischer, Gerry led another ESRC-funded study (McGivern et al 2009) comparing the effects of transparent forms of regulation in medicine and in psychotherapy and counselling, contrasting the regulation of medicine (a well-established profession with a strong evidence-base) with psychotherapy (an emerging profession, with a nascent and contested evidence base.) The research drew attention to the often-invisible aspects and effects of regulation in practice, including defensive practice

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driven by anxiety and narratives (regardless of their empirical validity) about damaging regulatory processes. This research is cited as 'key academic work' by the Professional Standards Authority and was published in the leading journal *Social Science and Medicine* (McGivern & Fischer 2012). Gerry has also worked on and led large National Institute for Health Research projects with wider relevance to the GOsC tender, examining the way clinicians use and relate to evidence-based guidelines and how managers and clinicians use knowledge, research and evidence in health care settings. This research has also been published in leading academic journals (See attached CV).

Justin Waring (Co-Investigator) has been at the forefront of social science research in the area of patient safety for over ten years. His work examines how changes in the organisation, management and regulation of professional work are implemented and experienced in everyday practice settings. He has worked to develop a distinct socio-cultural perspective on the management and regulation of safety, highlighting the dimensions of knowledge, culture, organisation and power in framing regulatory and learning systems (Waring and Rowley, 2011). He has also developed the idea of 'adaptive regulation' to explain how regulatory procedures evolve as they interact with professional practice (Waring 2007) and highlighted a shift towards 'state-directed bureaucratic regulation' (Waring et al., 2010). His research has been published in leading international journals and supported by agencies such as the ESRC, Department of Health, NIHR, and Health Foundation (see attached CV).

Michael Fischer (Co-Investigator) has an in-depth understanding of health professionals and organisations operating in healthcare contexts. This is particularly informed by his original career as a senior clinician (consultant psychotherapist), manager, and organisational development consultant, working in the National Health Service. He was a clinical governance reviewer and expert adviser for the Healthcare Commission. In Michael's PhD, he studied the relationship between ethics-orientated and rules-based models of risk management in high-risk settings. Over this four-year ethnographic study, he researched how clinicians, managers, and service users collaborated in developing 'formative spaces'; these were valuable for corrective learning and in restoring values of professionalism, especially following near miss and serious incidents. In his subsequent ESRC research on professional regulation and clinical leaders' use of management knowledge, and the development of knowledge-intensive healthcare settings, his professional identity helped to access and understand professionals' and managers' detailed narratives about their work, their personal experiences of 'near-misses', their work with colleagues believed to be 'at risk'; as well as the experiences of professionals being investigated for professional misconduct (See attached CV).

We plan to hire a part-time (50% FTE over 10 months; 5 months FTE) **project researcher** to help with the review of literature, interviews, and analysis of data under the supervision of the project investigators.

We have recruited an **External Advisory Board** to provide guidance and external expertise on our research project:

- **Steve Vogel** is Vice Principal of Research at the British School of Osteopathy and Editor of the International Journal of Osteopathic Medicine. Steve brings extensive knowledge and experience of osteopathy.
- **Michael Guthrie** is the Director of Policy and Standards at the Health and Care Professions Council (HCPC) and brings extensive experience of developing policy, standards and regulation for clinical professionals.

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- We would also invite a member of the GOsC to sit on our External Advisory Board.

Research methods

Given the overheads involved in setting up and running a project of this kind, we only intend to submit a tender for research within the large budget envelope. However, if there are any elements of this proposal you do not think would add value for your purposes, we are happy to discuss them and may be able to reduce some costs accordingly.

Our research will involve a number of sequential stages:

1. We will conduct a **review of literature** relating to the regulation of osteopaths, where we note there is limited existing research, drawing on literature about the regulation of other similar professionals. We will also conduct a background review of literature about the osteopathy profession, the nature of its practice and regulation, which will be written by **Dr Oliver Thompson** from the British School of Osteopathy, who as a trained osteopath and having recently completed his PhD on the osteopathy profession will be able to provide a valuable insider view of the profession.
2. If permitted by the GOsC, we will conduct a preliminary **analysis of data** from the **GOsC validation pilot** project.
3. Next, we will conduct qualitative semi-structured **interviews**, framed by research questions posed by the tender and emerging from the review of literature and pilot analysis, with approximately 40 key stakeholders, including:
 - **Regulators** (e.g. General Osteopathy Council, Professional Standards Authority, General Medical Council, Health and Care Professions Council) (N=5)
 - Representatives of **Osteopathic Educational Institutions** (e.g. British School of Osteopathy, London School of Osteopathy) (N=5)
 - **Patient and public** representatives (e.g. members of the GOsC patient and public partnership groups) (N=5)
 - **Other wider stakeholder** affecting regulation (e.g. clinical litigation lawyers, journalists reporting on clinical malpractice and regulation, politicians and senior policy-makers) (N=5)
 - A representative range of **osteopaths** working in the NHS and in private practice, reflecting the diversity of professional membership (N=20)

Interviews will be transcribed, coded and analysed using an iterative methodology (Miles and Huberman, 1994, Corbin and Strauss, 2008)

4. We then plan to run and analyse an **online survey** of all 4681 members of the GOsC to validate and triangulate the findings of our literature review, analysis of pilot revalidation project, and interviews, with the views of the wider professional population (contingent on the GOsC agreeing access to its members names and email addresses). Survey data will then be analysed with appropriate quantitative methods.
5. Finally, we will hold a **stakeholder feedback and validation event** (perhaps held at GOsC or at a major osteopathy conference). Our previous research experience suggests such events are extremely useful, not only in terms of validating findings with a relevant

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group of stakeholders, but also disseminating findings with practitioners and eliciting buy-in to subsequent changes in regulation.

We will finally produce a **report** on our findings, as specified in the research tender document and present the report to the GOsC in person, in order to answer your questions about the research.

Project timescale

We note that the project will be commissioned and a contract signed by 31 July 2013. We therefore plan to run the research project from this date over a 12-month period, aiming to deliver our final report by 1st August 2014. We will provide three progress reports detailing our research progress on a quarterly basis (1st November 2013, 1th February 2014, 1st May 2013).

Our project timescale is:

- **August 2013:** Recruit project researcher, begin literature review, analysis of GOsC revalidation pilot project data, and develop interview questions;
- **November 2013:** Complete literature review and analysis of revalidation pilot, and begin qualitative interviews;
- **February 2014:** Begin analysing qualitative interview data and devising survey questionnaire.
- **May 2014:** Run online survey, begin analysis of survey data and writing up project report
- **July 2014:** Run stakeholder validation and dissemination event and finalise project report.

Project costs

The cost for the project will be **£79,987** (including full economic costs)

...

Project responsibility

Gerry McGivern (the Principal Investigator) will be the single point of contact for correspondence relating to the project and have responsibility for managing and delivering the project, attending GOsC committee meetings and presenting the work undertaken. The Co-Investigators may also attend these meetings.

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Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice: Second Progress Report to the General Osteopathic Council, 4th April 2014.

Prof Gerry McGivern, Warwick Business School.

Introduction

This is the second report to the General Osteopathic Council (GOsC), outlining progress we have made with the research project ('Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice') the GOsC commissioned us to do. This second report is shorter than the previous one (which provided background information about the project and outlined a project timetable). In this report we will report on progress we made against the goals we set for ourselves for the end of February 2014. These were:

1. To receive research ethical approval;
2. For the research team to discuss draft literature reviews, analysis of GOsC revalidation pilot reports and public fitness to practice information;
3. To devise and agree an interviewee-sampling framework informed by a literature review;
4. To devise and agree first draft interview questions informed by a literature review;
5. To complete pilot of interview questions;
6. To finalise interview questions;
7. To begin arranging interviews.

Research progress

We are pleased to report that the research is proceeding in line with our project timetable.

1. We submitted an application to and received full research ethical approval from the University of Warwick Humanities and Social Sciences Research Ethics Committee on 7th February 2014 (see attachment 1).

2-4. We produced two draft literature reviews, providing background information about (i) osteopathy as a practice and a profession (see attachment 2) and (ii) generic clinical regulation and revalidation (see attachment 3). We emphasise that these are *draft* literature reviews, which will be revised and edited for our final project report, but provided useful initial background information to inform our research design.

The research team read and collectively discussed both literature reviews, information about the GOsC revalidation pilot (particularly KPMG's revalidation project summary) and public information on the GOsC website about recent Fitness to Practice Cases, which informed the development of our interviewee sampling framework (see attachment 4) and the development of questions for osteopathic interviewees (see attachment 5).

Given the diversity of the osteopathy profession, and disagreements within the profession about what the nature of osteopathy is, which emerged from the first literature review, we decided that it was important for our interview sampling framework to reflect a representative sample of practising osteopaths as far as possible, including representatives of the UK Osteopathic Education Institutions, regional and sub-disciplinary osteopathic groups.

The aim of the interview questions we developed is to: first, explore interviewees' perceptions of osteopathy as a profession and practice; second, to explore osteopaths' thinking and practice in day-to-day practice, perceptions of what good osteopathic practice and professionalism is, and extent to which osteopathic regulation and standards affect them; then, third, to more

explicitly ask osteopathic interviewees about their perceptions of osteopathic regulation and standards, including which aspects they find most and least helpful and ways in which they might be improved.

5-6. We (Gerry McGivern and Oliver Thomson independently) conducted two pilot interviews, using our draft interview questions. We concluded that while our interview questions were generally sound we had too many questions and that some of the questions needed to be more focused. We subsequently simplified and reduced the number of interview questions (see attachment 5)

7. We have begun conducting and arranging interviews, in the first instance with about 20 osteopaths (including participants in the GOsC Revalidation Pilot) who contacted us (or the GOsC) in response to articles in *The Osteopath* discussing the research and asking for volunteer interviewees. In addition to the two pilot interviews, at the time of writing, we have interviewed two further people and arranged six more interviews with osteopaths.

We are in the process of contacting representatives of Osteopathic Education Institutions, Regional and Stakeholder osteopathic groups, the British Osteopathic Association and NCOR in order to capture their views on osteopathic regulation and professionalism. We will then purposely sample interviewees from key groups, regions or disciplinary backgrounds within the osteopathy profession, which are not represented in the first round of interviews we conducted.

We will purposefully contact patient representatives, members of GOsC professional conduct and investigating committees and osteopaths who have gone through Fitness to Practice investigations in order to get their particular perspective on osteopathic regulation, standards and professionalism.

We will also arrange to interview other regulators (e.g. HCPC, General Chiropractic Council), osteopathic insurers, politicians, and others involved in developing clinical regulation more broadly, in order to understand osteopathic regulation within a wider regulatory frame.

Conclusion

In conclusion, the research project is progressing well. We have completed the tasks that we planned to have done at this point, as outlined in our first scoping report. Having received research ethical approval, written background literature reviews, produced an interview-sampling framework, and designed and piloted interview questions, we are now moving into the exciting phase of conducting interviews and collecting data.

Prof Gerry McGivern,
Warwick Business School
3rd April 2014.

Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice:

Second Progress Report to the General Osteopathic Council, 14th July 2014.

Prof Gerry McGivern, Warwick Business School, University of Warwick.

Introduction

In our third report to the General Osteopathic Council (GOsC), we outline progress we have made with our research project since the previous report and against the goals we set for the end of June 2014. These were:

- Delivery of complete literature reviews.
- Complete analysis of GOsC revalidation pilot data.
- Complete interviews including:
 - Semi-structured in depth qualitative interviews with a range of stakeholders, including a range of osteopaths - sampled on the basis of educational modality, geography, years in practice as an osteopath, sole/group practice, age, ethnicity, sexuality, gender, etc; Participants and assessors from the revalidation pilot; Osteopaths subject to a complaint considered by GOsC; Representatives from the Osteopathic Alliance; Representatives from the British Osteopathic Association; Representatives from all Osteopathic Educational Institutions; Representatives from other regulators (e.g. General Chiropractic Council, Health and Care Professions Council, General Dental Council); Osteopathic patients, and representatives of the public; and Wider stakeholders (e.g. osteopathic insurers, professional litigation lawyers, journalists) in osteopathic regulation.
- Transcribe interviews.
- Complete an initial coding and analysis of interview data, using theoretically informed iterative methods
- Devise question for online survey.
- Pilot online survey questions, informed by literature review and analysis of interview data.
- Agree online survey questions
- Publicise online survey with Osteopaths.
- Hold second meeting of Project Board to discuss emerging findings.

We have completed two literature reviews, relating to the osteopathic profession, its practice and regulation and a review of literature relating to health professional regulation and revalidation which informed our interview and survey questions.

We conducted an analysis of the GOsC revalidation data but found that there was relatively little to be added to the KPMG report on the revalidation pilot, which was also reflected our subsequent interview data.

We have now conducted interviews with 52 people (about half in person and half by telephone), including 40 osteopaths from a range of backgrounds and others representing osteopathy organisations or OEs (including osteopaths involved in the revalidation pilot, 12 people representing OEs, 5 osteopaths representing regional and interest specific osteopathic groups, representatives of the Osteopathic Alliance, the Institute of Osteopathy [formerly the British Osteopathic Association], NCOR and an osteopath subject to a GOsC complaint), 7 people in Fitness to Practice roles in health care regulators (including GOsC and other regulators), 3 osteopathic patients (including one who had made a formal complain to the GOsC about an osteopath), a lawyer from the Law Commission and news producer for a national media organisation. We have one or two final interviews arranged and we may conduct a few other final interviews when we have analysed the results of initial interviews

and the survey if we think these would be useful. Thus we have interviewed the variety of stakeholders we planned, roughly representing the population of osteopaths in the UK and different interest groups within it. Indeed, as discussed in our previous report, we have conducted significantly more interviews than outlined in our original proposal.

41 interviews have been transcribed (including two interviews where we interviewed two people at the same time – so with 43 interviewees in total). 9 interview transcripts are currently being transcribed by the transcriber.

We held a second research advisory board meeting on 12th May 2014, where board members discussed the themes emerging from interviews and provided useful input about how we could take the research forward in our survey and analysis.

We conducted an initial analysis of the interview transcripts (and notes from interviews where transcripts have not yet been completed) in order to inform the development of our survey questionnaire.

We have designed and piloted questions for our online survey with a range of osteopaths. Our survey questions are informed by our earlier literature review, key themes emerging in interviews, questions from the 2012 GOsC Opinion Survey and survey-based academic research papers (we are using some previous research questions about professional attitudes towards evidence-based practice and whistleblowing, which will enable us to compare findings with previous research on different health professional groups. We have discussed and agreed survey questions with the GOsC.

We have publicised the survey in *The Osteopath* and will shortly also do so with an email to all registered osteopaths via the GOsC.

Partly as a consequence of interviewing more people than we originally planned, the project is running slightly behind the timetable we originally proposed. The online survey for osteopaths on the GOsC register will now go live at the end of this week (18th July) and, as it coincides with the summer holiday period, will remain open for respondents until 7th September. We will continue analysing interview transcripts and begin writing our project report in the meantime, so still plan to deliver our project report in line with the timetable we outlined in our scoping report.

In sum, the project is progressing well, although a few weeks behind the timetable we originally proposed, and we remain confident that the project will produce robust and interesting findings and that we will deliver our project report on time.

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