

Submission from the General Osteopathic Council, the Council of Osteopathic Educational Institutions and the British Osteopathic Association in response to the Health Select Committee Inquiry into Education, training and workforce planning

SUMMARY

1. This submission represents the collective response from the General Osteopathic Council (the UK statutory regulator for the osteopathic profession), the Council of Osteopathic Educational Institutions (representing all accredited osteopathic training providers in the UK) and the British Osteopathic Association (the osteopathic profession's representative association).
2. In summary, we wish to emphasise the following:
 - Osteopathy, as a statutorily regulated profession with an effective contribution to make to patient-centred healthcare, should contribute to working in partnership in education, training and workforce planning initiatives, and to the governance of Health Education England.
 - It is important for smaller health professions to be represented effectively at national level in order to support the aims of the *Liberating the NHS* White Paper. With an increased focus on self-care and personal responsibility, independent healthcare provision and capacity should be viewed alongside the NHS to ensure that services are available to reduce the pressure within the NHS. It will be important that provision and capacity is not merely left to market forces, but has some input from a planned approach.
 - Statutory regulation of osteopaths provides an effective lever to set and maintain standards of education and training across the four countries and across the continuum of education and training for registered professionals.
 - There should be mechanisms to promote and replicate examples of good practice.
 - There should be close links between undergraduate and postgraduate data to ensure that a full picture feeds into workforce planning.
 - Efficient and effective pathways should be developed by multi-disciplinary teams that include statutorily regulated professions not currently trained in the NHS, like osteopathy, which in turn should feed into commissioned education and training.
 - We attach an annex providing further information about osteopathy, osteopathic education and training and continued fitness to practise of registrants.

DETAIL

The proposed role, structure, governance and status of Healthcare Education England

3. The role of the statutory regulators, like the General Osteopathic Council (GOsC), in setting, maintaining and assuring standards for education, entry to registers and for continuing registration of healthcare professionals – whether they work in the NHS or the independent sector, within or outside an employer and team structure – is crucial to ensure that standards are met, maintained and enhanced to ensure patient protection. This is the foundation of the provision of high quality healthcare professionals to meet the health needs of the population.
4. We believe that it will be important for *all* the statutorily regulated professions to be able to feed into the governance structure of Health Education England (HEE). This includes those statutorily regulated professions, such as osteopathy, that do not currently benefit from NHS-based training, in order to give effect to the policy objectives of the *Liberating the NHS* and the *Developing the Healthcare workforce* papers. In particular, the following objectives:
 - Putting patients and the public first and in particular, patient choice.
 - Focusing on improvement in quality and healthcare outcomes.
 - Autonomy, accountability and democratic legitimacy.
 - Cutting bureaucracy and improving efficiency.
5. To date osteopathy has not been involved in existing NHS arrangements linking workforce planning and education. While a number of NHS bodies fund osteopathy, for example in Essex, East Sussex, parts of London, Nottinghamshire and Devon, the majority of osteopathic care is delivered in the independent sector. All undergraduate clinical education and training is currently provided in teaching clinics situated mainly in the Osteopathic Educational Institutions (OEIs) or at charitable outreach centres. Postgraduate education and training is predominantly self-directed and self-funded by individual osteopaths and takes place in a variety of settings.
6. Ensuring all health professional regulators are involved in the governance and accountability mechanisms within Health Education England will ensure a more efficient multi-professional approach to the development of shared standards and patient care pathways and effective approaches to quality assurance. This in turn will more effectively inform workforce planning needs.

The proposed role, structure, status, size and composition of local Provider Skills Networks / Local Education and Training Boards, including how plans for their authorisation by Health Education England will address issues relating to governance, accountability and potential or perceived conflicts of interest and how the Boards will relate to Clinical Commissioning Groups and the Commissioning Board

7. If new clinical pathways are developed by multi-disciplinary teams, there is an incentive to provide a service to satisfy the new clinical pathway. Local networks should also include employer groups, the Department for Work and Pensions (DWP) and other relevant agencies as well as third sector bodies with local knowledge so that the detailed health needs of the local area could be established.

8. Many 'allied health professions' are currently funded to train in the NHS as part of their training. In this way, their role in the provision of healthcare is perhaps more visible locally because of the current financial requirements of training.
9. However, there are also health professions like osteopathy who are not currently funded to train in the NHS, but do have a role to play in the provision of the 'Liberating the NHS' agenda and in particular patient choice and choice of delivery of services. This has already been recognised in the current work on Any Qualified Provider for musculoskeletal services for neck and back pain¹ and previously within the Musculoskeletal Services Framework (2006)² and the National Institute for Health and Clinical Excellence guideline on low back pain (2009)³.
10. It will remain important to ensure that health professions like osteopathy are included in the local environment. This will help to ensure that all healthcare and healthcare education providers are aware of each other's knowledge, skills and practice to contribute to more efficient patient pathways and in turn informing decisions about future commissioning of education.
11. However, like other small professions and specialties, there will also need to be a national overview to ensure appropriate provision and also to share and replicate examples of good practice. See for example, <http://healthandcare.dh.gov.uk/back-and-neck-pain-services/> where a pilot involving provision of manual therapists enabled swift patient appointments and a 25% reduction in referrals to spinal surgeons.

How professional regulators, healthcare providers and commissioners, universities and other education providers and researchers will all participate in the formulation and development of curricula

12. In order to achieve the broad policy objectives outlined in this paper, we believe that it will be essential for all these organisations to work effectively in partnership together.
13. The GOsC has statutory responsibility for:
 - Setting standards of competence and safe practice and conduct.
 - Assuring the quality of undergraduate qualifications.
 - Setting and monitoring CPD requirements.
14. Like all healthcare regulators, the GOsC, consults widely on the development of standards and curricula to meet registration requirements. A body like Health Education England could help to facilitate feedback into national standards more effectively with access to real time data and current issues. The statutory regulators set undergraduate, postgraduate training and CPD to ensure better delivery of standards for registration across the four countries. Although it is also important to note that fit for registration and fit for work within a particular context are different concepts.

¹ See for example <http://healthandcare.dh.gov.uk/any-qualified-provider-2/> and <http://www.supply2health.nhs.uk/AQPRResourceCentre/Pages/AQPHome.aspx> accessed on 8 December 2011.

² Department of Health, *Musculoskeletal Services Framework, 2006* available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4138412.pdf and accessed on 8 December 2011.

³ National Institute for Health and Clinical Excellence, *Low Backpain*, available at <http://guidance.nice.org.uk/CG88/Guidance> and accessed on 8 December 2011.

15. The GOsC is keen to work in partnership with education providers, universities, healthcare providers and commissioners so that practitioners are able to meet contemporary requirements.

The implications of a more diverse provider market within the NHS

16. Diverse provision of services should be available to meet the policy aim of patient choice and to ensure the effective and efficient use of resources.
17. The key opportunities of developing a new approach will be realised only by involving all statutorily regulated healthcare professions (not just those currently trained within the NHS) in the development of effective patient pathways and improved patient outcomes. This will enable a better appreciation of the knowledge and skills of different healthcare professions, improving referral and therefore effective and patient centred pathways. In turn this knowledge could also help to improve the efficient commissioning of services where a fully multi-disciplinary team is involved.
18. While it is important to ensure that resources are in place for acute care. It is also important to allocate resources to the management of chronic conditions to ensure that these are managed as efficiently and effectively as possible.
19. However, diversity poses challenges in relation to the setting and maintaining of standards of practice. Statutory healthcare regulators like the GOsC are required by law to set and maintain standards of practice in relation to undergraduate education and CPD (or postgraduate education). This provides a particular level of assurance in relation to these professions. It will be important for statutorily regulated professions to be included in the accountability and governance structure to ensure the maintenance of professional standards across all four countries of the UK.

How the workforce requirements of providers of NHS and non-NHS healthcare will be balanced?

20. It will be important to collect a wide range of data, including from those professions that do not have a long-established presence within the NHS, to ensure that the whole variety of care available to patients can be taken into account in determining the most effective care pathways and requirements of healthcare professions. This data should include information about patient outcomes. Cost benefit analysis may need to be undertaken to demonstrate the utility of this.

The role and content of the proposed National Education and Training Outcomes

21. There is a role for external 'inter-professional' standards to be developed to contribute to the delivery of an aligned workforce. However, these should be developed in partnership with the regulators, as well as education and healthcare providers, to ensure that mechanisms for implementation across the healthcare professions are efficient and effective. This will also ensure that standards are integrated throughout the training pathway of healthcare professionals ensured and overseen by statutory regulators.
22. Identification of emerging best practice and the establishment of mechanisms to communicate this across the country would be very helpful.

The role of NHS Employers

23. NHS Employers should engage (and be engaged with) effectively with other bodies to ensure that feedback about education and training needs in that context is shared effectively.

How future healthcare workforce needs are being forecast?


24. We highlight the role of the independent sector in relation to the management of chronic conditions and the reduction of the burden on the NHS. In order to gain a complete picture of healthcare needs, it is important to be aware of the full picture as this may increase the burden on the NHS in the economic downturn as well as offer potential efficiencies in the management of certain conditions.

25. Forecasts could be focused on the implementation of examples of good practice (see for example the North East Essex pilot above) with efficient and effective resources being replicated across the country if implementation mechanisms were effective.

How the new system will relate to healthcare, education, training and workforce planning in the other countries of the UK

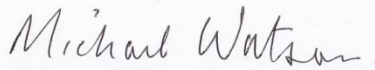
26. Like most healthcare regulators, the GOsC sets and maintains standards in all four countries of the UK.

Yours faithfully



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Yours faithfully



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ANNEX

About osteopathy

1. Osteopaths are trained to be primary healthcare practitioners. This means that they are able to undertake an initial consultation with any patient. 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 other healthcare professionals when they are not the most appropriate professional to manage an underlying condition (although they may still provide treatment to the individual referred).
2. Osteopaths are able to treat patients exhibiting a significant number of symptoms with a range of osteopathic approaches.
3. Most osteopaths work in independent practice. However, up to 15% do provide primarily musculoskeletal services within an NHS setting and within multi-professional local teams.

Background to osteopathic regulation

4. The General Osteopathic Council (GOsC) is the statutory regulator (by virtue of the Osteopaths Act 1993) tasked with 'developing...and regulating the profession of osteopathy'. Like all healthcare regulators we exercise our statutory functions to protect patients.
5. 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.
 - We work with the public and osteopathic profession to promote patient safety and we set, and monitor the maintenance and development of standards of osteopathic training, 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.

The osteopathic educational environment

6. There are two publicly funded Universities – Oxford Brookes University and Leeds Metropolitan University delivering Bachelors and Masters degrees in osteopathy.
7. There are also six independent colleges (the British School of Osteopathy, the British College of Osteopathic Medicine, the College of Osteopaths (at Keele and Borehamwood), the European School of Osteopathy, the London School of Osteopathy and the Surrey Institute of Osteopathic Medicine) awarding Bachelors and Masters degrees from validating universities including the University of Greenwich, University of

Bedfordshire, Staffordshire University, Keele University Middlesex University, University of Surrey and Anglia Ruskin University. Most of these colleges currently receive public HEFCE funding allocated via their validating university.

8. There is one other college which awards a postgraduate qualification: Member of London College of Osteopathic Medicine. This postgraduate diploma is only awarded to medical practitioners who already have a primary medical degree allowing registration with the General Medical Council.
9. All these Osteopathic Educational Institutions are required to deliver academic and clinical education that meets our standards in order to obtain and retain recognition. The standards are available on our website at www.osteopathy.org.uk.
10. The award of a GOsC Recognised Qualification (RQ) means that the holder is capable of practising, without supervision, to the standards expected in the GOsC Code of Practice and the Standard of Proficiency (from 1 September 2012 the Osteopathic Practice Standards) capable of meeting the required standards of conduct, competence and ethics. These standards are available on the GOsC website at: <http://www.osteopathy.org.uk/practice/standards-of-practice/>
11. Once a RQ has been awarded, an osteopath is able to be registered on the GOsC's Register, subject to satisfying statutory character and health requirements. There are currently around 4600 osteopaths on the GOsC Register, practising throughout the UK and abroad.
12. Educational Institutions are able to award 'Recognised qualifications' following a decision by the General Osteopathic Council to enable them to do so. The process of recognition is a detailed process overseen on our behalf by the Quality Assurance Agency for Higher Education. RQ decisions are also subject to approval by the Privy Council. Quality assurance is also overseen through an annual monitoring report and action plan along with targeted requests for information and visits if information provided requires this. Further information is available on our website at <http://www.osteopathy.org.uk/about/our-work/> and <http://www.qaa.ac.uk/health/gosc/consultation/>

Continued fitness to practise

13. Once registered, osteopaths are fully responsible for their own training and development (as well as that of their employed staff).
14. All osteopaths are required to undertake regular CPD both by themselves and with others and to submit an annual summary form to the GOsC. Each year a sample of these forms and the folders underpinning them are audited by the GOsC. Information about our CPD scheme is available on our website at: <http://www.osteopathy.org.uk/practice/standards-of-practice/continuing-professional-development/>
15. Currently 10% of the osteopathic profession are piloting a revalidation scheme designed to formalise structures of clinical governance in osteopathic practice. The tools being piloted include patient feedback, colleague feedback, clinical audit tools, structured

reflection and significant event analysis among others. Further information about our revalidation pilot can be found at:

<http://www.osteopathy.org.uk/practice/Revalidation/Piloting-the-scheme/>

16. The pilot will conclude in October 2012. We expect to report on the findings of our Revalidation Pilot and our CPD review in 2013.