

UK osteopathy:
*Ten questions
for the next ten years*



General
Osteopathic
Council

GOsC Discussion Document
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Introduction

Over the past year the GOsC has been listening to the views of osteopaths and thinking about the future development of the profession.

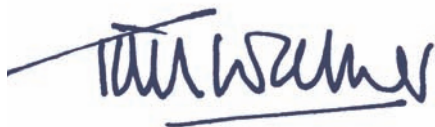
With the British Osteopathic Association (BOA), the Osteopathic Educational Institutions and special interest groups, we are starting a debate on how the profession should develop, what needs to be done to facilitate that development and who should take the lead in different areas.

This document is the GOsC contribution to the debate – the BOA and others will all have their own views. But most important of all, we need to hear the views of individual osteopaths.

This year's regional conferences will be a chance for us to listen to you and for you to help shape the future of the osteopathic profession.

We hope you will join us.

Thank you

A handwritten signature in black ink that reads "Tim Walker". The signature is written in a cursive style with a horizontal line underneath the name.

Tim Walker
GOsC Chief Executive and Registrar



Foreword

It is nearly 20 years since the passing of the Osteopaths Act and more than a decade since the General Osteopathic Council's Register was first opened. In that time there has been considerable change within healthcare, the osteopathic profession and society more generally.

UK osteopathy is at a critical point in its evolution and the time is right for all those concerned with the profession to look closely at its future, review the relationships between patients, practitioners and the regulator, and look ahead at the next ten years of the profession's development.

Listening to the views of osteopaths across the UK and talking to many different organisations, the GOsC has identified ten potential areas for discussion. From these arise ten key questions, which are set out on page 5 and explained in more detail in this paper.

The GOsC's aim – through this paper – is to encourage debate and facilitate discussion, not to determine its outcome.

The GOsC doesn't have the answers to these questions and is not looking to expand its role. In fact, one of the reasons why it thinks this debate is necessary is in order to balance the role of the regulator against what the profession seeks to do for itself, so as the profession determines its own future, the role of the regulator can, over time, also change.

Within osteopathy there is a huge amount of commitment, energy and ambition that needs to be harnessed to take the profession forward. This doesn't mean making the profession 'one-size-fits-all'; osteopathy's full diversity must be embraced. But the converse also applies. If the energy and commitment within the profession dissipates and individual interests work against each other, then osteopathy as a whole can only be diminished.

We hope that through this debate a consensus can emerge about the steps that are needed to achieve a single outcome: the highest standards of osteopathic patient care and a thriving profession.

Ten questions for the next ten years

- 1** How should quality in osteopathic practice be defined and who should take the lead in setting the quality agenda?
- 2** What role should clinical guidelines play in developing osteopathic practice and who should lead in their development?
- 3** Who should lead the development of specialty standards or the development of a clearer career path for osteopaths, and what form should these take?
- 4** How can the osteopathic profession promote and sustain high-quality clinical and professional leadership in practice and teaching?
- 5** What needs to be done to develop and sustain a higher level of research activity in osteopathy?
- 6** What needs to be done within the osteopathic profession to promote the highest standards of professionalism?
- 7** How can the profession ensure it is united and effective in representing itself to its key external stakeholders?
- 8** What is the most appropriate way for UK osteopathy to promote itself internationally?
- 9** What are the best ways in which to incorporate patient views in the work of osteopaths, osteopathic organisations and regulation?
- 10** Is it important to plan the size and shape of the osteopathic profession and who should be responsible for doing so?



Background

The osteopathic profession in the UK has a long history going back to the early part of the last century. But it wasn't until the latter years, with the passing of the Osteopaths Act in 1993, that statutory recognition was given to osteopathy.

Osteopathy was unusual in that it was the profession itself that successfully campaigned for its own regulation and sought a Private Member's Bill to gain statutory recognition, rather than regulation arising from government initiative.

At the time of the Act, the GOsC was given a duty 'to develop, promote and regulate the profession of osteopathy'. It was seen by those who drafted the legislation as a body that would embrace all aspects of osteopathy, as a 'one-stop-shop' for osteopaths. Since its establishment in 1997, the GOsC has achieved a great deal as a regulator, including:

- > The establishment of the Register and the associated entry criteria.
- > The setting of a benchmark for osteopathic education and training and the quality assurance of Osteopathic Educational Institutions (OEIs).
- > The development of a *Code of Practice* and *Standard of Proficiency*, updated over time.
- > The introduction of continuing professional development (CPD) and monitoring of compliance.
- > The establishment of fair and robust fitness to practise procedures.
- > Successful prosecution of those unlawfully using the title 'osteopath'.

All of these activities have played a significant role in establishing osteopathy as a recognised, high-quality and safe healthcare profession.

However, it is also fair to say that there are areas where the profession's expectations of what would follow statutory regulation have not been met. For example, many believed that wider acceptance by other healthcare professionals and integration within the NHS would follow automatically, but progress in this area has been patchy. In 2009 the GOsC's role in

promoting the profession was removed – by the Government – from the Osteopaths Act, a further blow to those who believed that the GOsC's central purpose was to champion the cause of osteopathy.

When considering the changing role of regulation in relation to osteopathy, it is important to consider the wider context. In the period following the passing of the Osteopaths Act there has been significant change in public attitudes and approaches to healthcare, healthcare professional regulation and professional regulation more generally.

The landscape of healthcare has changed, with the willingness of the NHS to purchase services from private providers waxing and waning with changes in government. Healthcare professional regulation has experienced a number of shake-ups as a result of inquiries into failings in Bristol and the activities of Harold Shipman, among others. The idea that professions should 'self-regulate' has largely been abandoned and been replaced with more independent regulation in medicine, pharmacy, law and elsewhere. More recently there has also been a growth in regulating healthcare provision or 'systems' – by the Care Quality Commission, NHS Quality Improvement Scotland and others – which has not always sat comfortably with healthcare professional regulation.

The new environment

In February 2011 the Government published a new policy statement on healthcare professional regulation: *Enabling Excellence – Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. This document proposes that, following a review by the Law Commission, there should be new, overarching legislation for the existing regulators. But perhaps more importantly, it also sets out the direction of travel for the regulators in the years ahead. The core principles it envisages are:

- > A shift away from national-level regulation through a greater focus on 'timely local action and effective leadership by senior health and social care professionals'.

- > More cost-effective regulation with lower fees for registrants and no expansion in the roles of individual regulators.
- > Greater autonomy for regulators to make their own rules, balanced with greater accountability to Parliament and an enhanced oversight role for the Council for Healthcare Regulatory Excellence.

Enabling Excellence acknowledges the differences that exist between professions. For example, in osteopathy, where there may be no clinical team or employer providing a supervisory role, there remains an important role for the national regulator in providing public protection. However, the emphasis is clear that regulators (and regulation) need to be 'right-touch' and must 'always seek to use the minimum regulatory force required to achieve the required result'.

The Law Commission is not considering the future of individual regulators, so the central role of the GOsC will remain: the protection of the public through the maintenance of high standards of osteopathic treatment and care. But the balance of what might be appropriate for the GOsC to do (in terms of the development of osteopathic practice) and what might more appropriately be the responsibility of the profession will shift over time.

But the changing environment is not just about regulators and the regulated; the involvement of the patient is paramount. Patients increasingly expect and demand to be equal partners in decisions about their treatment and care. This is being recognised across the publicly funded healthcare system, for example through the extension of patient choice in England and the enshrinement of patient rights in law in Scotland. Osteopathy and osteopaths need to embrace these new norms in the same way as all other healthcare professionals, if the profession is to thrive. This pace of change will remain relentless and the profession and its regulator need to be agile and able to respond.

Balancing public and professional interests

The purpose of healthcare regulation must always be public protection. Government wants to be able to provide the public with the assurance that clinicians attain and maintain the necessary standards of competence and conduct. This is clear from the GOsC's core functions: only registering suitably qualified osteopaths; setting and assuring standards in education; setting and enforcing standards of conduct and competency; and prosecuting unlicensed practitioners. But other aspects of the GOsC's work are also ultimately aimed at public protection, for example: ensuring osteopaths remain up to date; developing a commitment within the profession to research and evidence of efficacy; and seeking to raise standards across Europe.

The interests of the profession may differ at times from those of the GOsC. For example, seeking to ensure that osteopathy is more widely recognised and available to patients is not a job for the regulator; it is a task for the profession itself. But it is a false dichotomy to suppose that the profession itself should not be concerned with seeking high standards of regulation to underpin the osteopathy 'brand' that it is seeking to promote. So the public interest in seeking to maintain the highest standards of treatment and care cannot be separated from the interests of the profession.

In any debate about the future of the profession, the GOsC should never act simply to protect its own interests. The GOsC should be prepared to adapt and change as necessary, while not losing sight of its public protection purpose.



A profession fit for the future

Osteopathy is a small profession, with the vast majority of its practitioners working in the private sector and many of these working alone. As a result, osteopathy has relied on the goodwill and hard work of many dedicated individuals to establish itself as a respected profession. It continues to rely on the voluntary efforts of many individuals to lead the professional association, specialist societies and regional groups that provide the 'esprit de corps' of osteopathy.

Osteopathy is also a diverse profession, in which practitioners value their independence and autonomy. At times this individuality leads to conflict between individuals and groups, and sometimes also a lack of respect for diversity of opinions or approach. To some extent the existence of a strong regulator has helped to hold the profession together, at times united in opposition to the regulator itself!

If the role of the regulator is to change over time and the profession is to play more of a direct role in aspects of its own development, then it will be essential that osteopaths are united in their objectives. This should not mean a single, homogeneous approach to osteopathy, but a profession that values diversity while uniting around a set of core values that have quality and patient safety at their heart, and a desire for a thriving future.

What might be required within the osteopathic profession?

Many factors go into building and maintaining trust and confidence in a profession: public understanding of what practitioners do; widespread, positive personal experiences of treatment; awareness of educational standards; knowing there is protection from poor practice; and much more beside. Much of this trust and confidence derives from the actions and behaviour of individuals, from professional bodies or from institutions such as colleges or regulators.

The safeguarding of professional reputation cannot be vested in but one organisation, such as a regulator, any more than it can be solely the preserve of the individual. This is a shared responsibility between all the individuals and institutions concerned.

This document tries to articulate a number of critical areas that the osteopathic profession as a whole might need to consider if it is to build, preserve and promote a strong professional identity, and ensure the ability to develop and adapt to change independently of the regulator.

The questions posed here are not intended to be prescriptive or definitive but a starting point for discussion. There is also no presumption about who should be responsible for each of the areas this document encompasses, although it is clear that the GOsC should not have responsibility for many of them.

1 How should quality in osteopathic practice be defined and who should take the lead in setting the quality agenda?

All osteopaths want to do their best for patients, to help them get better or to live more comfortably with long-term conditions. But within the profession there is little or no consensus about what the expected outcomes should be from an osteopathic intervention or how to define a high-quality experience of osteopathic treatment.

Clinical governance is defined as the continuous monitoring and improvement of the quality of care and service. In managed environments, such as hospitals, this is a shared responsibility between clinicians and employers. For the sole practitioner, responsibility to maintain and improve quality lies with the individual.

The GOsC is currently piloting its revalidation scheme, which could play an important role in the continuing enhancement of quality through osteopaths' self-reflection on their practice. The *Clinical Audit Handbook* and *Standardised Data Collection Tool* developed by the National Council for Osteopathic Research (NCOR) provide some useful means for osteopaths to measure and monitor quality. Some osteopaths have experimented with Patient Recorded Outcome Measures (PROMs) or Patient Recorded Experience Measures (PREMs).

Other professions have developed their own quality assurance mechanisms, for example, the British Dental Association's *Good Practice Scheme*, which could be an option open to the osteopathic profession.

Osteopathy remains outside the remit of the Care Quality Commission (and the devolved administration equivalents) and there is no indication that this is likely to change. Osteopaths who wish to work within the NHS are likely to have to provide evidence that demonstrates the quality of their service. Osteopaths may also be subject to increasing pressure from insurers and patients to demonstrate quality outcomes.

2 What role should clinical guidelines play in developing osteopathic practice and who should lead in their development?

Many osteopaths consider one of the most important aspects of osteopathic practice to be the focus on the whole person; the treatment of people, not conditions. This is important, and the ability to see and feel underlying dysfunction is an essential part of osteopathic practice. However, the expectations of patients or referring clinicians may be more likely to be based on presenting conditions and thus sometimes it may be appropriate for osteopaths to adapt their language to help others understand what they do.

At present, there are no formal mechanisms for data to be obtained, collated and reviewed in order for the osteopathic profession to develop its own guidelines to support patients and clinicians.

Clinical guidelines could potentially play an important role in demonstrating to patients and other healthcare professionals the value of osteopathy. They can also help a profession define for itself the norms of good practice – while also incorporating diversity where appropriate – and develop a common language for osteopathic practice.

The 2009 National Institute for Health and Clinical Excellence (NICE) guidelines on low back pain were an important step forward in the wider recognition of the role that osteopathy could play in mainstream healthcare. Work continues to take place with NICE's National Quality Board to identify other areas in which osteopathy could contribute to effective clinical guidelines.

Regardless of whether clinical guidelines are formally adopted by an external agency such as NICE or the Scottish Intercollegiate Guidelines Network, or owned wholly by the profession, it is important they are developed by clinicians and based on sound evidence derived from data obtained from clinical practice. Such an approach could also support the integration of osteopathy into a wider range of clinical pathways.

3 Who should lead the development of specialty standards or the development of a clearer career path for osteopaths, and what form should these take?

Within the constraints of the GOsC's standards, graduates in osteopathy are granted freedom to practise as they wish as soon as they are qualified. But the nature of osteopathic practice varies tremendously and individual osteopaths can choose to have special interests with different techniques or treatments or types of patient. From the perspective of the patient, it is not always clear what they might expect from an osteopath or to what extent they really are consulting someone who has the right competence and expertise to treat them.

The postgraduate education providers play an important role in providing advanced-level training in specialist areas. While not questioning the value or effectiveness of the training offered by the current providers, would it provide greater assurance for patients, osteopaths and others if there were benchmark standards for training in specialist areas?

Standard setting should not automatically be a matter for the regulator – indeed regulators are being discouraged from setting up registers for specialist or advanced practice – but it is important that the public are protected through some mechanism for assuring specialist practice or even special interest practice.

Some osteopaths are attracted to the development of a clear career path in osteopathy, one that recognises developed areas of expertise or experience. Others wish to embrace prescribing rights. It is not the role of the regulator to seek to push the profession in any one particular direction, but the GOsC would help support such initiatives where there is appropriate and sufficient professional interest in, and evidence for, developing these areas.

4 How can the osteopathic profession promote and sustain high-quality clinical and professional leadership in practice and teaching?

The timeframe for how any profession evolves can be extremely long and, naturally, the immediate needs of individual practitioners and groups can take precedence over planning for the future. In education, the primary focus must be on preparing graduates for autonomous practice, but the profession must also ensure it is able to develop the skills of individuals to become the clinical and educational leaders of tomorrow.

High-quality clinical practice and professional teaching, combined with lifelong learning, is central to osteopathic practice. The OELs provide a diversity of provision suited to different students' needs. All of the GOsC Recognised Qualifications (RQs) are independently quality assured by the Quality Assurance Agency and most are also externally validated by universities. Osteopathic education and training also depends on a critical mass of educators and mentors prepared to divide their time between teaching and clinical practice, and to maintain their own high standards of knowledge and skills across both fields. This is not just a requirement within the OELs but also important within postgraduate teaching and in CPD.

Clinical leadership and inter-professional learning are also emerging themes in the development of wider education and training standards in healthcare that the profession and the OELs will also need to consider how to address.

5 What needs to be done to develop and sustain a higher level of research activity in osteopathy?

Patients and the public have a right to know whether healthcare – whether funded privately or publicly – delivers effective outcomes. This scrutiny requires a combination of research, data collection, audit and analysis to expand not only the collective knowledge base of the profession but also that of individual osteopaths.

Although only a limited number of osteopaths will have a direct role in conducting research, the spectrum of activity necessary to explore effective outcomes ranges from clinical trials through to data collection and case evaluation, which can involve osteopaths across the profession. A knowledge and understanding of research is an important component of developing clinical practice, and this has been recognised within the profession through the gradual adoption of the Master of Osteopathy (MOst) qualification as the most common route into practice.

NCOR has played an important role in raising the awareness of the importance of osteopathic research development. The GOsC's funding of the online subscription to the *International Journal of Osteopathic Medicine* (IJOM) and other relevant journals has also provided a resource for osteopaths, and the OEIs play an important role in conducting research. But most would argue that more should be done and that expanding the evidence base for osteopathy, over time, is essential.

In a small profession there will always be limited funding for research, particularly where the profession does not benefit from the involvement of major commercial interests, so the effective coordination and sharing of resources is important.

6 What needs to be done within the osteopathic profession to promote the highest standards of professionalism?

High standards of professionalism are an essential element in winning respect for osteopaths. Professionalism can be defined as a high standard of ethics, behaviour and work activities while conducting one's practice. In its simplest terms, in osteopathy, education in professionalism is the job of the OEIs and its enforcement the job of the GOsC through the *Osteopathic Practice Standards*, but full responsibility for professionalism starts with the individual and must also be shared throughout the profession.

Effective practice, even when it is autonomous, must not only be accountable but also collaborative. It must recognise interdependence and mutual obligations between professions as they respond to the complex needs and multiple expectations of individual patients that go beyond the authority and expertise of any one profession. How professionals relate to each other and to other healthcare professionals is a key component of professionalism.

Enforcing high standards of ethics and probity should fall to the regulator, but at a more basic level the ways in which osteopaths represent themselves to each other, to their patients and to other health professionals all have an impact on the perception of osteopathy as a profession. This self-regulatory role is the responsibility of all osteopaths, to ensure the highest standards of conduct from themselves and colleagues, to challenge inappropriate behaviour wherever they see it, and to uphold professional values and behaviours. And it is the job of the leaders of the profession – with the support of the regulator – to lead the way in these matters.



7 How can the profession ensure it is united and effective in representing itself to its key external stakeholders?

Within the UK there are many different stakeholders who have a direct or indirect interest in what osteopaths do. Therefore, the profession needs to be able to engage with government, the health service, other health professionals, insurers, the regulator and others on behalf of osteopathy. Experience from other countries – particularly in Europe – shows that where divisions exist within the osteopathic profession, recognition is not forthcoming, or problems that arise, for example over standards of education and training, become impossible to resolve.

In the UK, professional associations – for example, in physiotherapy and podiatry – have become successful and powerful advocates for their professions. In osteopathy, the British Osteopathic Association (BOA) has grown and strengthened too, and represents around 75% of osteopaths. But it remains the case that within osteopathy, some leaders of the profession choose not to support their professional association.

There is also a need to strengthen the role of local communities of osteopaths, for example to aid relationships with GPs, midwives and other healthcare professionals. The existing local osteopathic groups and networks are playing an increasingly important role, but too many practitioners remain isolated and disengaged from professional colleagues and, potentially, out of touch.

As a body established by statute, in some instances it is easier for the GOsC to gain attention than it is for the professional association or the OEIs – for example, in discussions with government – and the GOsC facilitates and supports their work, or undertakes joint initiatives. But there will also be areas where the interests of the profession and regulator diverge and it is right that there should, at times, be tension between organisations.

8 What is the most appropriate way for UK osteopathy to promote itself internationally?

Although osteopathy has a long history, it can still be seen as a young profession, primarily because statutory regulation is relatively recent and because of the relatively low level of understanding of osteopathy beyond the confines of the profession and its patients. Patient confidence depends, in part, on the visibility and activity of the profession nationally and internationally. There are many areas in which osteopathy needs to promote itself at the UK level, within Europe and more widely internationally. The role of promoting osteopathy in the UK no longer falls to the GOsC, although there are many ways in which what it does as a regulator can support others in doing so.

The GOsC and BOA work together closely at the European level through the European Federation of Osteopaths and the Forum for Osteopathic Regulation in Europe, two organisations that are seeking to merge to form a single voice for osteopathy in Europe. Both the GOsC and BOA are also members of the Osteopathic International Alliance, where they work together as a single UK voice. Many of the OEIs, specialist societies and individual osteopaths have strong international links too.

The benefits of a strong voice for UK osteopathy internationally should not be underestimated. The UK profession's model is widely respected and many others are seeking to emulate what is seen as a success; and this recognition abroad supports the profession's position at home. A shared international regulatory agenda is also a critical component of patient safety, particularly in the context of free movement of practitioners. However, it is not always obvious to what extent the regulator should be leading this work and what the role of the profession is.

9 What are the best ways in which to incorporate patient views in the work of osteopaths, osteopathic organisations and regulation?

It is important to remember always that the purpose of osteopathy is the health and wellbeing of patients. It is essential that in considering what is best for osteopathy, the voices of patients are heard and not solely those of practitioners. This is why work such as the recent Osteopathic Patient Expectations (OPEn) project is so valuable. Across all areas of healthcare, patients recognise it is in their own interests to assist the development of practice, and the positive results of the OPEn study showed that osteopaths should have no fear of listening to patient opinion.

The GOsC's role is the protection of patients through effective regulation of the profession and it seeks to engage with patients wherever it can. Some OEIs have patient groups, and increasingly individual osteopaths seek formal feedback from their patients.

It is essential that the profession finds effective, cost-effective and systematic mechanisms for gathering patient feedback. Tools such as Patient Recorded Outcome Measures (PROMs) or Patient Recorded Experience Measures (PREMs) could also support the development of evidence of effective practice and highlight the high levels of satisfaction and positive experience reported by osteopathic patients in the OPEn project.

10 Is it important to plan the size and shape of the osteopathic profession and who should be responsible for doing so?

There are around 4,000 registered osteopaths working in the UK and this number increases by about 150 each year. This may rise slightly in the next few years as the first cohorts of graduates emerge from new schools. There is no clear idea of how many osteopaths the UK can sustain, although there is anecdotal evidence to suggest in some areas of the UK there are perhaps too many; and it is the case that the numbers in other areas, notably Northern Ireland, Scotland and Wales, do not reflect the overall population. It is also possible that if there was greater demand for NHS-funded osteopathic services, then the overall numbers currently in practice may be too low.

The GOsC has no powers to limit the numbers of registrants or the recognition of new courses where individuals or institutions meet the required standards. Obviously, it is not possible to dictate where osteopaths should seek to make their living.

In England, work is taking place within Health Education England and the Centre for Workforce Planning to consider the size and shape of the main health professions. It is not yet clear to what extent this will have an impact on the smaller professions and, in particular, those largely outside the NHS. The GOsC, in conjunction with the BOA and Council of Osteopathic Educational Institutions (COEI), made a joint submission on a recent Department of Health (England) workforce consultation and is monitoring further developments in this area.



The role of the different players

Osteopathy as a whole within the UK is made up of a large number of organisations and individuals, all of whom play an important role in determining the shape of the profession. Some of the principal players are identified below.

- > **General Osteopathic Council** – statutory regulator responsible for setting and maintaining standards of osteopathic education, practice and conduct in the UK.
- > **British Osteopathic Association** – professional association representing the majority of UK osteopaths.
- > **National Council for Osteopathic Research** – forum of research interests comprising the GOsC, the BOA and Osteopathic Educational Institutions.
- > **Council of Osteopathic Educational Institutions** – forum comprising all providers of pre-registration osteopathic educational qualifications recognised by the GOsC.
- > **Osteopathic Educational Institutions** – eleven individual educational establishments providing courses leading to a GOsC Recognised Qualification.
- > **Specialist societies and postgraduate education providers** – a number of organisations including: the Sutherland Cranial College; the Sutherland Society; the Rollin E Becker Institute; the Osteopathic Centre for Children; the Osteopathic Sports Care Association; the Osteopathic Pelvic, Respiratory and Abdominal Association; the Society for Osteopaths in Animal Practice; the Institute of Classical Osteopathy; and the John Wernham College of Classical Osteopathy.
- > **Osteopathic Educational Foundation** – independent grant-making charitable trust.
- > **Osteopaths** – around 4,500 osteopaths on the GOsC Register.

It is important that others who can make a contribution to this debate have the opportunity to do so, including:

- > **Other healthcare professions** – many osteopaths work alone but increasingly they work in the multidisciplinary environment of the NHS or within private clinics shared with other professionals.
- > **The four UK departments of health** – as well as other statutory bodies that may have an interest in the profession.
- > **Patients** – the many thousands of patients who consult osteopaths every year and rely on them for their health and wellbeing.

In this paper there is no attempt to seek to identify particular roles for individual organisations; it is suggested that all should contribute to delivering what the profession needs, and that all should have a clear understanding of how mutually supportive relationships can be forged and maintained. Some people have suggested that there needs to be a new body – a ‘Society of Osteopaths’ – to embrace many of the leadership functions within the profession. Whether such a body is required is a decision not for the GOsC, but for the profession. Any new body would need to demonstrate that its roles could not be carried out by others and would also need to command the support and confidence of the majority of the profession.

Effective use of resources

One of the first questions that might be asked is who will pay for any new development activity? While it is necessary to understand that, ultimately, any new costs will fall on the profession, it is important to start by defining the ends before focusing on the means. The profession should decide on what is required, how and by who it should be delivered, and over what timescale, before determining the most efficient and cost-effective way for it to be resourced.

The GOsC has been asked by the Government to reduce its registration fee over time and it will do so. But the profession must understand that the GOsC can only do this by reducing its role and that any functions it ceases to carry out may need to be undertaken – and funded – by others.

It is also important to consider whether, by working together more closely, various groups within the profession might be able to share costs, and enhance their services and profile within the profession. Those with greater resources might also look to how they can support others.

Another aspect of this issue is how to maximise the potential of individuals to give what they have to offer. Often this is known as ‘capacity building’: providing the tools for enthusiastic individuals to develop and organise initiatives and activities themselves, rather than see their efforts and energy dissipated and their ambitions frustrated.

The profession should also look to what other professions expend on themselves. Many chiropractors, for example, pay fees well in excess of £1,000 to their professional bodies, on top of their GCC registration, as well as the additional cost of membership of the College of Chiropractors. Some podiatrists can pay over £1,500 per annum for membership of their professional society. This could suggest that the profession is not currently investing enough in itself to meet its future requirements.

Starting the debate

It is important that these issues are debated fully, frankly and openly, without rancour, and for everyone involved in osteopathy to take part.

As was said at the start of this paper, the GOsC wants to start a debate, not determine its outcome. It wants to help facilitate discussion on the profession’s development but the profession itself must ‘own’ the issues.

The GOsC proposes to start by discussing the ideas contained in this paper with many of the organisations named in it. It hopes that these bodies will seek to join the debate as partners so that a consensus for the future can be built.

The GOsC will also use its series of regional conferences in 2012 to provide a forum for the profession to explore the issues in a collegiate environment, and it is hoped that osteopaths will also use their own regional groups and societies to further the debate in more depth.

The GOsC will also seek to involve patients and their representatives, as well as other health professionals, to help to ensure that their views are also well understood.

It is hoped that in due course the profession as a whole will unite around a renewed set of goals, a shared commitment to the highest standards of patient care, and be confident of a secure future for osteopathy. To use the words of AT Still, the founder of osteopathy:

“Let us not be governed today by what we did yesterday, nor tomorrow by what we do today, for day by day we must show progress.”





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