

## **Osteopathic Service Standards – a consultation by the osteopathic Development Group (DRAFT)**

### **Introduction to the consultation**

The development of service standards for osteopathy is one of the eight projects agreed by the Osteopathic Development Group (ODG)<sup>1</sup> in 2013. Over the past year, the ODG has been developing draft standards and is now seeking views on the content of these standards and how they might be used in practice.

We are interested in the views of individual osteopaths, osteopaths working together in practices, organisations and groups within the osteopathic profession, healthcare insurers, other regulators, as well as patients and interested members of the public. All of these views will help shape the final version of the standards.

Details of how to respond to the consultation can be found at the end of this document and the consultation questions can be found at Annex B.

### **Why have these standards been developed?**

Although there are clear regulatory standards for osteopaths as individual professionals – the *Osteopathic Practice Standards*, set by the regulator the General Osteopathic Council – there are currently no defined service standards for osteopathic practice.

Although there is a considerable overlap between service standards and professional standards, they are different. The *Osteopathic Practice Standards* describe the expectation of how the individual osteopath should work as a healthcare professional, while service standards are a more explicit description of the requirements that service providers should meet and how the expectations of patients are met in the delivery of that service.

From the outset, it is important to note that these standards would be voluntary in nature and that they will be owned by the profession not the regulator, which would have no power to enforce them. The *Osteopathic Practice Standards* will remain the standards of the General Osteopathic Council.

Osteopathy is excluded from the legislation<sup>2</sup> requiring healthcare providers to register with the Care Quality Commission (CQC) in England (and the equivalent bodies in Northern Ireland, Scotland and Wales)<sup>3</sup> and to meet their service standard

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<sup>1</sup> The Osteopathic Development Group consists of the British Osteopathic Association, the Council of Osteopathic Educational Institutions, the General Osteopathic Council, the National Council for Osteopathic Research and the Osteopathic Alliance, see: <http://www.osteopathy.org/for-osteopaths/development-of-the-profession/>

<sup>2</sup> The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

<sup>3</sup> Regulation and Quality Improvement Authority (Northern Ireland), Healthcare Improvement Scotland and Healthcare Inspectorate Wales

requirements, or in England to be licensed by Monitor where providing services to the NHS.

In all areas of health and social care, there is an increasing focus on the need to be able to demonstrate that services are of high quality, for example:

- To qualify to provide commissioned services to the NHS, through the Any Qualified Provider mechanism or other arrangements
- To satisfy insurance providers that their customers are receiving a uniformly high standard of service
- To satisfy patient expectations that the services they receive – whether or not they pay for them – will be of a uniformly high standard.

The standards set out in this paper would be voluntary and intended to provide guidance within a framework against which osteopathic practices could seek to demonstrate that they provide a high quality service, or used as a tool for improving practice by 'working towards' achievement of all of the standards.

Through their development by the Osteopathic Development Group, the standards are not 'owned' by any one organisation but would, in effect, be owned by the osteopathic profession collectively.

In addition, it might be possible, over time, to develop a practice accreditation scheme through which practices were assessed independently as to whether they met the standards, thus allowing them to claim that they are a high quality practice (similar schemes exist in the dental profession<sup>4</sup> and elsewhere). Again this would be a matter for the profession and not the regulator.

### **How have the standards been developed?**

There are a number of different service standards already in existence, primarily these are the standards published by the CQC<sup>5</sup> and the equivalent organisations in Northern Ireland<sup>6</sup>, Scotland<sup>7</sup> and Wales<sup>8</sup>. While these standards differ in their wording, they contain similar provisions. We have sought to identify the most important common features across these standards and replicate them here in a form that is suitable to the context of osteopathic practice.

In addition, it is important to recognise that osteopathic practice takes place on a much smaller scale than most NHS or private health services, which makes some standards less relevant, for example around service planning or community engagement. There are also areas of the existing standards, for example around the management of medicines or patient nutrition, which are not relevant to osteopathy.

The standards should be flexible enough to be applied to single-handed osteopathic practices as well as to larger practices. The principles underpinning the standards

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<sup>4</sup> [https://www.bda.org/Images/bda\\_good\\_practice\\_scheme\\_brochure\\_2014.pdf](https://www.bda.org/Images/bda_good_practice_scheme_brochure_2014.pdf)

<sup>5</sup> The CQC's 'Essential Standards' (<http://www.cqc.org.uk/content/essential-standards>) will be changed to new 'Fundamental Standards' from April 2015 (<http://www.cqc.org.uk/content/our-fundamental-standards>)

<sup>6</sup> [http://www.dhsspsni.gov.uk/qpi\\_quality\\_standards\\_for\\_health\\_social\\_care.pdf](http://www.dhsspsni.gov.uk/qpi_quality_standards_for_health_social_care.pdf)

<sup>7</sup> <http://www.nationalcarestandards.org/files/consultancies.pdf>

<sup>8</sup> <http://www.hiw.org.uk/Documents/477/NMS%20IHC%20Services%20in%20Wales-e.pdf>

should be applicable in all circumstances although in some areas – for example, the employment of staff – the standard may be less applicable.

There are also circumstances where it would not be possible to meet all of the standards, for example when conducting home visits or 'pitch side' in the context of providing osteopathic care in sporting events. Nevertheless, in such circumstances, the general principles set out in the standards would continue to apply.

### **The ten Osteopathic Service Standards**

The result of our work to date has been the formulation of ten standards that are expressed from the needs and expectations of the patient, rather than the osteopath. The ten standards are:

1. Osteopathic patients receive treatment and care which is person-centred
2. Osteopathic patients are treated with dignity and respect
3. Osteopathic patients only receive treatment for which they have given consent
4. Osteopathic patients are charged fairly for their treatment
5. Osteopathic treatment is safe and appropriate for the patient
6. Osteopathic patients are protected from the risk of abuse
7. Osteopathic treatment is only provided using suitable premises and equipment
8. Osteopathic patients' complaints are received and acted upon
9. The osteopathic practice only employs suitable staff
10. The osteopathic practice seeks to ensure that the quality of the practice is maintained and enhanced.

### **How would the Osteopathic Service Standards apply in practice?**

The table at Annex A sets out in more detail what an osteopath or osteopathic practice would need to do to meet the standards ('what this means in practice').

They express a minimum set of requirements rather than an exhaustive list of what could be done to meet the standards. It would be for the practice to provide suitable evidence that they meet these standards rather than simply complete a checklist of requirements.

## **How do the service standards relate to the *Osteopathic Practice Standards*?**

A number of the standards will be familiar to osteopaths who are meeting the *Osteopathic Practice Standards*, for example requirements around consent, patient dignity and safety. However, in some areas in order to demonstrate compliance with the service standards, osteopathic practices would need to go beyond the minimum requirements of the *Osteopathic Practice Standards*, for example in relation to premises or how any complaints about the practice are managed.

In the table at Annex A we have identified the relevant sections of the *Osteopathic Practice Standards* that apply to the individual service standards (the *Osteopathic Practice Standards* requirements').

## **What evidence would be needed to demonstrate that the service standards have been met?**

There would be no set list of evidence that would be required to demonstrate that the standards have been met, this will vary from practice to practice, and it would be possible for a practice to take a variety of different approaches to assembling the relevant evidence.

In the table at Annex A we have provided examples of the different kinds of evidence that might demonstrate that the practice was meeting the standards ('how the requirements of the service standards might be demonstrated').

## **Responding to the consultation**

You can send us your views by responding to our online consultation at:

[Insert link]

by emailing us at: [Insert email] or by post to:

[Insert address]

Copies of the draft Osteopathic Service Standards, consultation document and this consultation response form, are also available on request in other formats by emailing us at: [Insert email] or calling: [Insert number]

We are asking some specific questions that we would like responses to, but you are welcome to offer any comments you wish. All feedback will be taken into consideration.

We may publish a report about the consultation and the responses we have received.

If you would prefer your response not to be made public, please indicate this when sending us your views.

The deadline for responses to this consultation is: [insert date]

We look forward to receiving your comments.

## Annex A – draft Osteopathic Service Standards

| Standard   | What this means in practice  | The Osteopathic Practice Standards requirements  | How the requirements of the service standards might be demonstrated  |
|--|--|--|--|
| <p><b>1.</b> Osteopathic patients receive treatment and care which is person-centred</p> | <ul style="list-style-type: none"> <li>• Ensuring that patients and/or their carers are able to make or participate in decisions relating to their care and treatment to the maximum extent possible</li> <li>• Ensuring that patients' views and needs are taken into account in how their treatment and care is provided</li> <li>• Ensuring that where a patient lacks capacity, ensuring that their care or treatment is in their best interests</li> <li>• Providing any reasonable adjustments to meet the individual patients' needs</li> <li>• Ensuring openness and transparency when something goes wrong</li> </ul> | <p><b>A2</b> Listen to patients and respect their concerns and preferences</p> <p><b>A3</b> Give patients the information they need in a way they can understand</p> <p><b>A4</b> You must receive valid consent before examination and treatment</p> <p><b>A5</b> Work in partnership with patients to find the best treatment for them</p> <p><b>A6</b> Support patients in caring for themselves to improve and maintain their own health</p> <p><b>C5</b> Acknowledge your patients' individuality in how you treat them</p> <p><b>D4</b> Make sure your beliefs and values do not prejudice your patients' care</p> <p><b>D5</b> You must comply with equality and anti-discrimination laws</p> | <ul style="list-style-type: none"> <li>• Evidence can be provided that consent is sought and provided in a variety of ways that are relevant to individual patients' needs and treatments</li> <li>• There is a range of information resources available to patients to help them understand their treatment and care</li> <li>• Patients are given opportunities to provide feedback on how their views and preferences are taken into account, and evidence can be provided of how this feedback has been used</li> <li>• Relevant policies and procedures are in place to provide reasonable adjustments and all those involved in the practice have received appropriate training</li> <li>• Patients are informed when anything goes wrong with their treatment or care and a record is kept of such incidents and notifications</li> </ul> |

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| <p><b>2.</b> Osteopathic patients are treated with dignity and respect</p>                     | <ul style="list-style-type: none"> <li>• Ensuring that patients' privacy and dignity are respected in their care and treatment</li> <li>• Giving due regard to the protected characteristics of patients (as defined in the Equality Act 2014)</li> </ul>  | <p><b>C6</b> Respect your patients' dignity and modesty</p> <p><b>D4</b> Make sure your beliefs and values do not prejudice your patients' care</p> <p><b>D5</b> You must comply with equality and anti-discrimination laws</p> <p><b>D6</b> Respect you patients' rights to privacy and confidentiality</p> | <ul style="list-style-type: none"> <li>• Practice facilities and equipment are provided which enable patients' modesty to be respected, and patients understand their right to have a chaperone present</li> <li>• Relevant policies and procedures are in place with regard to equality and diversity and all those involved in the practice have received appropriate training</li> <li>• Relevant policies and procedures are in place with regard to access, handling and storage of confidential information and all those involved in the practice have received appropriate training</li> </ul> |
| <p><b>3.</b> Osteopathic patients only receive treatment for which they have given consent</p> | <ul style="list-style-type: none"> <li>• Ensuring that patients understand the process of giving their consent and treatment is only given in accordance with the consent given</li> <li>• Ensuring that where a patient lacks capacity, ensuring that their care or treatment is in their best interests</li> </ul> | <p><b>A4</b> You must receive valid consent before examination and treatment</p> <p><b>C8</b> Ensure that your patient records are full, accurate and completed promptly</p>   | <ul style="list-style-type: none"> <li>• Evidence can be provided that consent is sought and provided in a variety of ways that are relevant to individual patients' needs and treatments</li> <li>• Patient records include records of consent, including consent forms where appropriate</li> <li>• There is a range of information resources made available to patients to help them understand their treatment and care</li> </ul>   |

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| <p><b>4.</b> Osteopathic patients are charged fairly for their treatment</p>   | <ul style="list-style-type: none"> <li>• Providing clear information about the costs of initial consultation and ongoing treatment and what they will receive for the amount paid</li> <li>• Providing an outline treatment plan and the number of treatments that might be expected</li> </ul>   | <p><b>D14</b> Act with integrity in your professional practice</p> <p><b>D15</b> Be honest and trustworthy in your financial dealings, whether personal or professional</p> <p><b>D17</b> Uphold the reputation of the profession through your conduct</p>  | <ul style="list-style-type: none"> <li>• Patients are provided with a written schedule of charges and what service they will be provided with for the fee</li> <li>• Where any treatments are paid for in advance, clear information is provided about how patients can cancel treatments, notice periods required, and any costs they may incur for doing so</li> <li>• There is a mechanism for resolving any disputes about the costs of treatment</li> </ul>   |
| <p><b>5.</b> Osteopathic treatment is safe and appropriate for the patient</p> | <ul style="list-style-type: none"> <li>• Taking appropriate steps to mitigate the risks to patients from the provision of treatment that is inappropriate or unsafe</li> <li>• Ensuring that any necessary safeguards are in place to minimise the risk of infections</li> <li>• Ensuring where treatment and care is shared with others, working in cooperation with them to ensure appropriate care is provided</li> <li>• Providing care in</li> </ul> | <p><b>B3</b> recognise and work within the limits of your training and competence</p> <p><b>B4</b> keep your professional knowledge and skills up to date</p> <p><b>C2</b> You must be able to formulate and deliver a justifiable osteopathic treatment plan or an alternative course of action</p> <p><b>C7</b> Provide appropriate treatment and care</p> <p><b>D1</b> You must consider the contributions of other healthcare professionals to ensure best patient care</p> | <ul style="list-style-type: none"> <li>• Practitioners can provide evidence that they remain up to date and that their continuing professional development is relevant to their individual practice</li> <li>• Any adverse events, incidents or errors are recorded within the practice, the patient is informed and there is evidence that mechanisms are in place for all relevant individuals to learn from such events</li> <li>• Mechanisms are in place to ensure effective and timely communication takes place where patients are transferred to the care of another healthcare</li> </ul> |

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|  | <p>accordance with generally accepted professional standards, practices and principles</p>                    | <p><b>D8</b> Support colleagues and cooperate with them to enhance patient care</p> <p><b>D11</b> be aware of your role as a healthcare provider to promote public health</p> <p><b>D12</b> Take all necessary steps to control the spread of communicable diseases</p> | <p>professional or where a referral is made, including the transfer of patient information where necessary</p> <ul style="list-style-type: none"> <li>• Continuity of care is provided through the availability of a locum or other arrangement if the patient's osteopath is unavailable</li> <li>• Staff within the practice are trained to deal with any health emergencies that may arise</li> <li>• First aid training is kept up-to-date</li> <li>• Policies and procedures are in place to assess and manage health and safety risks</li> </ul> |
| <p><b>6.</b> Osteopathic patients and staff are protected from the risk of abuse<sup>9</sup></p> | <ul style="list-style-type: none"> <li>• Taking appropriate steps to prevent the abuse of patients</li> </ul> | <p><b>C9</b> Act quickly to help patients and keep them from harm</p>   | <ul style="list-style-type: none"> <li>• Policies and procedures are in place to support safeguarding</li> <li>• All staff working within a practice have been assessed by AccessNI the Disclosure and Barring Service or Disclosure Scotland (as appropriate)</li> <li>• Policies and procedures are in place for all staff to raise concerns about safeguarding issues</li> <li>• Policies and procedures are in</li> </ul>  |

<sup>9</sup> Abuse can mean: sexual abuse; physical or psychological ill-treatment; theft, misuse or misappropriation of money or property; or neglect and acts of omission which cause harm or place the patient at risk of harm.



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|   |  |   | place to protect staff when lone-working or undertaking home visits   |
| <p><b>7.</b> Osteopathic treatment is only provided using suitable premises and equipment</p> | <ul style="list-style-type: none"> <li>• Services are provided in an environment that is appropriate for the provision of healthcare and with appropriate equipment</li> <li>• Premises and equipment are suitably maintained</li> </ul> | <p><b>D12</b> Take all necessary steps to control the spread of communicable diseases</p> <p><b>D13</b> Comply with health and safety legislation</p> <p><b>D11</b> be aware of your role as a healthcare provider to promote public health</p> <p><b>D12</b> Take all necessary steps to control the spread of communicable diseases</p> <p><b>D13</b> Comply with health and safety legislation</p> | <ul style="list-style-type: none"> <li>• The practice environment is designed and laid out in a way that is suitable for carrying out osteopathic treatment</li> <li>• Patients are able to wait for their appointment in comfort and toilet and hand washing facilities are available to them</li> <li>• The premises are regularly inspected and appropriate maintenance carried out and recorded</li> <li>• Policies and procedures are in place to assess and manage health and safety risks</li> <li>• Policies and procedures are in place to ensure that the practice environment is clean and hygienic</li> <li>• Equipment meets recognised standards (e.g. CE marked) and is regularly maintained</li> <li>• Where adjunctive therapies are being provided any additional licensing requirements are met</li> <li>• Premises are accessible or reasonable adjustments are made</li> </ul> |

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|   |  |   | <ul style="list-style-type: none"> <li>• Policies and procedures are in place for disposal of clinical waste</li> </ul>   |
| <p><b>8.</b> Osteopathic patients' complaints are received and acted upon</p>       | <ul style="list-style-type: none"> <li>• Ensuring that patients are aware of how to raise complaints and concerns</li> <li>• Having an effective, independent mechanism for considering any complaints or concerns</li> </ul>  | <p><b>C9</b> Act quickly to help patients and keep them from harm</p> <p><b>D7</b> Be open and honest when dealing with patients and colleagues and respond quickly to complaints</p> | <ul style="list-style-type: none"> <li>• Patients are provided with written information about how to make a complaint about any aspect of their treatment or care, including the option of making a complaint to the GOsC</li> <li>• An independent person or organisation is available to consider any complaints or concerns raised</li> <li>• Any complaints received are reviewed to identify learning points which are then adopted across the practice</li> </ul>                         |
| <p><b>9.</b> The osteopathic practice only employs competent and suitable staff</p> | <ul style="list-style-type: none"> <li>• Ensuring that any staff employed (or otherwise work within the practice setting) are of good character and have the qualifications, skills and experience necessary for the job</li> <li>• Providing time and opportunities for staff training, appraisal and development</li> <li>• Ensuring that, where appropriate, staff are</li> </ul> | <p><b>D8</b> Support colleagues and cooperate with them to enhance patient care</p>   | <ul style="list-style-type: none"> <li>• Staff have received appropriate training and are qualified for the roles they undertake</li> <li>• All staff working within a practice have been assessed by AccessNI the Disclosure and Barring Service or Disclosure Scotland (as appropriate)</li> <li>• All staff employed to provide clinical care are registered with professional bodies or regulators as appropriate</li> <li>• Staff receive appropriate employment or partnership</li> </ul> |

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|   | registered with a professional regulator or professional body, and hold current professional indemnity cover  |   | contracts, supervision, mentoring and regular appraisals, and have access to any necessary training and development  |
| <b>10.</b> The osteopathic practice seeks to ensure that the quality of the practice is maintained and enhanced | <ul style="list-style-type: none"> <li>• Having mechanisms in place for regular review of compliance with these standards</li> <li>• Having mechanisms in place for assessing, monitoring and improving the quality and safety of the services provided</li> <li>• Ensuring that effective record keeping is maintained in relation to individual patients and the practice as a whole, with appropriate safeguards operated by all staff</li> <li>• Seeking and acting on feedback from patients for purpose of evaluating and improving services</li> </ul> | <p><b>A2</b> Listen to patients and respect their concerns and preferences</p> <p><b>C8</b> Ensure that your patient records are full, accurate and complete promptly</p> <p><b>D2</b> You must respond effectively to requirements for the production of high-quality written material and data</p> <p><b>D3</b> You must be capable of retrieving, processing and analysing information as necessary</p> <p><b>D6</b> respect your patients rights to privacy and confidentiality</p> <p><b>D8</b> Support colleagues and cooperate with them to enhance patient care</p> | <ul style="list-style-type: none"> <li>• Regular review against compliance with these standards takes place which involves any practice staff as well as patients</li> <li>• Patients are given opportunities to provide feedback on the quality of the service they receive</li> <li>• Any complaint or feedback received is reviewed to identify learning points which are then adopted across the practice</li> <li>• The quality of service provided is subject to regular audit and review which is used within the practice to identify and implement improvements</li> <li>• Any adverse events, incidents or errors are recorded within the practice, the patient is informed and there is evidence that mechanisms are in place for all relevant individuals to learn from such events</li> <li>• Effective and consistent record keeping systems are in place for</li> </ul> |

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|  |  |  | <p>patient and practice records, and these are monitored regularly</p> <ul style="list-style-type: none"><li>• Relevant policies and procedures are in place with regard to the handling and storage of confidential information that meet statutory data protection requirements, and all those involved in the practice have received appropriate training</li><li>• A mechanism is in place for staff to raise any concerns about risks to people, poor practice and adverse events</li></ul> |
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## Annex B

### Consultation Questions:

1. Name of individual or organisation (optional)

2. Are you happy for the ODG to publish your response to this consultation?

Happy for ODG to publish my response

I would prefer my response to published in a non-attributable form.

3. Could the Osteopathic Service Standards be a useful tool for helping osteopaths maintain and improve standards of osteopathic practice?

Yes

No

What are your reasons for taking this view?

4. Do you agree with the principles set out in the ten Osteopathic Service Standards and the way they are worded?

Yes

No

If not, how do you think they should be changed?

5. Do the descriptors of 'what this means in practice' cover the right kinds of activities necessary to meet the standards?

Yes

No

If not, how do you think they should be changed?

6. Is the kind of evidence identified in 'how the requirements of the service standards might be demonstrated' appropriate for osteopathic practice'?

Yes

No

If not, what other kinds of evidence might be more appropriate?

7. What do you think the barriers might be for osteopaths in providing the kind of evidence described in 'how the requirements of the service standards might be demonstrated' appropriate for osteopathic practice'?

8. If the new standards were adopted by the osteopathic profession (and bearing in mind they will be voluntary), how do you think osteopaths could demonstrate they were meeting them? (For example, this might be through some kind of audit process)

9. If there were to be any sort of accreditation scheme for the standards, who would be most appropriate to run it? (For example, this might be the Institute of Osteopathy or an independent body, but it would not be the GOsC)

10. Would you be interested in using an accreditation scheme to demonstrate that your own practice met these standards?

Yes

No

What are your reasons for this?

11. Please provide us with any other comments on the draft guidance that you would like us to consider.

**Thank you for your response to this consultation.**

We would also like to ask some questions about you. Completing the diversity questionnaire at Annex C is optional, but we would welcome information about our respondents.

The information you provide will only be used for the purposes of analysing the consultation responses.

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## Annex C

### Questions about you (optional)

We would like to collect some additional information about you to help us analyse our consultation responses. The Osteopathic Development Group (ODG) is committed to promoting equality and diversity.

In order to do this successfully, it is important that our consultations are as inclusive as possible.

The following questions will help the ODG in a number of ways, including:

- understanding the demographics of the respondents to this consultation
- enabling the ODG to prioritise actions to support groups with protected characteristics as defined by the *Equality Act 2010*.

The information you provide will only be used for the purposes of analysing the consultation responses.

Should you not wish to provide any particular aspects of the equality and diversity data, simply tick the 'Do not wish to state' box. If you are responding on behalf of an organisation, then please ignore these questions.

#### 1. Who you are [please tick one box]

- |  |                          |
|--|--------------------------|
| Osteopath                                      | <input type="checkbox"/> |
| Patient  | <input type="checkbox"/> |
| Member of the public                           | <input type="checkbox"/> |
| Other health professional                      | <input type="checkbox"/> |
| Pre-registration osteopathy education provider | <input type="checkbox"/> |
| Post-registration education provider           | <input type="checkbox"/> |
| Statutory regulatory body                      | <input type="checkbox"/> |
| Public/patient representative                  | <input type="checkbox"/> |
| Other, please specify                          | <input type="checkbox"/> |
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**2. Your Age** [please tick one box]

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71-80
- 81-90
- 90+
- Do not wish to state

**3. Your Gender** [please tick one box]

- Female
- Male
- Transgender
- Do not wish to state

**4. Disability** [please tick one box]

Do you consider yourself disabled\*?

Yes

No

*\*A disabled person is someone who has an impairment, experiences externally imposed barriers or self-identifies as a disabled person.*

**5. Ethnic origin** [please tick one box]

a. Asian or Asian British

Bangladeshi

Indian

Pakistani

Any other Asian background, please specify

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b. Black or Black British

African

Caribbean

Any other Black background, please specify

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c. Chinese or any other East Asian ethnic group

Chinese

Any other East Asian background, please specify

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d. Mixed Ethnic background

White and Asian

White and Black

White and Chinese

Any other Mixed ethnic background, please specify

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e. White or White British

English

Irish

Scottish

Welsh

Any other White background, please specify

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**6. Religion/belief** [please tick one box]

Buddhist

Christian

Jewish

Hindu

Muslim

Sikh

None

Prefer not to say

Other, please specify

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**7. Sexual orientation** [please tick one box]

Bisexual

Gay man

Gay woman/lesbian

Heterosexual

Prefer not to say