

## **Osteopaths' Opinion Survey 2012**

### **GOsC Commentary on the Findings**

#### **Background to the 2012 Survey**

A key strategic objective of the current (2011-12) GOsC Communications and Engagement Strategy is to 'ensure registrants understand, value and have confidence in regulation and the GOsC, and that our communications reflect their needs as osteopaths'. Achieving this includes action to 'Survey registrants to identify knowledge gaps and understanding of the purpose of regulation and the GOsC, and understand from them how we can communicate more effectively'.

#### **About the Survey**

1. The GOsC Osteopaths' Opinion Survey 2012 was conducted between 26 March and 30 April 2012.
2. Distributed in hard copy to all osteopaths on the UK Register, and available also for completion online. It was conducted independently for the GOsC by Opinion Matters ([www.opinionmatters.co.uk](http://www.opinionmatters.co.uk)).
3. The survey comprised 62 questions, including 31 free-text options, gathering data on: practice demographics; registrant understanding of the purpose of regulation; confidence in osteopathic regulation and the GOsC; how registrants promote awareness of their regulated status; understanding of the GOsC complaints handling process; raising concerns about colleagues' performance; awareness of the Osteopathic Practice Standards and CPD processes; registration renewal process preferences; preferred methods of communicating with the GOsC; effectiveness of GOsC communication and engagement; regional networking.
4. Feedback will be used to inform revisions the GOsC Communications and Engagement Strategy to better target activities that support osteopaths in adhering to the standards required of our registrants. The findings will be published in full and shared with osteopathic stakeholder organisations.

#### **Response to the survey**

5. Responses were received from **1,342** osteopaths, equivalent to 30% of the profession. This is a very high response rate for a survey of this kind.

## **Section A: about the respondents**

6. The demographic characteristics of the respondents broadly correlate with the GOsC Register in terms of geographical distribution and length of time in practice, suggesting an adequately representative sample of the UK osteopathic profession.
7. 98% of respondents obtained their qualifications in the UK.
8. London and the South East is the place of work of 52% of respondents, with roughly 7% practising primarily in Scotland, Wales or Northern Ireland, and 5% practising abroad.
9. The majority of respondents (57%) have been in osteopathic practice for more than 10 years, with 29% qualified for over 21 years. Approximately half of the respondents, therefore, were in practice prior to the introduction of statutory regulation.
10. 97.5% of respondents practise in the private sector, with just 6% providing a public sector service; 14% work in the education sector.
11. Notably, fewer than half of respondents (46%) work as the sole practitioners, 53% working in practices of between 2-9 osteopaths. This suggests that in recent years there has been substantial shift in osteopathy towards multiple-practitioner practices.

## **Section B: about regulation and the GOsC**

12. Several questions (Q.6-Q.10) explored registrants' understanding of the GOsC's regulatory role, registrants' current level of confidence GOsC regulation, and opinion of the effect of regulation on osteopathy.

### ***Understanding the GOsC's regulatory role***

13. Understanding of the purpose of the GOsC was broadly high, with 93% agreeing that the role of the GOsC is to register qualified professionals, and more than 80% recognising the GOsC duties relating to setting and maintaining standards, protection of title and complaint handling.
14. However, around one in three (30%) did not recognize the GOsC's role in developing standards of osteopathic practice, quality assuring osteopathic education, and ensuring continuing professional development. Some osteopaths, evident in this group, are of the opinion that the profession, not the regulator, should take the lead in developing standards of practice and training.
15. A significant minority (40%) continue to believe that the GOsC role includes promoting osteopathy, with 33% of the opinion that the GOsC should represent the interests of registrants, and 35% looking to the GOsC to provide leadership of the profession. Evidence of these views is strongest amongst osteopaths longest in practice and reflects the expectation that regulated practice can reasonably be expected to boost public confidence.

16. The recently-initiated profession-wide 'Development' debate actively encourages a clearer delineation between the functions of osteopathic organisations and affords the opportunity for the GOsC to restate our purpose and promote clearer understanding of our remit. The Council recognises that ambiguity exists around the GOsC's development role. The Corporate Plan 2013-16 must seek to identify clearly those areas of professional development to be led by the GOsC (e.g. Revalidation?), as distinct from opportunities where the GOsC could helpfully facilitate profession-led development. With regard to the latter, (i) profession-led development of a Critical Incident Reporting System and (ii) collaborative work by the GOsC, the British Osteopathic Association and Professional Indemnity Insurance providers to develop and share a common complaints monitoring system, are important instances where the GOsC could play a vital role facilitating initiatives that promote patient safety.
17. Verifiable data arising from osteopaths' practice and from the safety monitoring mechanisms suggested above, are essential to promoting public confidence in osteopathic care. Analysing and interpreting emerging data relating to the quality and safety of osteopathic care is likely to be an important element of the GOsC Corporate Strategy 2013-2016.
18. For the benefit of the public, patients and registrants, a revised GOsC Communications Strategy should include a fresh articulation of the GOsC purpose (this in relation to other osteopathic organisations) and might highlight initiatives in osteopathic practice that demonstrate leadership in quality improvement.

### ***Registrant confidence in the GOsC's regulation of osteopathy***

*(Q 7: How confident are you that osteopaths are well regulated by the GOsC ? and Q 8: Overall, do you think regulation has had a positive effect on osteopathy?)*

19. Overall, responses display a high level of confidence in the regulation provided by the GOsC, with an approximate ratio of 80:20 of confidence to lack of confidence.
20. A majority (58%) also believe that regulation has had a positive effect on osteopathy. For this question 'don't knows' (22%) outweighed 'nos' (17%). The positive effects are recognised as the setting and maintaining of clear standards of practice, and protection of title, which the majority feel has enhanced the standing, recognition and respect of osteopaths as health professionals, and produced a more cohesive, united profession. This view is tempered by the opinion that more could be done by the GOsC to promote inter-professional awareness of osteopathic regulation and standards.
21. Those perceiving a negative effect on osteopathy described this in terms of a more global nature – the 'medicalising' of the scope and nature of practice, distorting and diminishing osteopathy's essential philosophy and roots; the GOsC seen by some as out of touch with osteopaths and osteopathy. Some resentment of the GOsC's patient protection function is evident, associated with the perception that GOsC's complaints handling is "disproportionate" and "heavy-handed", and this may warrant closer exploration.

## **Section C: displaying evidence of professional registration**

22. The majority of osteopaths see value in drawing patient attention to their professional registration, highlighting this on the practice website (69%) and in information leaflets (52%). Over two-thirds display their GOsC registration certificate (67%) in the practice, however, 76% of osteopaths surveyed make no use of the GOsC identity card automatically issued annually to all osteopaths, along with a 'license to practise' certificate, on renewal of registration. On this evidence, the GOsC could conserve costs by issuing the identity card only to those registrants who request one.
23. Although the GOsC actively encourages osteopaths to promote awareness of their status as regulated health professionals – the standards assuring quality and safety corresponding directly with public confidence and patient choice – a renewed effort here by the GOsC, working with registrants to promote public awareness of osteopathic standards and quality of care, is likely to benefit both patients and practitioners. This will be further developed in a revised GOsC Communications strategy.
24. The 'Safe in our Hands' certification mark administered by the GOsC represents one mechanism by which osteopaths are able to highlight their GOsC registration on practice stationery and patient information. Feedback suggests that while fewer than half of registrants choose to use the current certification mark, offered the option of using instead an adaptation of the GOsC logo to signify registration, 90% of osteopaths said that they were likely to use this. Council may wish to consider offering a new Certification Mark, based on the GOsC logo, for use by osteopaths to increase public awareness of osteopathic registration requirements.
25. Responses to Q.12 confirm that osteopaths do not regard it their role to inform patients that practitioner registration status can be checked via the GOsC website or public information service. The GOsC has recently produced new public information leaflets, which we will encourage osteopaths to display in practice, to help to reinforce this important message.

### ***Reporting practitioners falsely claiming to be an osteopath***

26. Responses suggest most osteopaths are likely to take some form of action if they are aware of an unregistered practitioner claiming falsely to be an osteopath, with only 4% indicating that they would take no action. Some would be disinclined to take action if the practitioner was doing a good job or known to them personally. While 84% would report the practitioner to the GOsC, other courses of action included reporting to the British Osteopathic Association (21%), to Trading Standards (16%), or to the police, while 15% said that they would talk to the person directly about the issue, and some would spread the word locally.
27. A few responses expressed doubt in relation to GOsC policing of unlawful practice, which suggests that the GOsC could do more to ensure it provides appropriate feedback to osteopaths (and others) who report to us incidences of illegal practice.

## **Section D: the GOsC registration and renewal process**

28. In spring 2011, the GOsC introduced the facility for osteopaths to annually renew their registration online via the **o** zone website. Currently this method is optional. While 36% of respondents had yet to try the online renewal service, 55% found the system easy to use, with 7% experiencing some difficulty.
29. Feedback from registrants routinely gathered by the GOsC Registration staff has already informed adjustments to the navigation and online instructions relating to the online registration facility, with the aim of improving the user experience. Survey responses highlight this as an area where further GOsC work to improve the user interface of this facility will benefit the GOsC and registrants. The introduction of new arrangements between the GOsC and Professional Indemnity Insurance providers has further streamlined the registration renewal process for osteopaths, encouraging the use of this facility. The online renewal facility is regularly promoted to registrants in the professional media and in our direct correspondence.
30. Unless the GOsC considers a move to a single, annual registration renewal date, shared by all registrants (e.g. 1 January, 1 April), it is reasonable that the GOsC processes should include registration renewal reminders that alert registrants when their CPD submission and registration renewal is due. Of those surveyed, 72% would welcome notice of registration renewal sent by email, some still favouring postal reminders. Adaptations to GOsC processes in this regard must, however, remain compliant with our obligations under current legislation.
31. A move to online-only registration renewal should be a consideration for the future in the context of cost-savings, efficiency and enhancing the integrity of register data. (It is worth noting that while just c.30% of registrants currently renew their registration online, approximately 80% choose to use our online facility to submit their annual CPD summary.)

## **Section E: standards of practice**

### ***Continuing Professional Development (CPD)***

32. Integral to the annual renewal of their registration, osteopaths are required also to submit a declaration summarising their mandatory CPD activity for the past year. This can be done online or in hard copy; currently around 80% of registrants submit their Annual CPD Summary Form online, and this is an increasing trend. Of survey respondents, 83% found the CPD declaration process easy.
33. We will wish to further explore the difficulties experienced by some 15% of survey respondents. Feedback gathered by staff has already informed improvements to online submission facility, in terms of navigation and user instructions, but this could be strengthened by introducing additional mechanisms for registrants to communicate to the GOsC more specific information about the nature of the difficulties they have in complying with this registration requirement.

## ***GOSc CPD consultation and the new Osteopathic Practice Standards***

34. The survey provided an opportunity to test at a half-way point awareness of two areas of development important to osteopaths. By April, 72% of respondents were aware of the new Osteopathic Practice Standards due to take effect in September 2012. To supplement this and optimise awareness of the new OPS, in August 2012 a detailed information pack was sent directly to every registrant. The advent of new standards has also represented a key message of the 2012 Regional Conferences (April to July 2012), and continues to feature regularly and prominently in GOSc (and BOA) online and print media.
35. Consultation on the current osteopathic CPD scheme has been conducted in tandem with the year-long revalidation pilot. A CPD Discussion Document has been available and highlighted on the GOSc website since autumn 2011, but the 2012 Regional Conferences launched the six-month campaign to generate discussion and feedback. Just prior to the conferences, the survey indicates awareness already at 55%. The campaign to engage osteopaths in a review of the CPD scheme, and elicit recommendations for improvement, has been reinforced over the summer through a programme of consultation with the British Osteopathic Association, the Osteopathic Educational Institutions, osteopathic special interest groups and post-graduate education providers. By the close of the consultation at the end of September 2012, the GOSc had received c. 440 responses.
36. Survey indications underline the importance for the GOSc of utilising all of our communications channels, and repeating key messages, to ensure wide awareness.

## **Section F: fitness to practise**

### ***Understanding the complaints process***

37. A series of survey questions (Q.22 to Q.27) sought to assess registrants' broad understanding of the fitness to practise processes common to all regulated health practice, to gauge osteopaths' confidence in the fairness and efficiency of the GOSc complaints handling process, and to explore what osteopaths consider to be their role, as a professional, in preserving standards of practice.
38. Roughly 48% of respondents believed they understood the GOSc's complaints procedures, the majority lacking a clear understanding of the process. A question around confidence in whether the fitness to practise processes produce fair outcomes produced a ratio nearer to 60:40 – both findings suggesting more work needs to be done in explaining how these processes work.
39. Lack of understanding of regulatory fitness to practise (i.e. complaints) processes, and of the statutory duties and constraints to which a regulatory body is subject, may give rise to unwarranted fear of prosecution among registrants (even though less than 1% of osteopaths are annually subject to GOSc disciplinary procedures), and a tendency

towards defensive practice [see also paragraph Para. 69 below]. Feedback from this survey confirms that there is more work to be done to improve registrant understanding of and confidence in the complaints management process. This feedback suggests osteopaths are broadly unaware of our annual Fitness to Practise report detailing the nature and outcome of complaints to the regulator, and published on the GOsC website. Although the GOsC supplements the annual Fitness to Practise report with a dedicated Fitness to Practise e-bulletin and related articles in our bi-monthly *The Osteopath* magazine, highlighting areas of concern and offering guidance to registrants, feedback suggests the GOsC will need to explore more effective ways of engaging our registrants in sharing and learning lessons from the concerns raised by patients and others. The importance of providing feedback to osteopaths, professional representative bodies and educators, is well-recognised and the GOsC already conducts activities with this aim.

40. Nevertheless, it is encouraging to note that the GOsC Fitness to Practise e-bulletin is read by three-quarters of osteopaths (Q.48), the majority rating the content quality 'good' or 'very good', and no more than 3% rating the content and relevance 'poor'. We have noted that respondents indicated that more, and clearer, case studies, highlighting weaknesses in practice, would be welcomed and we will try to remedy the criticism of some 10% who are put off by language they consider "verbose" and "too legal". As a mechanism for drawing to registrants' attention a range of issues relating to fitness to practise, we will continue to seek improvements to the bulletins content and presentation. Linked to this we are expanding our learning resources for osteopaths on the **o** zone website, with a view to retesting registrant knowledge and confidence in due course. Collaboration with the British Osteopathic Association (e.g. GOsC training of BOA staff; co-authoring articles for publication in the BOA *Osteopathy Today*) and facilitation of Osteopathic Educational Institution seminars (along the lines of the current Good Practice seminars), are other potentially helpful mechanisms for sharing learning points arising from the fitness to practise process. The current GOsC practice of presentations to undergraduate students, focusing on standards of practice, is valued and wider take-up across all education providers should be encouraged.

### **Reporting concerns (Q.24 – Q.26)**

41. While a high proportion of osteopaths (84%) say they would report unregistered practice to the GOsC (Q.16), a far lower number appear to have been willing to report to the regulator their concerns about the performance or behaviour of another osteopath. Nearly one in three at some time had concerns about another osteopath's attitude or behaviour (in 43% of cases), or about their clinical knowledge and skills (41%) or health (10%).

42. In spite of their concerns, half of these osteopaths took no action, most (31%) because they had no wish to become involved, or did not know what to do (12%), or were advised by colleagues not to take action (9.2%). A significant proportion considered the problem not sufficiently serious to warrant reporting, or knew the practitioner to be already under investigation, while others decided the problem would

in time resolve itself (e.g. a poor osteopath would eventually go out of business); a small number decided that reporting the problem would be a waste of their time as nothing would come of it. About 8% reported their concerns to the GOsC, the majority (23%) taking issue directly with the osteopath, or raising the issue with an employer or tutor.

43. In some cases it is entirely appropriate, and conducive to patient safety, for issues to be addressed immediately and directly between colleagues; managed in a supportive way, remediation is entirely possible. It is the proportion who takes no action that represents a significant concern, and here we must concentrate our efforts to encourage osteopaths to act when they have reason to be concerned about the conduct or quality of care provided by a healthcare colleague. Raising concerns about colleagues is a challenging aspect of professional life, but osteopaths need to recognise their duty, in circumstances where a colleague may pose a risk to others, to 'Act quickly to help patients and keep them from harm' (*Osteopathic Practice Standards*, C9). The GOsC can help by working with osteopaths, educators and the professional association to better support and guide osteopaths who have concerns about the performance of a colleague. The development of local and regional networks of osteopaths should be encouraged and facilitated by osteopathic organisations, including the GOsC, to counter practitioner isolation and provide a supportive environment in which practitioners can share and resolve challenging aspects of practice in the interests patient safety and improving the quality of care. It is important that this is supported by clear guidance from the GOsC regarding the threshold when patient safety concerns are to be recognised as serious and requiring referral to the regulator, and that this support recognises the particular challenges for health professionals practising within small, tight-knit communities.

## **Section G: communicating with the GOsC**

### ***Customer service improvements***

44. Work is underway within the GOsC to identify areas for improvement in our 'customer service'. The survey offers some evidence of the 'services' most often used by registrants and a baseline assessment of the GOsC's efficiency in managing these services. This represents a benchmark for measuring improvement over time.
45. Almost three-quarters of respondents (72%) had contacted the GOsC for information or assistance over the past twelve months. The majority of queries related to their CPD (31%), their registration (24%), payment of fees (17%), or sought ethical advice or information (24%). Revalidation queries accounted for 12% of contact.
46. Ongoing work to identify common queries will assist us to ensure we are providing, on our website and in our communications with osteopaths, all the information registrants need, in language that is clear and unambiguous. This should help us also to ensure that those just joining the Register are provided at the outset with a good



understanding of registration and CPD processes, and are aware of the type of advice and support they can look for from the GOsC.

47. The majority of contact is by telephone (58%), but email accounted for some 31%.

The initial focus of our customer service improvements relate to the setting and publishing of service standards around the timely and efficient management of telephone and email enquiries from all stakeholders. All staff have been involved in establishing organisational service standards, which have the aim raising the level of satisfaction among stakeholders and staff.

48. Staff training is essential to quality of GOsC service and integral to the customer service improvement work. The baseline data is encouraging. Asked if the GOsC staff were knowledgeable and competent in dealing with a registrant query, 82% of survey respondents agreed, with over 53% strongly agreeing. However, this was not the experience of 15% of respondents and our customer service work must seek to substantially reduce this outcome. Similarly, 87% of respondents felt GOsC staff had handled their queries with courtesy and professionalism, but attention must be given to the 11% whose experience has been less positive.

### **Communicating with osteopaths**

49. A key aim of the Opinion Survey is to gather baseline data to shape and inform a fresh Communications and Engagement Strategy to support the 2013-2016 GOsC Corporate Plan. The survey therefore invited registrants' opinion on how effectively the GOsC currently communicates with osteopaths (Q.28), generating a positive assessment from 72% of respondents.

50. To better understand the strengths and areas for improvement in our communication with registrants, the survey explored (a) the mechanisms we currently use to communicate information to osteopaths, and (b) the effectiveness of our two-way engagement with registrants.

#### ***(a) Communication mechanisms – print and electronic media***

51. Print media – specifically *The Osteopath* magazine – has traditionally been the mainstay of GOsC communication with osteopaths, but increasingly this is supplemented by a range of electronic media – e-bulletins, websites, e-reader versions of our print publications, all of which represent opportunity to increase the level of dialogue between the GOsC and registrants, in preference to one-direction information delivery.

52. With the introduction of a dedicated website for registrants (the **o** zone), the remit of *The Osteopath* magazine is to reflect the regulatory development of the profession also to the wider public and healthcare audiences who have an interest in osteopathic care.

53. Just 4.5% of respondents reported that they do not read the bi-monthly *Osteopath* magazine (Q. 35), and the majority rated the language, content, relevance, layout and design, and frequency, as 'good' or 'very good' (Q. 36). However, areas for improvement are to be noted in the free-text responses to Q.29 (language and tone of GOsC communications) and Q.37, in particular the desire that content should relate more directly to the day-to-day practice of osteopaths and to support continuing professional development by providing learning resources.
54. Based on feedback relating to language, tone, content and design, we shall be conducting another wholesale review of the magazine in the months ahead to shift emphasis away from reporting the business of the GOsC to better meeting the needs of the magazine's primary audience.
55. Changing reading habits generally is reflected in the GOsC's extension into electronic media. *The Osteopath* magazine is currently sent in hard copy to all registrants, with an inter-active electronic version available on the GOsC websites. Survey responses indicate that hard copy is the medium preferred by 74% of respondents (Q.38), but evidence that 14% of readers would prefer to receive the magazine electronically indicates a cost-saving option that should be offered all registrants. A separate survey conducted by the GOsC earlier in 2012 relating to the *International Journal of Osteopathic Medicine* (IJOM), which is now published only in electronic format, reflected a small but growing conversion to this format relating directly to the increasing usage in the general population of e-readers/iPads.
56. The GOsC has expanded our registrant communications with the regular production of three e-bulletins to highlight key issues, supplement the websites and signpost information. We currently hold email addresses for 87% of registrants. Two-thirds of survey respondents reported reading the monthly news e-bulletin (Q.44). One-third considered the quality only 'fair', though the majority thought it was 'good' (Q.45). Indications are that the periodic Fitness to Practise e-bulletin is read by three-quarters of osteopaths (Q.47), the majority rating the content quality 'good' or 'very good' (Q.48).
57. The GOsC websites – both the public site and the ● zone – were well-rated by registrants in terms of content, relevance and layout (Q39 and Q.41). However, given the density and range of information available on these sites, most users would welcome improvements to navigation and 'searchability' (Q.40 and Q43), and this is a priority for our web development in the immediate future. As the majority of osteopaths use the ● zone primarily for CPD submission (80% of survey respondents) and renewal of registration (survey: 50%), enhancements here are also tied into our customer service work.
58. Testing the prospect of a GOsC move to solely electronic communication with registrants (Q.50) produced a near equal division of opinion. Accessibility/visibility were the primary arguments in favour of hard copy; internet access and volume of email traffic cited as obstacles to e-communications, although if costs savings were reflected in a reduction in registration fees, this option would be more tolerable. A two-thirds

majority indicated, however, that they would still prefer to receive important information from the GOsC by letter (Q. 34). This feedback endorses the necessity for the GOsC to employ and offer a choice of communication channels.

59. Feedback suggests above all that further work is needed to improve the language and tone of the GOsC's written communications in general (Q.29). While one-third of respondents indicated that they are happy with this, a notable proportion (17%) described our tone as 'authoritarian', 'dictatorial', 'cold', or 'intimidating', 'out of touch with osteopaths'. A similar proportion (16%) described communications as 'legalistic', 'bureaucratic', 'verbose', 'officious', 'pompous', and complained about the use of 'buzz-words', 'jargon', or simply 'too many words'. A high number called for short summaries of key information and reports; hyperlinked content lists would be a welcome improvement to the e-bulletins (Q.46).

***(b) Consulting and engaging with registrants***

60. The GOsC has consulted registrants on a large number and wide range of issues in recent years and almost 70% of respondents consider that the GOsC consults osteopaths well (Q.53). Roughly two-thirds had responded to consultations in the past five years, to one-third who have never taken part. Reasons for not taking part included lack of time (33%), lack of awareness (14%), lack of interest (7%), or osteopaths were new to the Register and would be more inclined to participate at a later date (13%). It is evident in this feedback that responding to a GOsC consultation has been conflated by some with attending a GOsC regional engagement event.

61. A substantial number of osteopaths expressed the suspicion (in response to various questions) that the outcome of consultations is pre-determined by the GOsC and registrant views can have no impact. This is exacerbated at regional consultation events if attendees feel they have been "talked at" more than "listened to". The GOsC has taken this concern as an important learning point, adopting as routine the practice of publishing consultation feedback in full and explaining how and where feedback has shaped policy development. We need to ensure always that the aims and purpose of a consultation exercise are clearly articulated.

62. The GOsC uses a wide range of means to consult registrants, and this fits with a broad spread of registrant preferences (Q.55), including written and online consultations, along with consultation events and focus groups. Online polls are popular with 59% of respondents, 44% advocating online consultation response forms, while 47% considered written consultations also a good option and 44% favouring regional events as an effective means of consulting osteopaths.

63. With respect to the GOsC regional conferences hosted periodically around the UK to engage with and consult registrants, there was an almost even 50-50 split between respondents who had attended these events and those who had not (Q.59). Reasons for not attending largely related to the inconvenience of location or timing (Q.61). Expense was mentioned by a few, although this would have to relate to travel, as the GOsC has no recent practice of charging registrants for these events. Of those who

had never attended a GOsC regional conference, 16% cited apathy or lack of interest, 6% echoed a distrust of GOsC consultations evident elsewhere in the feedback, 4% were unaware these events took place, and 9% were newly qualified and had not yet had the opportunity to participate in such events.

## **Regional networks**

64. The GOsC tackles practitioner isolation by actively promoting the independent establishment by osteopaths of regional or local societies. The GOsC maintains a directory of regional groups, provided to all new registrants, who are strongly encouraged to join a peer group. The GOsC Regional Communications Network links these groups and brings together representatives at a twice-yearly national meeting. The National Council for Osteopathic Research also operates a network of regional research/CPD 'hubs', and the GOsC promotes these in our media, and directly to new registrants. Members of regional societies cited the primary benefits (Q.58) as social interaction with colleagues (65%), professional support (57%), and CPD (44%).
65. In spite of this, less than half of survey respondents (47%) were members of a regional society (Q.56); the longer the osteopath had been in practice, the more likely they are to be associated with a group. Of the 52% of respondents who do not belong to a local peer group, many (33%) lacked a local society in their area, though they would attend if one existed, and 7% were newly qualified or new to the area and had intentions of joining a peer group in due course. Some 28% cited lack of time or general inconvenience of meeting venues and timings; 10% considered their local group poorly organised, and a similar proportion recognised no benefit or appeal in membership of their local group and had other mechanisms for networking with colleagues (Q.57).
66. An early priority emerging strongly from the current 'Development of the profession' discussion recognises the importance for a young profession to develop an internal infrastructure of 'peer communities' as the essential underpinning for colleague support, mentoring/new registrant support, CPD, collaborative data collection/data sharing, research, promotion, service development (e.g. AQP collaboration), etc. The osteopathic organisations – the GOsC, the British Osteopathic Association, the Osteopathic Alliance, the National Council for Osteopathic Research, the Council of Osteopathic Education Institutions, and the Regional Communications Network, working together, might usefully provide the leadership and strategy to achieve a cohesive, productive regional infrastructure. It is important to recognise and harness the increasing facility for technology (e.g. teleconferencing, Skype, webinars) to counter remote and rural isolation.
67. Registrant feedback consistently highlights the value and effectiveness of face-to-face engagement between the GOsC and registrants. Relative to other health regulators, the GOsC is exceptional in this regard, the benefit of a relatively small profession. Building on this, we recognise a need to ensure we are engaging equally with all

sectors of the profession, not least with those relatively new to the Register, and explore and address barriers to engagement.

68. The GOsC should continue to prioritise direct interaction with osteopaths regionally and locally, with students, education and research leaders, and representatives of special interest groups, to achieve a good level of mutual understanding of clinical practice and public expectations.

## **Resentment**

69. Overall, the findings of this survey indicate a positive, constructive relationship between the GOsC and our registrants, which is essential to ensuring safe, high quality, patient-centred care. However – there is evident in this survey, in online discussions, and in any registrant feedback to the GOsC, a small but notable vein of opinion that is hostile, aggrieved, or fearful of the GOsC. Fear of the GOsC, generally expressed in terms of the “the GOsC is out to get osteopaths”, indicates a sense that the GOsC fitness to practise (complaints) process is unfairly weighted against osteopaths to the benefit of patients/complainants, that the GOsC over-prosecutes osteopaths and for little reason. An important element of this is misunderstanding or lack of understanding of the role, duties and operating procedures of a health regulator, and the statutory limits on that power. Although less than 1% of osteopaths are on average annually subject to GOsC disciplinary action, osteopaths’ disproportionate anxiety about the potential for prosecution has to be recognised and addressed by the GOsC. We recognise the potential for working more closely with partner organisations to help osteopaths better understand the root of patient complaints and processes for dealing effectively with complaints and concerns. Evident also is the pressing need for osteopaths to be alive to changing societal and patient expectations and in step with the current culture and practices of the wider healthcare environment, to which their patients are also exposed. The fact that the osteopathic profession is not yet well-integrated into the wider healthcare community causes some practitioners to be ‘out of touch’ with current thinking and trends in patient-practitioner relations. The profession as a whole needs to explore strategies for bridging the knowledge gap to foster the development of osteopathy as a modern health practice.
70. Osteopaths’ sense of ‘over-regulation’ might also signal a gap in recognition of modern patient expectations and requires further exploration. While feedback offered no evidence of desire within the profession to abandon regulated practice, regulation by the HPC (now HCPC) was cited by 2% of respondents as preferable to the GOsC, on the basis that this represented less stringent regulation. There is evident resentment that the GOsC works to protect the public, and a sense that osteopaths should ‘regulate themselves’ and determine the regulations framing practice. Although overall these represent a relatively small proportion of views, this indicates where the GOsC needs to work closely with registrants and service users to embed a more judicious understanding of modern healthcare regulation and more effectively convey the benefits of regulation in terms of public confidence.

71. The 2012 survey confirms that those longest in practice are most aggrieved that the role of the GOsC does not include the active promotion of osteopathy. The dissonance between registrant expectations and the GOsC statutory remit ought to reduce in time as a clearer and more cohesive strategy emerges for the development of the profession (and promotion of practice) and a clearer delineation of the roles and functions of professional organisations. For the GOsC, nevertheless, there is always more that can be done to actively promote public awareness of osteopathic standards, which in turn must benefit the public perception of osteopathy. A high level of face-to-face engagement with registrants, especially via small local/regional groups, supplemented by an increased use of online engagement technology, will help to manage expectations and improve mutual awareness. Collaboration with the British Osteopathic Association and other osteopathic organisations should aim to further clarify remits.
72. The cost of registration is the root of much resentment. This is well-recognised and registrants' perception of value for money is central to initiatives already underway to drive down the regulatory costs and, in turn, registrant fees. Our customer service work is directly related to this, driving up quality of services provided by the GOsC to registrants and the public. Fee policies in relation to specific sectors of the profession need to be clearly explained and justified, for example those who practise part-time. There is a desire for still great clarity and transparency with regard to GOsC income and spending, which the GOsC strives to provide in our Annual Report and Accounts and in information published in our print and online media.

## **Conclusion**

73. The Osteopaths' Opinion Survey 2012 has provided the GOsC, and other osteopathic organisations committed to the development of the profession, with a wealth of valuable information. We are extremely grateful for the high response rate – 30% of the whole population of UK-registered osteopaths – and for the extensive detailed feedback/opinion provided in the free-text responses. Osteopaths' confidence in many areas of GOsC regulatory work is very encouraging, but the 2012 Survey has more importantly highlighted those areas where new strategies and further work are required. A number of these matters the GOsC is taking forward with immediate effect; others we will address in our Corporate Plan for 2013-2016, and in a revised supporting GOsC Communications and Engagement Strategy, to be approved by the Council in March 2013.