



General
Osteopathic
Council

The Osteopath

Supporting high standards in osteopathic practice

AUTUMN 2020 | VOL 23 | ISSUE 4

WORKING TOWARDS THE FUTURE

COVID-19 AUTUMN ISSUE



General
Osteopathic
Council

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The GOSC is a charity registered
in England and Wales (1172749).

The Osteopath

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Design and production

The Osteopath is designed on behalf of the GOSC by Immediate Media Co.
imcontent.co.uk

Advertising bookings

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ISSN 1466-4984



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COVID-19 queries or feedback?

You'll find the latest updates from the GOSC plus key advice from the government and other useful information on the COVID-19 section of our website at: osteopathy.org.uk/covid-19

If you have any further queries or feedback for us, please email: covid19@osteopathy.org.uk

Useful contacts

Communications

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The Osteopath magazine and ebulletins.

editor@osteopathy.org.uk

Events, regional groups and social media.

goscmail@osteopathy.org.uk
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pressoffice@osteopathy.org.uk
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GOSC website (including the online Register) and

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webmanager@osteopathy.org.uk
x228

Governance

Council and committees (including all meetings and business), Chief Executive and Registrar, staff, complaints about the organisation.

council@osteopathy.org.uk

Regulation

Concerns or complaints against an osteopath. Reporting unregistered practice.

regulation@osteopathy.org.uk
x224

Freedom of information requests.

foirequests@osteopathy.org.uk

Education, standards and CPD scheme

Osteopathic education, the Osteopathic Practice Standards, the CPD scheme, policy development and research, enhanced patient partnership, patient care and patient safety.

standards@osteopathy.org.uk
x230 or x233 or x240

Registration

Applying to the Register, annual renewal, registration fees, updating your details, practising status and professional indemnity insurance.

registration@osteopathy.org.uk

CPD scheme and CPD audits.

cpd@osteopathy.org.uk

FOCUS ON COVID-19

For the very latest guidance from the GOsC on COVID-19, visit osteopathy.org.uk/covid-19

Welcome



With the situation continuing to be uncertain in relation to the pandemic, we are again highlighting our COVID-19 related guidance in this issue.

We look at areas for consideration as osteopaths continue to return to practise and how GOsC hearings are being carried out 'virtually,' 'remotely' or as 'blended hearings' to ensure the safety of all involved. We also ask you to continue to visit osteopathy.org.uk/covid-19 to keep up to date with the latest COVID-19 information.

An interview with David Gilbert, the NHS's first-ever Patient Director helps to demonstrate why patient engagement is vital for the GOsC (pp18-21). And on page 20, David shares his views on the impact COVID-19 has had on patient engagement.

Our latest news on page 7 highlights two important milestones for the GOsC. Firstly, it has now been a year since the updated Osteopathic Practice Standards (OPS) came into effect and, secondly, the GOsC has met all of the Standards of Good Regulation in our annual Professional Standards Authority review for the tenth year in succession.

We discuss preparing for and carrying out a Peer Discussion Review (PDR) remotely, and an osteopath shares his views on doing his own PDR and how positive he feels it can be to collaborate and share experiences with other health professionals (pp16-17).

We also show you an example (on page 15) of a completed annual renewal of registration form to highlight what you will need to include when submitting your own.

Please do get in touch if there is any content you'd like us to write about in the future.

Clare Conley

Managing Editor

Email: editor@osteopathy.org.uk

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Returning to practise

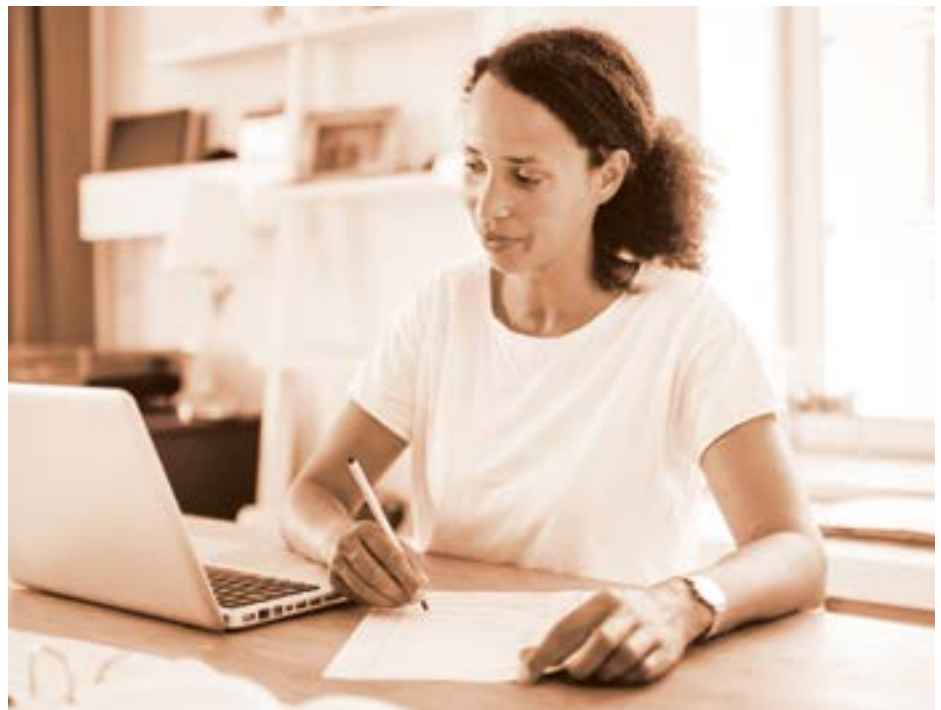
We are continuing to update guidance relating to the COVID-19 situation. Here we highlight some of the areas to consider

While osteopaths continue to return to practise, it has become clear that this will not be a case of 'getting back to normal' – at least not for the time being. COVID-19 remains a significant risk, and there will be an ongoing need to implement a range of measures to mitigate the risk of transmission of the virus. The following articles highlight guidance that may be particularly useful to refer to for preparing to return or returning to practise.

Check updated guidance and information

Throughout the course of the pandemic, we have regularly published updates to the stringent infection control measures we first issued in March, as well as our updated statement on osteopathic practice.

These should be helpful in highlighting the approaches necessary to minimise the risk to patients, osteopaths and others in the clinical environment, and it is recommended that you keep up to date with these, along with guidance from the government and other sources that we have collated on our website at: osteopathy.org.uk/covid-19



Using professional judgement

In deciding whether to see patients face-to-face, osteopaths should continue to exercise their professional judgement, taking a range of factors into account, including:

- discussions with the patient
- their knowledge and experience
- the advice of peers and colleagues (where appropriate)
- government and other relevant guidance including that from the Institute of Osteopathy as the professional membership body

- guidance from the GOsC as your regulator

The benefits and risks, which will now include those of catching or passing on COVID-19, will need to be considered in relation to each patient on a case-by-case basis and discussed fully and openly to ensure shared and fully informed decision-making.

Read more on using professional judgement in deciding whether to see patients face-to-face: osteopathy.org.uk/using-professional-judgement



Ensuring patient safety in a shared practice

Where osteopaths practise together, or with other healthcare practitioners, tensions may arise as to the implementation of our infection control guidance (see previous page), and other measures necessary at this time. This may lead to some difficult conversations with colleagues.

All osteopaths, however, have a duty under the Osteopathic Practice Standards (standards.osteopathy.org.uk) to take action to keep patients from harm (see Standard C4). The guidance to C4 suggests a number of actions that might be taken where an osteopath feels that the conduct of a colleague or other healthcare practitioner poses a risk to patients:

1 A good starting point is to facilitate a discussion with the practitioner to raise concerns, and hopefully this conversation will be sufficient to resolve any such tensions. Through this approach, a way forward might be found to ensure that patients, osteopaths and others stay safe.



2 However, if the issue cannot be resolved in this way, then the guidance suggests considering discussing the issue with other colleagues to gain further insight and perspective – the practice principal (if the principal isn't the colleague that the tension has arisen with); or an employer, if there is one.

3 If the concerns over patient safety are not resolved in this way at a local level, then the next option for an osteopath would be to speak to the GOsC. If the osteopath is a member of the professional membership body,

the Institute of Osteopathy (iO), they may wish to contact the iO for further guidance before contacting the GOsC.

Some osteopaths may feel uncomfortable with making their case to a more experienced colleague or principal, but the key point to keep in mind here is patient safety, and if an osteopath feels that this is being compromised then they need to take action. In terms of evidence, or making a case for enhanced measures, it could be helpful to refer to the infection control guidance published by the GOsC and the iO.

When a patient develops symptoms or tests positive

We have been asked by some osteopaths what would happen if, having seen a patient for a face-to-face session, they later report having developed symptoms of COVID-19 – is there then a need to self-isolate, and/or to inform other patients?

The professional membership body, the Institute of Osteopathy (iO), offers some advice around this within its COVID-19-related FAQs (see: osteopathy.org/covid-19/faq).

The iO's advice is that for anyone who is wearing personal protective equipment (PPE) in accordance with current guidance (see: bit.ly/iO-infection-control-guidance) would not need to self-isolate, even if they have been in direct contact with the patient, unless they themselves subsequently develop COVID-19 symptoms.

A further question is whether there is a need for the osteopath to inform the patients they have seen subsequent to the one who has reported symptoms. The iO's advice is that if an osteopath has been wearing PPE in accordance with the guidance, then there is no absolute requirement to inform patients seen in the subsequent days, although they may wish to do so. It is also worth considering the situation in the context of the Osteopathic Practice Standards. In particular:

D3: You must be open and honest with patients, fulfilling your duty of candour.

Although the guidance to this standard refers to circumstances where 'something goes wrong with a patient's

care which causes or has the potential to cause, harm or distress', it might still be relevant where nothing has 'gone wrong' as such, certainly not necessarily as a result of the osteopath's own actions. The key issue is being open and honest.

It might also be helpful to think about this standard:

A7: You must make sure your beliefs and values do not prejudice your patients' care.

Again, although the guidance here relates to equality and discrimination, maintaining a professional manner and the provision of osteopathic care, it could have a wider interpretation. An osteopath's personal level of tolerance of risk should not inform their thinking as to whether or not to inform subsequent patients. What's important here are the patients' concerns and preferences, and the osteopath should be wary of making assumptions about these.

Sharing patient details with a contact tracer

If an osteopath is contacted by a contact tracer to tell them that they have been in contact with a confirmed case of COVID-19, and requesting details of anyone they have been in contact with: what are the implications regarding patient confidentiality?

The iO FAQs (see: osteopathy.org/covid-19/faq) cover this scenario, with the iO advising that normal GDPR rules may be overridden for the performance of a task carried out in the public interest.

The inference is that patient contact details may be shared with a contact tracer in such circumstances, but medical details or other information cannot be shared without patient consent or a court order. Osteopaths are also advised to take steps to verify the identity and credentials of anyone purporting to be a contact tracer.

It's helpful to consider this issue within the context of the Osteopathic Practice Standards. The most applicable standard in this scenario is:

D5: You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.

Paragraphs 8 to 12 of the guidance to this standard deal with situations regarding disclosure of confidential information without consent. In general,



it is stated that confidential information should not be disclosed without consent, but there are circumstances where this might be required, which include being compelled to do so by a court order or other legal authority, or where it is necessary in the public interest.

There are situations where confidential information could (or should) be disclosed without consent, but the guidance goes on to say that unless specifically prohibited from doing so, this should subsequently be disclosed to the patient. All of this should also be recorded within the patients' records. Within the scenario in question, this

might mean disclosing contact details to a contact tracer, but then letting the relevant patients know that this has taken place.

Osteopaths might consider making it clear in advance to patients within their pre-treatment information or when gaining consent that in the current circumstances, if contacted by a contact tracer, they are required to pass on the details of those they have been in contact with. This would at least provide the opportunity for discussion, and patients can then choose whether to come in for a face-to-face treatment knowing that this is the case. ●



Requesting registration certificates and ID cards

With many recent graduates joining the Register, and osteopaths renewing their registration, we've had a number of enquiries regarding registration certificates and ID cards.

As our staff are currently working remotely, we are unable to provide a paper copy of your annual certificate and ID card. If you are seeking a

copy for verification purposes, we encourage you to provide your GOSc Registration number instead of the paper copy along with a link to the Register:

osteopathy.org.uk/register-search

The Register is updated daily and your inclusion on the Register is proof of your status as an osteopath.

GOsC NEWS

Standards of Good Regulation met for tenth year running

In its latest annual performance review, the Professional Standards Authority for Health and Social Care (PSA), has found that the GOsC has continued to meet all of its Standards of Good Regulation for the tenth year running; the only health and care regulator with that record.

Each year the PSA reviews all of the statutory health and social care regulators to assess whether they are meeting its Standards of Good Regulation.

Chair of Council, Dr Bill Gunnyeon, said: 'I am delighted by the publication of the PSA Performance Review, which once again demonstrates to the public, to osteopaths and to our stakeholders, that we are a credible, high-performing

regulator. The report highlights our collaborative and innovative approach to regulation and we fully intend to further build on our success in the coming years'.

Chief Executive and Registrar, Matthew Redford, commented: 'For the tenth year in succession the GOsC has met all of the Standards of Good Regulation. This is very much a collective effort and everyone involved in the work of the GOsC should take great pride in this achievement'.

The Standards of Good Regulation are designed to ensure that regulators are protecting the public and promoting confidence in health and care professionals.

You can read the PSA's report at: bit.ly/psa-gosc-19-20

GOsC NEWS

New quality assurance services provider appointed

The GOsC has appointed Mott MacDonald Limited as quality assurance services provider for osteopathic education.

This appointment follows a tender process which commenced in November 2019 and represents a change in provider for the GOsC from the Quality Assurance Agency (QAA).

The purpose of quality assurance is to ensure that students awarded 'Recognised Qualifications', as defined in Section 14 of the Osteopaths Act 1993 (see: legislation.gov.uk/ukpga/1993/21/section/14), are meeting the Osteopathic Practice Standards. As the provider, Mott MacDonald Limited will be expected to carry out quality assurance of osteopathic educational providers and osteopathic qualifications.

Mott MacDonald Limited is a global, employee-owned consultancy, with an experienced team and a proven track

record in professional regulation.

Chair of Council, Dr Bill Gunnyeon, said: 'This was a rigorous and open competition for which we received considerable interest and we are delighted to appoint Mott MacDonald Limited as our new providers. We are looking forward to working with them and drawing on their valuable experience in UK healthcare regulation and education as we continue to enhance our quality assurance services in the osteopathic education sector.'

'We would like to thank the team at QAA, with whom we have worked successfully for the past fifteen years, for the invaluable contribution they have made in managing our QA processes. They have consistently maintained a high degree of professionalism in delivering quality assurance services'.

Mott MacDonald Limited's contract commenced on 1 July 2020.

Osteopathic Practice Standards one year on!

It's been a year since the updated Osteopathic Practice Standards (OPS) came into effect on 1 September 2019. The OPS set out the standards of conduct, ethics and competence required of osteopaths to ensure high-quality care for patients and provide a framework to help you use your professional judgement in specific situations. You can access them quickly and easily online at: standards.osteopathy.org.uk

Looking after your mental wellbeing

Taking the time to take care of your own mental health and wellbeing is always important, and even more so during these challenging circumstances. We have collated some free resources that you might find helpful. You can read them at: osteopathy.org.uk/mental-health-and-wellbeing

CPD Survey: Help us support you

The next annual CPD Evaluation Survey is launching this autumn. This is a good opportunity to let us know how you are getting on with the CPD scheme and how we can best support you. This year we have added some questions to get your views on the impact COVID-19 has had on you in relation to the scheme. Watch out for updates in the ebulletin.



Insurance explained

Osteopaths need to have the right insurance to protect both their patients and themselves. Guidance has been created to provide information about the insurance requirements for osteopaths and those intending to register with the GOSc

You need to have adequate professional indemnity insurance (PII) and public liability insurance in place while registered with the GOSc. The guidance, which is currently being consulted on, sets out the difference between public liability insurance and PII and the key points to consider including the requirements of the Osteopathic Practice Standards. In addition, the guidance looks at the main issues that have arisen during cases on indemnity insurance at Professional Conduct Committee hearings.

The fundamental purpose of insurance is to protect and assure patients and the public in the event of a claim. It also makes sure that osteopaths are indemnified against liabilities incurred while registered.

It is a legal requirement for osteopaths to have an appropriate level of indemnity cover and this is set out in section 37 of the Osteopaths Act 1993. The requirement is linked to an osteopaths' registration and is therefore required even when an osteopath does not intend to see patients or for periods where they are on holiday or have been unwell. All osteopaths must check the status of their PII insurance to ensure they are acting in accordance with the rules.

You can read about two recent fitness to practise cases concerning PII in the March/April issue of The Osteopath (pages 20 to 22). Failing to have appropriate insurance, for any length of time, exposes patients to risk of harm and could make the osteopath subject to fitness to practise proceedings. Since the beginning of 2018, the GOSc has opened 19 investigations relating to an alleged failure to maintain adequate PII.

We have been taking active measures to raise awareness among osteopaths about their duty to maintain both PII and



also public liability insurance including:

- updating the guidance in the Osteopathic Practice Standards 2019, Standard D1:

'You must act with honesty and integrity in your professional practice'

so it now explicitly states that osteopaths must have PII.

- publishing regular articles and reminders in The Osteopath magazine and the ebulletin.

This draft guidance represents the next step in the process of raising awareness, and we would welcome your feedback to help ensure it is as clear as possible in its aim to help osteopaths make sure they are meeting the necessary requirements.

Earlier this month we held an online meeting with key stakeholders to gather more in-depth feedback on how we could potentially make the guidance clearer.

Even if you do not wish to make any comments on the consultation, you might find it helpful to read the guidance note to help you understand the requirements. Remember, you need to keep your insurance up to date and have the right insurance.

We previously ran a public consultation on our draft guidance on the insurance requirements for osteopaths from

16 January 2020 until 9 April 2020. As the lockdown occurred during this period, and to encourage greater stakeholder engagement on this important guidance, we have decided to run this further period of consultation. ●

Share your views

Please share any feedback you have about the guidance by taking part in the consultation – there are just a small number of specific questions to answer and you also have the opportunity to offer any other feedback you wish. You can complete the consultation online or send an email if you prefer. The closing date for responses is 13 October 2020. Visit: osteopathy.org.uk/insurance-consultation

LIVE WEBINAR ON FITNESS TO PRACTISE

We will be holding a live webinar on Monday 28 September at 6.30pm to discuss fitness to practise including this insurance consultation. More information will be made available in the regular ebulletins, so do watch out for updates. For more information and to register your interest please email Stacey Towle: stowle@osteopathy.org.uk

Join our fitness to practise committee

We are looking for an osteopath to join the GOsC's Investigating Committee

This is an important and influential role as the Investigating Committee considers all complaints against osteopaths received by the GOsC and makes an initial determination whether there is a 'case to answer' and

Paul A Grant was appointed to the GOsC's Investigating Committee in March 2019:

"I would encourage anyone who has an interest to apply but don't worry if you haven't done this type of work before.

My tip is to focus on the competences when you're applying. Protecting the public who use osteopathy services is vitally important and the fitness to practise process is a key component in achieving that regulatory objective. At the GOsC I work with a range of interesting people from different walks of life and my time here has been an enjoyable, stimulating, and rewarding experience which has expanded my knowledge and enhanced my experience. If you have the relevant skills and a genuine interest then go for it. After all, as they say, you have to be in it to win it!"



if the matter should be referred to the Professional Conduct Committee.

We very much want to encourage applicants from diverse backgrounds and we would encourage osteopaths interested in the position to make an application.

Two current committee members share their views (see boxes).

Some of the skills we are looking for:

- you can use your emotional intelligence to show respect, tact and discretion
- you are able to listen actively and respond to verbal and non-verbal cues
- you can listen to and respect the opinions of others, and can make effective contributions without dominating
- you show a commitment to personal reflection and development
- you respond positively to feedback from others

Other lay Committee positions

We are also looking to recruit an Investigating Committee panel chair plus a chair and two members for the Professional Conduct Committee (PCC), but we need members who are not osteopaths for these (lay) vacancies.

Rama has been an independent lay member of the GOsC's Professional Conduct Committee (PCC) since April 2017:

"I sit on the PCC usually within a public hearing. Being independent brings with it the ability to consider matters fairly and justly. We all bring something different from our work and life experiences. I have found myself challenging myself as well as others when considering evidence and the rationale for our decisions.

Here we consider concerns or

complaints about an osteopath's conduct, usually within a public hearing. Being independent brings with it the ability to consider matters fairly and justly. We all bring something different from our work and life experiences. I have found myself challenging myself as well as others when considering evidence and the rationale for our decisions.

If you are thinking about applying for the position, I would strongly encourage you to make that application. The work is interesting, stimulating, rewarding and I have learnt so much. I am sure you will also have lots to contribute and you will enjoy working with a great bunch of panel members and staff."



If you'd like to find out more about the GOsC's governance and committees, please visit: osteopathy.org.uk/committees

Applying for the roles

The initial appointment terms for these roles are four years from 1 April 2021 and reappointment may be made at the end of the first period of appointment.

If you are interested in applying for the Investigating Committee osteopath panel member position, or know a lay person who may be interested in applying for the other Committee roles, please visit: osteopathy.org.uk/recruitment

The closing date for applications is 11.30am on 14 October 2020. ●

NEWS

Commitment to equality, diversity and inclusion reiterated

Within the GOsC, we have begun a safe-space conversation with our staff so that we can listen and hear views and feedback about how we might be able to enhance our approach through the

perspective of equality, diversity and inclusion.

Following this we have established an equality, diversity and inclusion group, to enable our staff to develop and contribute to our organisation's activities on the subject, as well as to provide guidance and oversight to our communications work.

We also continue to work with colleagues across our inter-regulatory forums around equality, diversity and inclusion, to help us draw further insight into our work. We are committed to ensuring that all our activities, as

a regulator, a service provider and an employer, provide equality of opportunity.

The Equality Act 2010 created a public sector equality duty which requires that bodies, such as the GOsC, positively promote equality. This is a duty we take very seriously, and we are committed to ensuring that all our activities, as a regulator, a service provider and an employer, provide equality of opportunity.

Read our statement on equality and diversity in full: osteopathy.org.uk/gosc-commitment-to-equality-diversity

Interim protocol for remote hearings introduced

The GOsC is conducting hearings remotely where possible during the COVID-19 pandemic. At the beginning of the lockdown in March 2020, we identified hearings which needed to take precedence and carried them out remotely in order to ensure the safety of those involved. To continue to meet our public protection duties and avoid delaying fitness to practise cases, we are now conducting our hearings either remotely using an online video conference platform, or as 'blended' hearings where some parties join remotely and some in person at our offices in London.

Because of the continuing uncertainty regarding the pandemic, we expect that some form of social distancing will be in place for some time, and our plan is to continue to conduct remote and blended hearings for an extended period.

The Interim Remote Hearings Protocol covers the process, presentation

'Because of the pandemic, we expect that some form of social distancing will be in place for some time'

and access to documentation together with the management of witnesses to make sure they are able to give their best evidence and that the remote hearing is run effectively.

To develop the protocol, we carried out an equality impact assessment to ensure accessibility for all; conducted a literature review of emerging protocols and guidance within other jurisdictions, including the civil courts; obtained

feedback from our online Patient Focus Group and also from the Professional Conduct Committee.

The protocol will be developed further as we continue to carefully evaluate and learn from our experiences of remote hearings and in line with government advice on COVID-19.

The protocol was approved at the GOsC Council meeting on 9 July 2020 on an interim basis and we plan to hold a public consultation in the coming months. It's likely that we will retain the option to run remote hearings in some cases in the future, even after a return to 'in person' hearings, due to the benefits of improved accessibility and availability for some of the parties involved. ●

MORE INFORMATION

You can read the interim protocol at: osteopathy.org.uk/interim-remote-hearings-protocol

Practice note on questioning witnesses introduced

As part of the GOsC's programme to continually enhance its fitness to practise processes, we have produced an interim practice note on questioning witnesses, which focusses on the appropriate questioning of all witnesses by the Professional Conduct Committee (PCC).

We are committed to ensuring our hearings are fair, effective and transparent. Central to this, is the necessity for all witnesses to feel able to give their best evidence and engage effectively with the hearing process.

The practice note aims to improve communication in hearings by supporting

the PCC to apply a consistent, professional and sensitive approach to questioning witnesses. Guidance is given around the role of the Chair to ensure questions asked can be understood and that any special arrangements or cultural issues are taken into account. For example, enabling a break at set times for prayers.

There is guidance for all panellists about the types of questions that are appropriate and how they should be expressed, including where witnesses are speaking in a second language, to ensure questions are properly understood. Panellists must also be aware of their non-verbal communications during the hearing,

and particularly during questions, for example paying attention to tone of voice and any gesticulations.

The Practice Note was approved on an interim basis by the GOsC Council on 9 July 2020, to enable the PCC to use it immediately for remote hearings. We plan to put this to a public consultation in the coming months. ●

MORE INFORMATION

Read the Interim Practice Note on Questioning Witnesses at: osteopathy.org.uk/questioning-witnesses-practice-note

Helpline offers support during fitness to practise



The GOsC has engaged Victim Support to provide a confidential support service for anyone involved with investigations or hearings to enable participants to fully engage with our fitness to practise processes. Regulation Manager, **Hannah Smith**, explains more

What is the enhanced support service?

It's important to remember that concerns raised with the GOsC relate to just a tiny percentage of the profession each year, and the number of concerns that make their way to fitness to practise hearings is very small. Nevertheless, we recognise that for those who do find themselves involved, the experience of going through the process can seem daunting.

For example, witnesses may be asked to give evidence about events which were very upsetting for them. Osteopaths may also find themselves responding to allegations about their ability to treat patients safely.

The GOsC is working with the independent charity, Victim Support, to provide a service for all those involved in our fitness to practise investigations and hearings. Witnesses and osteopaths can now access help at any time through a dedicated support service, run by Victim Support. The charity has extensive



Victim Support says:

'We are independent, confidential and non-judgemental. Our experienced team of advisers offers immediate emotional support, advice and practical information. The Emotional Support Service provides a client-centred, individual, tailored service which can also include ongoing support through a dedicated caseworker. Our specially trained advisers can signpost to other specialist agencies where appropriate to ensure the most effective support is provided. We can also provide translation services where needed.'

experience of working with victims of crime and traumatic events, as well as other healthcare regulators. This service is funded by, but independent of, the GOsC and entirely confidential and non-judgemental.

Why is the GOsC making this available now?

As part of our programme of continuous improvement, we have been undertaking considerable work to improve the experiences of all those involved in our fitness to practise processes. We are always looking for ways to make it better and improve the experience for those involved. Setting up the support service with Victim Support is one way to ensure that witnesses and osteopaths aren't left to deal with the emotional impact of investigations and hearings on their own.

What support does it provide?

Those involved in fitness to practise investigations can access the support service using a helpline which is available for free, 24 hours a day, 365 days a year. Those who need it can call the helpline at

any time to talk with trained staff from Victim Support about their experience and get emotional support. Alternatively, they can request a call from Victim Support via their GOsC caseworker.

Victim Support offers follow-up appointments and tailored ongoing support to the individual after the initial contact and throughout the fitness to practise process.

Is the service confidential?

The helpline is funded by the GOsC but the service is entirely confidential and the details of those who have contacted and/or used the helpline will not be shared with the GOsC. ●

MORE INFORMATION

- There is a range of information about the complaints process at: osteopathy.org.uk/our-complaints-process
- Guidance for witnesses and osteopaths attending a hearing is at: osteopathy.org.uk/attending-a-hearing
- If you're involved in a case or thinking of raising a concern, you can call your caseworker or contact the Regulation Team on **020 7357 6655 x224** for further information.

HOW TO CONTACT THE VICTIM SUPPORT HELPLINE

You can call the Victim Support Helpline on **0300 303 1964**. It's available 24/7, every day of the year. You can also ask your GOsC caseworker to refer you to the service and arrange for them to call you.

Keeping your advertising compliant



Matthew Redford, GOSc's Chief Executive and Registrar, explains why it's important for osteopaths to take the issue of advertising seriously

As the new Chief Executive and Registrar of the GOSc, I want to make it clear that our approach to advertising remains consistent.

Regulation of advertising is the remit of the Advertising Standards Authority (ASA), which is the independent body with the requisite competency and expertise covering all areas of advertising activity.

Our approach continues to be to encourage osteopaths to ensure their advertising is ASA compliant and, if there is any uncertainty, for the osteopath to take steps to update their materials in order to provide that greater level of clarity.

Regulation of advertising

Under the terms of the Consumer Protection from Unfair Trading Regulations 2008, it is considered 'unfair' to falsely claim that a product or service is 'able to cure illness, dysfunction or malfunctions'. The regulation of this law is carried out by the ASA and this includes healthcare and, therefore, osteopathic advertising.

The ASA certainly has teeth – this year it has issued rulings against large companies including Procter and Gamble, and Sky UK Ltd. But the ASA isn't just focused on larger organisations. For example, it recently published a ruling against a health clinic which was claiming, via Instagram, that IV drip treatment could help to prevent people from catching COVID-19.

So what does this mean for osteopaths?

Put simply, you need to ensure that your marketing and advertising is ASA compliant. This includes:

- website content
- entries in service directories
- posters
- practice leaflets
- social media promotions

Review your advertising

You should take some time to review what your advertising and marketing materials say. You can contact the Committee of Advertising Practice's (CAP's) Copy Advice Team where their experienced advisers can provide you with an informed view of the likely acceptability of your non-broadcast marketing communications under the CAP Code, which is administered and enforced separately by the ASA (see: asa.org.uk/about-asa-and-cap/people/copy-advice-team).

You could also speak with a colleague, or talk to those who work within your practice and review the guidance available on the ASA website. This activity, if undertaken well, can help you provide greater clarity to patients about your practice and the evidence-base underpinning the treatment you provide. And the time spent doing this can count towards your CPD under Theme D: Professionalism of the Osteopathic Practice Standards (OPS).

But of course, if an osteopath fails to comply with the ASA guidance, and a ruling were to be made by the ASA against them, then we may consider this as a breach of the OPS.

Standard D1: You must act with honesty and integrity in your professional practice

D1.2: You should not allow misleading advertising or information about you or your practice. You should make sure that: your advertising and promotional material, including

website content, is legal, decent, honest and truthful as defined by the Advertising Standards Authority (ASA) and conforms to current guidance, such as the UK Code of Non-broadcast Advertising and Direct and Promotional Marketing (the CAP code).

It is possible that a patient or a member of the public might raise a question or a concern with you directly about your advertising or marketing materials. This should not be seen as a threat and, in the same way that if a patient were to ask you a question about the treatment they had received, we would expect the question or the concern to be handled in a respectful and professional manner.

Our approach to regulation is one based on partnership working and collaboration, and this is no different with regards to advertising. We have worked to raise awareness of the need to be ASA compliant for a number of years, and we have ensured that advertising remained a key pillar of the OPS 2019 under Theme D: Professionalism, and we will continue to raise awareness of the steps you need to take to remain compliant. So, we will continue to talk about advertising and to raise awareness, and this will continue to be done in a prudent, consistent and proportionate way. ●

MORE INFORMATION

- GOSc guidance for osteopaths: osteopathy.org.uk/advertising
- ASA Standards: asa.org.uk/advice-online/health-osteopathy
- CAP Copy Advice Team: asa.org.uk/about-asa-and-cap/people/copy-advice-team

How we will be checking CPD

Our new guide explains the verification and assurance process for the three-year CPD cycle

We have published an easy-to-navigate 12 page guide to help you understand the verification and assurance process for the CPD scheme and how the GOsC will check that osteopaths are meeting the requirements of the scheme. It also includes guidance on recording your CPD and what information you'll need to provide to the GOsC annually.

In the verification and assurance process, the GOsC collects information from osteopaths so that we can:

- be assured that osteopaths are meeting the requirements of the CPD scheme (these include 90 hours across three years, including 45 hours of learning with others; covering the breadth of your practice; linking CPD to all four themes of the Osteopathic Practice Standards; at least one objective activity; and one CPD activity relating to communication and consent)
- support osteopaths to meet the requirements of the CPD scheme, for example by identifying whether there are any support or resource gaps for osteopaths
- provide feedback to the whole profession on how the scheme is progressing

Activities that you wish to claim for CPD must be recorded (see p14 for more information on what you need to report for your annual renewal of registration). We anticipate seeking additional information from up to 10% of those osteopaths who are eligible to be verified across a 12-month period to confirm that the CPD declared as part of their



registration renewal has been recorded.

From October 2021 onwards, we will also audit up to 10% of the selected osteopaths' Peer Discussion Review forms and corresponding CPD records at the end of their first CPD cycle to ensure the minimum of 90 hours of CPD (45 hours of which must include learning with others) has been undertaken and the Peer Discussion Review has been completed.

It is our goal to use this process to support osteopaths to engage with the scheme and with the GOsC, with the aim of enhancing CPD and practice. We also recognise that it is a new process, and so supporting and enhancing CPD must be a key focus for us in order to fully realise the benefits of the new CPD scheme. However, it is also important that we are clear that in the rare instances of non-compliance, a 28-day warning of removal from the Register letter will be sent. The

warning of removal from the Register letter explains what areas the osteopath needs to address within the 28-day period so there is still an opportunity to avoid removal from the Register.

The process of verification and assurance was put on hold at the end of March 2020, due to the impact of the coronavirus pandemic (see p11 of the July/August issue of *The Osteopath*), but we anticipate recommencing in the next few weeks. So we will be contacting a sample of osteopaths at the end of their CPD year, later this autumn. ●

MORE INFORMATION

You can read the Guidance On Verification and Assurance of the CPD Scheme at: osteopathy.org.uk/cpd-standards

Submitting your annual renewal form



Adarsh Muppene, Senior Communications Officer, explains exactly what you will need to include on your annual renewal form at the end of each year

Undertaking CPD is an ongoing aspect of professional practice. The CPD requirements provide assurance and send an important message to patients, the public and other health professionals that all osteopaths practise in accordance with published standards and requirements.

What information will I need to record?

You will need to keep a record of your CPD, including evidence for the activities you have done. Examples of the sorts of evidence you might want to keep include notes of a group practice discussion or a course certificate, including your reflections on your practice and your CPD.

What information will I need to provide each year?

Each year you are required to complete an annual renewal of registration form, and as part of this you will make a declaration about the CPD activities you have done in the past year. (See next page for example of an annual renewal form.)

Each year you will be asked to declare:

- the total number of hours of CPD you have done in the past year
- the number of hours you have done in the past year which are in the category 'learning with others'
- which of the four themes of the Osteopathic Practice Standards (OPS) you have covered in the past year (each year, including year 3, you only need to tick the themes you have covered in the past year, so you don't need to tick all four themes in year 3, as long as you've ticked each of them at least once by year 3)
- whether an objective learning activity has been completed in the past year



- whether a communication and consent activity has been completed in the past year
- whether you have identified your peer to carry out your Peer Discussion Review (it's a good idea to identify your peer within the first year if you can)
- whether the Peer Discussion Review has been completed (this is likely to be in the third year of your cycle but some osteopaths may choose to complete sections of this as they go). See p16 of bit.ly/TheOsteopathSeptOct2018

The pandemic has impacted CPD activities – what can I do?

Osteopaths are required to carry out 90 hours of CPD over a three-year cycle, which means there is flexibility built into the way you choose to plan your CPD activities. In the current circumstances, there are still lots of ways that you can do CPD remotely and for free, to support you to connect with others at this time and also to keep up-to-date, for example:


- think about joining or setting up a virtual CPD group
- try a case-based discussion or a peer observation role playing exercise on the phone or via video call with colleagues. See the article on carrying out CPD remotely on p17 of the July/August 2020 issue of The Osteopath: bit.ly/TheOsteoJulAug20
- try out a practice Peer Discussion Review with a colleague
- explore the free CPD resources on the GOsC's CPD site (see: cpd.osteopathy.org.uk)
- make use of your free access to the International Journal of Osteopathic Medicine and other research journals via the o zone (see: ozone.osteopathy.org.uk/research-journals)

How is CPD verified?

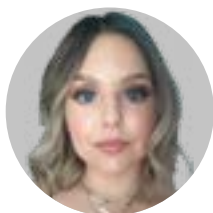
Typically, the GOsC will contact a small sample of osteopaths every month – please see the article on p13 for more information. ●

Example of a completed form

Here is an example of what a completed annual renewal of registration form might look like.

Confirm that you hold continuous professional indemnity insurance and give the name of your insurer	Confirm your health and fitness status	State how many of the hours you have done in the past year are 'learning with others'	Insert the number of hours of CPD you have done over the past year
<p>Declarations</p> <p>By completing this form I declare that all information supplied in support of my application to re-register with the GOsC is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me.</p> <p>Indemnity insurance</p> <p>Section 37 of the Osteopaths Act 1993 and the GOsC (Indemnity Arrangements) Rules Order of 2015 require all osteopaths to hold an adequate indemnity arrangement.</p> <p>It is your responsibility to ensure that you hold continuous professional indemnity insurance cover at all times. If your practising status changes, for example to non-practising, or you return to practice, you must contact the GOsC so that your registration status can be updated on the Register. You should also contact your insurance provider to advise them of the change in your registration status so that they can arrange run-off cover insurance if you become non-practising, or reinstate full insurance cover when you return to practice.</p> <p>Please click the declaration statement to confirm that you have cover. Please be aware that you may be randomly selected for an audit, where you will be required to send us proof of your insurance.</p> <p><input checked="" type="checkbox"/> I declare that I hold an indemnity arrangement which meets the GOsC (Indemnity Arrangements) Rules Order of 2015. My insurer is:</p> <p>Please Select </p> <p>Character</p> <p>In the past year and to the best of your knowledge, have you been convicted of a criminal offence or are currently subject to any police investigations which might lead to a conviction, caution, reprimand, final warning, been party to civil proceedings, been subject to an adverse outcome from disciplinary proceedings from any other professional body, in the UK or any other country?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	<p>Health and fitness</p> <p>Do you have any medical conditions, either physical or mental, which might jeopardise the wellbeing of patients whom you may treat or other fellow health care professional? Do you have an ongoing medical condition, either physical or mental that requires regular medical review?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>CPD</p> <p>You are required, over 3 years, to undertake 90 hours CPD of which a minimum of 45 hours must be learning with others. Over 3 years you will need to ensure you have undertaken activities across the four themes of the Osteopathic Practice Standards, an objective activity, an activity focused on communication and consent, and a peer discussion review towards the end of the three-year cycle.</p> <p>Please declare how far you have progressed in completing these requirements by completing the declaration below.</p> <p>In the past renewal year, I have undertaken 32 hours of which 18 hours are in the category of learning with others.</p> <p>I have undertaken activities which cover:</p> <p><input type="checkbox"/> Osteopathic Practice Standards Theme A <input checked="" type="checkbox"/> Osteopathic Practice Standards Theme B <input type="checkbox"/> Osteopathic Practice Standards Theme C <input type="checkbox"/> Osteopathic Practice Standards Theme D</p> <p><input checked="" type="checkbox"/> Objective activity <input type="checkbox"/> Communication and consent <input checked="" type="checkbox"/> I have identified my peer <input type="checkbox"/> I have completed and recorded my peer discussion review</p>		
Confirm your character status	Tick which OPS themes are relevant to the activities you have done in the past year (and only the past year)	State how many of the hours you have done in the past year are 'learning with others'	Insert the number of hours of CPD you have done over the past year

Getting ready for your Peer Discussion Review



Stacey Towle, Senior Communications Officer, outlines how to prepare for and carry out your Peer Discussion Review remotely

Have you considered doing your Peer Discussion Review remotely?

Many osteopaths were already carrying out elements of their CPD remotely prior to the COVID-19 pandemic. Currently, due to the continued requirement for reduced social contact, CPD could be delivered online for the foreseeable future. Fortunately, it's also possible for you to carry out your Peer Discussion Review (PDR) over the phone or via video calls and you could choose to start preparing for it, or even start carrying out elements of your PDR with your peer now.

What is a Peer Discussion Review?

The Peer Discussion Review (PDR) is a structured, formal discussion with a peer (an osteopath or another health professional), usually undertaken towards the end of your CPD cycle. The osteopath discusses the full range of their osteopathic professional practice and CPD activities with their peer to demonstrate that they have complied with the requirements of the CPD scheme.

MORE INFORMATION

- You'll find information and resources for PDR on the CPD site at: cpd.osteopathy.org.uk/pdr
- If you want to read more in-depth information about the PDR, see the PDR Guidance at: cpd.osteopathy.org.uk/pdr-guidelines
- See the article on doing CPD remotely using learning from the GOsC's webinars, including preparing for your PDR, on p17 of the July/August 2020 issue of The Osteopath: bit.ly/TheOsteoJulAug20

General Osteopathic Council

Continuing Professional Development

Template

Peer Discussion Review Guidance and Template

August 2020

■ The PDR template has been redesigned to make it easier to use

Check out the updated PDR template

The PDR template, available at: cpd.osteopathy.org.uk/pdr-guidelines, is designed to help structure a supportive conversation and provides a 'walk-through' for both the peer and the osteopath. The template should be completed and agreed by both osteopath and peer for submission to the GOsC and should also be included in the osteopath's CPD records.

Based on feedback from the profession, we have updated and redesigned the PDR template to make it easier to use. For example, we've annotated the form with some hints and tips and colour-coded the sections to make it clearer who fills in which sections (ie osteopath or peer). Let us know what you think of the template. Please email any feedback to: goscmail@osteopathy.org.uk

What can I do now to prepare?

Osteopaths are encouraged to select their peer early and discuss CPD throughout their three-year cycle to help get the most out of the process.

You can choose to undertake aspects of your PDR in stages, rather than in one structured formal conversation at the end of your cycle.

- For example, as you complete your objective activity – this includes the options of patient feedback, peer

observation, clinical audit or a case-based discussion – why not meet with your peer remotely and have a go at completing that section of your PDR?

- Have you completed your CPD in communication and consent? Maybe you could set up a video or phone call with your peer to run through that section?

Having these discussions early will help you prepare for your final PDR. ●

Why I welcome the Peer Discussion Review

Osteopath, **Luke Jenner**, has already learned a lot from collaborating with osteopaths and other health professionals



Luke Jenner graduated from the European School of Osteopathy in 2009. Since then, he has worked in his own practice as principal, as well as in three practices in East Sussex, and also as the senior osteopath at the Kent Institute of Medicine and Surgery (KIMS) Hospital in Maidstone

I feel quite positive about the prospect of doing a Peer Discussion Review (PDR) as part of the CPD scheme. I know quite a few osteopaths are a bit unsure about this element of the scheme as this is a new thing for a lot of them. But I have been talking to colleagues – sometimes from different professions – about what I do for many years now, including about my CPD, my range of practice, and about different cases.

I have found these discussions so helpful that I don't feel at all nervous about the PDR. I think it will be a really useful exercise. In fact, I have already spoken to a colleague about meeting up one evening on a quarterly basis (virtually for now) to discuss our PDR and how we plan to go forwards before we meet again.

My main experience of peer discussions are from when I worked alongside a team of physiotherapists and a chiropractor at the KIMS Hospital. Once a month we ran a group peer discussion. This is something that



'It's a great way to share knowledge and experience, for the benefit of our patients'

physiotherapists have done for many years and I must be honest it was very daunting for me to begin with as I had never done it before. But in the end it became a monthly event. We would sit together over coffee discussing courses we had been on, and what we had learned from the courses, from our patients and specialists, and generally discussing cases.

This was such a valuable experience and I am so glad to see the emphasis on getting objective feedback through case-based discussions, for example, and the PDR itself, as such an important part of the new CPD scheme.

With the CPD scheme, I aim to continue with the hospital peer review but also to talk to other osteopaths so I can continue expanding my knowledge of osteopathy. I am also looking forward to regular discussions with my chosen peer, so we can practise the PDR together and I will be able to learn from it and feel well prepared before the end of my three-year cycle.

We all have so much knowledge and different experiences and this is a great way of sharing that to progress our profession and ourselves, ultimately for the benefit of our patients.' ●

Involving patients



Ensuring patients are at the heart of everything we do is vital to the GOSC. Senior Research and Policy Officer, **Rachel Heatley**, interviewed David Gilbert, the NHS's first-ever Patient Director and patient engagement and leadership expert, to help inform our patient engagement work

Here at the GOSC, we are focused on how to better integrate the patient voice in our work. We have begun implementing a co-production model of patient engagement, based on the idea that engagement is a journey, not an ad hoc process (see p21 for more information).

To help ensure that our approach is successful, we talked to David Gilbert, the NHS's first Patient Director, who has more than three decades' experience in patient engagement and leadership. David's expertise is partly based on his own hard-won wisdom as a mental health service user.

What led you into the field of patient engagement?

In my early 20s I was an 'angry activist' based at Health Action International campaigning against big pharmaceutical companies in developing countries. I had a nervous breakdown at 25 and was in the psychiatric system for six years. My experience there exacerbated my anger and sense of injustice, seeing what bad care looked like first-hand.

However, it wasn't all bad! For example, towards the end of my time in the psychiatric ward I was invited by my consultant psychiatrist, Professor George Ikkos (who I am now friends with) to give a talk to his medical students about psychotropic medicines. The impact of being asked 'What matters to you?' and having someone listen and do



David Gilbert

David is the NHS's first-ever Patient Director and he has been based at the Sussex MSK Partnership (Central) since 2015. He is also the Director of InHealth Associates and the author of 'The Patient Revolution – How We Can Heal The Healthcare System'. David has 35 years' experience of working

with, and for patients, including as Head of Patients and the Public at the Commission for Health Improvement, and at NHS Croydon. He has also had posts at The King's Fund, a charity working to improve health and care in England, and the Consumers' Association, the charity that runs the Which? group.

something about it, helped me walk out of there as a professional and a human being. I have drawn on my experiences in the psychiatric unit throughout my subsequent career.

What are the challenges with traditional patient engagement?

Conceptually, the patient engagement industry doesn't work. There's often lots of action and minimal impact. It's predicated on two styles: patients provide feedback on retrospective data about the care that professionals have determined for patients; the other is that patients sit as 'representatives' on boards often with no support, training or clear terms of reference.

In my book 'The Patient Revolution – how we can heal the healthcare system', I share the stories of the many patient leaders I have met over the years. These are people who have been affected by life-changing illnesses and who have all changed the healthcare system in their own inspiring way. We didn't have support or training, we had to figure this out the hard way on our own.

This motivated me to set up the Centre for Patient Leadership (CPL) with my colleague Mark Doughty. We delivered skills training to enable patients to be change agents, but we didn't have the chance to scale up our offer and opportunities for significant influence were – and still are – few and far between.

Patient leaders need systematic opportunities, and some clout. That's what attracted me to my current role, with its commitment to shared decision-making, ensuring a focus on what matters and enabling people who use services to be in control of their own care and choices.

What is your current role?

I'm Patient Director, based at the Sussex MSK Partnership (Central), a unique not-for-profit partnership as a lead accountable provider across the musculoskeletal (MSK) pathway in Brighton and Hove, Mid-Sussex and Horsham and Crawley – receiving all GP referrals for MSK conditions, providing specialist musculoskeletal care in community-based clinics and overseeing secondary care referrals.

What makes the Sussex model of patient and carer partnership different?

We have developed a 'Patient Leadership Triangle' that ensures shared decision-

'Our partnership model means patients work with us as equals – to plan, design and help deliver our services'

making at executive, governance and improvement levels.

At one apex, is the role of Patient Director – I'm part of the senior leadership team alongside a clinical and managerial director. My role is to hard-wire the systems and processes that embed patient leadership, broker opportunities for dialogue – or co-production – between patients, carers and staff (in recruitment, training, research, improvement and governance). I'm also the corporate lead on patient and public engagement and patient experience, and oversee work that links to shared decision-making, self-management, information provision and inclusion.

The second apex of the triangle is a group of paid, supported and trained Patient Care Partners who have a portfolio of improvement projects and are more than just storytellers or patient representatives sharing their experiences.

The third apex is the Patient and Carer Forum – a mixed stakeholder group that oversees the patient-centred work and to whom I report. It is one of the four

key governance structures of the MSK Partnership (you can read more about the model here at: bit.ly/Patient-Leadership-Triangle).

We want to avoid tokenistic and 'tick-box' approaches to patient engagement that don't lead to real changes, and which can give engagement a bad name. Our partnership model means patients work with us as equals – to plan, design and help deliver our services. We want to set a helpful example to the rest of the NHS.

What was your first success?

An early project involved an audit of calls for booking appointments. We were receiving lots of calls to cancel or change inconvenient appointments that we had booked for people.

Once we began to investigate, patients told us that our team phoned at inconvenient times to book appointments, for example when they were in Asda trying to shop. Once they got home and had a chance to look at their diary, they would realise the appointment didn't suit and had to spend ages on the phone to rebook.

Patients recommended we send opt-in appointment letters to enable them to book their appointments at a time that suited them in the first place. We tested the idea with hip and knee patients and it was successful both with patients and call centre staff. This sort of success has been replicated dozens of times – we have co-designed new pathways of care, self-management programmes, information provision and a new website, and worked with non-clinical staff to improve access, signposting, waiting room environment and communication.

Recently, Patient Partners observed clinics to assess the quality of shared decision-making alongside clinical peer-observers. This led to changes in the way shared decision-making was undertaken. Patient Partners are now looking to develop a 'patient-led' shared decision-making tool – if you are interested in finding out more please do contact me at: david.gilbert@inhealthassociates.co.uk

Ultimately, why are patient leaders so important?

Patient leaders bring 'jewels of wisdom and insight from the caves of suffering' alongside their experience of use of services. They check assumptions, ask questions, and they provide insights into reframing issues or identifying problems. The benefits are very real. ●

MORE INFORMATION

■ To find out more about the impact patient leaders can have, you can read David's blogs at: inhealthassociates.co.uk/blog in particular the post, 'Seven Benefits of Patients and Carers as Partners for Change'. See: bit.ly/7-patients

■ David's book, 'The Patient Revolution: How We Can Heal the Healthcare System' features real-life stories of ordinary people affected by life-changing illnesses, disabilities or conditions, who became 'patient leaders': bit.ly/patient-revolution

How has the pandemic impacted patient input?



While the focus shifted away from patient engagement during the COVID-19 crisis, Patient Director at the NHS, **David Gilbert**, is optimistic about some emerging trends

In many senses, the coronavirus pandemic is a societal macrocosm of the lived experience of being affected by life-changing illness, injury or disability. That is not to say that this virus has equalised humanity. It hits the poorest hardest and exacerbates inequality. But for those of us who have been vociferous about patient leadership or 'lived experience', or the importance of 'experts by experience', we know pain of suffering and loss of identity and purpose can ultimately lead to a deep knowledge of what matters in our lives, the primacy of relationships, and the vision of what good care and treatment looks like.

Across the NHS, patient and public engagement, like its close cousin, diversity and inequality work is seen as dispensable at times like these. Crisis-driven management changes mean that national, regional and local policy making in health and social care has been bereft of patient, user, carer and citizen input during the pandemic.

However, the optimist in me welcomes some countervailing trends:

- 1** Community connectedness has risen visibly to the fore.
- 2** Patient-professional interactions are changing. This is partly the result of the shift to virtual consultations in primary care and some parts of secondary care. I have spoken to several clinicians who report intriguing shifts in dynamics. One stated that the relationship: 'has become more equal. They see me in my home, and may feel more comfortable. I have to change my way of using language and, in some ways, things have become more patient-centred, with us agreeing that who does what needs changing'. However, we need to be careful – access and inequality issues need exploring. Many who need,

'Patient-professional interactions are changing – partly due to the shift to virtual consultations'

want or expect manual therapy might be disadvantaged.

- 3** There is a cadre of health professionals whose lived experiences are valuable and needed more than ever right now. Many staff have come out of the

COVID-19 period traumatised, and need support – I believe patients and patient partners can help this healing work.

- 4** The activating of peer support networks in mental health trusts shows just how integral this emerging workforce is for the future.

Optimism is found in the ability to connect these trends to create a ladder of opportunities for people to lead – from leading their own care, to supporting others as peers, and in collaborative leadership roles in improvement and governance. This will help embed an infrastructure that is critical to a sustainable engagement model like The Patient Triangle (see more information below) and the well-being of healthcare systems.

Patient leadership has become even more important

This virus might serve to amplify our common vulnerability, fallibility and suffering, which is why, now more than ever, we need to re-inject patient leadership into policy and practice. Valuing the 'jewels of wisdom and insight gleaned from the caves of suffering' is the key to decision-making. Without that, we will lurch from one crisis to another.

Like many other services, our co-design work fell behind during the COVID-19 crisis. But we have swiftly resurrected it – patient partners have been in all five recovery plan workstreams – from changing the way we undertake triage, to redesigning referral routes, and in our website, communications and virtual technology implementation work. I believe the only reason this resurrection happened so efficiently was due to our model of engagement – one that truly sees patients as partners in decision-making at all levels. ●

MORE INFORMATION

You can download the free eBook The Patient Leadership Triangle by David Gilbert. It looks at the work done within the Sussex MSK Partnership to embed a different approach to patient and public engagement or co-production, to support people with MSK conditions to be partners in decision-making at all levels: delivery, improvement, governance and leadership. Go to: bit.ly/Patient-Leadership-Triangle

Putting patients at the heart of our work

Patient engagement can bring benefits for all involved

A major priority for the GOsC is to listen and learn from osteopathic patients to help us learn more about the patient perspective on: osteopathic education, standards, practice and regulation; and about what we do as the regulator and how we do it. We want to work in partnership with patients and osteopaths to make sure that we put patients at the heart of what we do, and to do everything we can to maximise the opportunities patients have to share their views with us and with the profession.

As a first step to increasing our patient engagement, we plan to hold more focus groups to understand the patient perspective on osteopathic care specifically as a result of the coronavirus pandemic, and how best we can include the patient voice more generally in policy and decision-making in the future. We want to know from patients about the barriers and enablers to osteopathic treatment as a result of the current situation; potential gaps in our infection control guidance; what more GOsC needs to do during and post-pandemic from a patient perspective.

Once we establish and begin to roll out more focus groups, we plan to share the findings – watch out for further updates in due course.

It can be challenging for patients to get involved in areas such as osteopathic education, standards and regulation, as they can sometimes seem remote to their own experience of osteopaths and osteopathic treatment. However, the only experience we require is for patients to have seen an osteopath in the past 12 months.

If your patients are interested and willing to support good quality osteopathic care, we can provide training and the support necessary for them to participate fully to help inform our work and enhance skills that may be transferable to other contexts. For example, training could be provided in the following areas:



Sharing views and patient insight

If you or your patients would like to know more, or if you are interested in some free posters and/or flyers for your practice, you can download them at: osteopathy.org.uk/patient-voice

If you have an example of where you have learned from a patient feedback exercise (an objective activity), or if you have any ideas on how we can enhance our patient engagement activities, then do please let us know.

You can email us at: goscmail@osteopathy.org.uk

- In the work of the GOsC – what we do, how we do it and why we do it.
- In the wider context of the allied health professional in the NHS.
- In broad areas including confidentiality, equality and diversity, and influencing.
- And particularly for both face-to-face and online meetings and events, training about: how to ask questions; probe assumptions; build on points; avoid bias; draw on evidence to enhance influencing skills; so that our patients build on broader skills that may be useful in other contexts.

What are the benefits of patient engagement?

Patient engagement brings benefits for patients, for osteopaths, and for us

here at the GOsC. We set some of these benefits out here:

Patients can:

- Use their unique insights and experience to help others learn and to enhance patient safety and patient care.
- Gain additional knowledge and skills in relation to communicating with health professionals, participating in working groups, and in influencing and communicating.
- Receive feedback on how their participation has informed change or the development of a particular initiative.

Osteopaths can:

- Show patients that osteopaths are committed to involving patients' views in their practice and to being regulated effectively.
- Be assured that their education, standards and the way they are regulated are informed by patients' perspectives.
- Gain new insights and consider different perspectives by hearing from patients.

For the GOsC:

Feedback from patients can provide different insights and perspectives, which can help the GOsC to:

- Ensure we are meeting our core objectives of public protection; promoting and maintaining public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of that profession.
- Improve our guidance for patients and the public so they get the information they need about osteopathic practice.
- Enhance our guidance for osteopaths to support working in partnership with patients.
- Inform training about patient involvement within osteopathic education. ●

Courses 2020

For more courses, see the CPD site at: cpd.osteopathy.org.uk/events
Please email details of future courses to: info@osteopathy.org.uk
Inclusion of courses does not imply approval or accreditation by the GOsC.
Please check directly with the event organisers for any cancellations or updates in light of COVID-19.

October

1-5

Osteopathy in the cranial field (M2)

Course director: Dianna Harvey

Venue: Sutherland Cranial College of Osteopathy, Hawkwood, Painswick Old Road, Stroud GL6 7QW
Tel: 01453 767 607
admin@scoco.ac
scoco.ac

3

Functional exercise prescription

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre, London N19
Tel: 020 7263 8551
cpd@cpdo.net
cpdo.net

3

Introduction to global postural re-education

Speaker: Emiliano Grossi
Venue: Whittington Education Centre
cpdo.net

3-4

Developing palpatory precision

Speakers: Ian Wright and Mary Bolingbroke
Venue: Skylight Centre, 49 Corsica Street, London N5 1JT
Tel: 020 7101 3915
info@cranio.co.uk
cranio.co.uk

5

The vital nerves masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex, Jackdaw Lane, Oxford OX4 1EQ
Tel: 078 5017 6600
johngibbonsbodymaster.co.uk

6

Muscle energy techniques

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

7

The vital glutes and psoas master-class

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

8

Spinal manipulation and mobilisation technique

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

10

Osteopathic approach to head and neck trauma

Speaker: Walter Llewellyn McKone
Venue: Whittington Education Centre
cpdo.net

10-11

A process approach in manual and physical therapies

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre
cpdo.net

14

Case-based discussion

Venue: webinar
academyofphysicalmedicine.co.uk

15

Patient feedback

Facilitator: Dr Stacey Clift
Venue: GOsC webinar
sclift@osteopathy.org.uk

17-18

Osteopathic spinal articulation and adjustment

Course leader: Danny Mace
Venue: European School of Osteopathy, Maidstone, ME14 3DZ
Tel: 01622 671 558
cpd@eso.ac.uk
eso.ac.uk/postgraduate

23-24

Functional neuromuscular rehabilitation

Speaker: Dr Eyal Lederman
Venue: Whittington Education Centre
cpdo.net

27

Case-based discussion

Venue: webinar
academyofphysicalmedicine.co.uk

November

2

The vital cervical spine masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

4

Spinal manipulation and mobilisation technique

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

5

Advanced spinal manipulation masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

7

Practical sleep management

Speaker: Prof Kevin Morgan
Venue: Whittington Education Centre
cpdo.net

7-8

Hartman's masterclass in manipulative techniques: upper body

Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre
cpdo.net

10-11

Advanced soft tissue techniques

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

11

Case-based discussion

Venue: webinar
academyofphysicalmedicine.co.uk

12

The vital knee joint masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

13

The vital hip and groin masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

14-15

Introduction to primitive reflexes and developmental delay

Course leaders: Jamie Taylor and Lynsey Taylor
Venue: ESO
eso.ac.uk/postgraduate

20-22

Harmonic technique

Speaker: Prof Laurie Hartman
Venue: Whittington Education Centre
cpdo.net

21

Integrating cranial into practice (M10)

Course director: Jeremy Gilbey
Venue: University College of Osteopathy, 275 Borough High Street, London SE1 1JE
scco.ac

24

Case-based discussion

Venue: webinar
academyofphysicalmedicine.co.uk

30

The vital shoulder complex masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

December

2-4

Barral's visceral: the intervertebral disc in focus

Speaker: Jean-Pierre Barral
Venue: Whittington Education Centre
cpdo.net

4-6

The pelvis, sacroiliac joint and lumbar spine masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

5

Advanced osteopathic spinal articulation and adjustment

Course leader: Danny Mace
Venue: ESO
eso.ac.uk/postgraduate

7

Spinal manipulation & mobilisation technique

Speaker: John Gibbons
Venue: Oxford University Sports Complex
johngibbonsbodymaster.co.uk

8

Muscle energy techniques

Speaker: John Gibbons
Venue: Oxford University Sports Complex
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The vital glutes and psoas masterclass

Speaker: John Gibbons
Venue: Oxford University Sports Complex
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Classifieds

Cranial osteopath required: London

Long-established, multi-disciplinary clinic in Hammersmith, West London. Light, comfortable rooms, competitive rates, great team, reception Mon-Sat. Contact Stelyana.info@brackenburyclinic.com

Osteopath required: Warwickshire

An amazing opportunity for a full or part-time employed osteopath to join our team at The Rugby Osteopathic Centre, taking over a pre-existing busy list. The practice has been

established for over 30 years in Rugby town centre and is easily accessible from the train station. Please contact Jo Sheridan on 07539273122 or email reception@rugbyosteopaths.co.uk. Salary £24,000-28,000 pro rata depending on experience PLUS A BONUS SCHEME once targets are met.

Osteopath retirement: North West London

Successful North West London osteopath of long standing looking towards retirement, seeks associate with view to eventually taking over his

practice. Call evenings after 7.15pm on 07906407649.

Treatment Room for Hire: Wimpole Street, London

Two treatment rooms available for rent in established holistic osteopathic practice in London's medical district around Harley Street. Ideal for an established practitioner with own client list. Professional environment with all facilities and reception service available. Rates starting from £20 per hour, 20% discount during first three months. Fixed contract only. Email: info@senwellnessclinic.co.uk

Two 'Acron' electric, hydraulic treatment plinths for sale

£200 each.
Reve Pavilion Natural Health Clinic, 2A Guildford Park Road, Guildford, GU2 7ND.
Phone: 01483 505105. Email: markomathews@aol.com

Products and services advertised are for general information and inclusion does not imply approval or accreditation by the GOsC.

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At the heart of everything we do is our drive to support the interests of our members, and promote the vital role that each and every osteopath contributes to the health of the nation.

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- Social media assets
- Presentation templates

Clinical development

- CPD articles
- Clinical guidelines

Managing your practice

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- Business resource library
- Supplier discounts

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- Queries and questions on practice
- Helping you manage complaints
- Advisory and legal support services*

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iOsteopathy.org/membership

enquiries@iOsteopathy.org | 01582 488 455

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iO Webinars

Coming this autumn

We are now scheduling new webinars for the autumn, including an exclusive series delivered by the National Council for Osteopathic Research.

1 September - The latest evidence base relevant to osteopathic care: what can we say is effective and safe?

6 October - What do UK osteopaths do? Results from a national survey of osteopaths profiling patients and practice.

3 November - What happens to our patients after we have seen them? Results of the UK osteopathic patient reported outcomes study.

1 December - Comparing osteopathic care with other types of care for paediatric conditions.

For more information, including booking for these and other iO Webinars visit

iOsteopathy.org/learning-webinars





To book, visit: www.scco.ac, email admin@scco.ac or call **01453 767607**

FEATURED COURSES



MODULE 2: Osteopathy in the Cranial Field

FROM **£990**

Leaders: DIANNA HARVEY [October], TAJ DEOORA [March]

OUR FLAGSHIP COURSE: This 40-hour course is an overview of the whole cranial concept, covering all the key areas and includes treatment approaches that you can use immediately in practice. Each topic is then developed in more detail in the other courses on the pathway.

Hawkwood, STROUD [see block below for pricing]

1–5 OCT 2020

Columbia Hotel, LONDON

10–14 MAR 2021

Bursaries worth £250 off non-residential fees for this Module are available to new graduates



FINDING HEALTH: Building Resilience in a Stressful World

non-residential ***£390**
residential, share ***£490**

Guest leader: ORIANNE EVANS

The founders of osteopathy spoke of “finding health” as a distinctive feature of osteopathic work. What does this mean in our current world with our busy lifestyle? How is Still’s model of the triune nature of Man relevant to our lives? How can osteopathy increase our patient’s access to their health? In this course we will study some of the mechanisms of balanced physiology and reactions to stress, exploring ways in which we can support these systems with osteopathic treatment.

Hawkwood, STROUD

17–18 APR 2021

Includes pre- & post-course distance learning for the same price as a regular short course weekend

MORE COURSES FROM THE SCCO

Osteopathy in the Cranial Field [M2] with DIANNA HARVEY Hawkwood, STROUD non-res/res 1–5 OCT 2020 £1100/£1350	In Reciprocal Tension [M5] with PAMELA VAILL CARTER Hawkwood, STROUD non-res/res 19–21 FEB 2021 £895/£995	Balanced Ligamentous Tension [M4] with SUSAN TURNER Hawkwood, STROUD non-res/res 13–17 MAY 2021 £1400/£1165
Foundation Course [M1] with PENNY PRICE FULLY BOOKED Crista Galli, LONDON non-res 7–8 NOV 2020 £275	Establishing Oxygenation & Vascular Flow [P5] with HILARY PERCIVAL & MARK WILSON Hawkwood, STROUD non-res/res 27–28 FEB 2021 £549/£599	Abdominal Motions [P6] with HILARY PERCIVAL & MARK WILSON Hawkwood, STROUD non-res/res 5–6 JUN 2021 £549/£599
Integrating Cranial into Practice [M10] with JEREMY GILBEY UCO, LONDON day 21 NOV 2020 £165	The First Year of Life [M9] with HILARY PERCIVAL Hawkwood, STROUD non-res/res 5–8 MAR 2021 £1100/£1350	Spark in the Motor [M7] with DAVID DOUGLAS-MORT Hawkwood, STROUD non-res/res 25–27 JUN 2021 £895/£995

Some courses have a minimum entry requirement, contact us for further details.

** Discounts available for paid Fellows & Members*

Integrating Cranial into Practice [M10] is not run or managed by the University College of Osteopathy, and the UCO does not in any way endorse the course content of any external provider.

shared learning, knowledge & practice



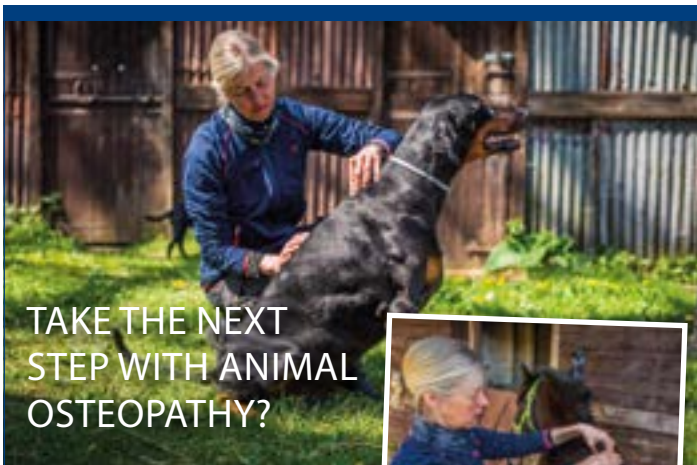
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TAKE THE NEXT STEP WITH ANIMAL OSTEOPATHY?

If you have been considering developing your practice to include animals as well as their owners, then now is the time to take that step. Animal treatment continues to grow and osteopathy is highly effective and well-recognised in the veterinary field.

Founded by the late Anthony Pusey, the MSc Manipulation (Osteopathy) programme is the only MSc in animal osteopathy available, providing you with the highest level of training, blended learning opportunities to fit around your current human practice and plenty of practical hands-on opportunities.

Tony Nevin BSc (hons) Ost, DO, leads our osteopathic tutor team, alongside our academic teaching staff. With his wide-ranging experience of all kinds of animals, zoological and domestic, you will benefit from his enthusiasm and experience over many years of providing osteopathic care to animals.

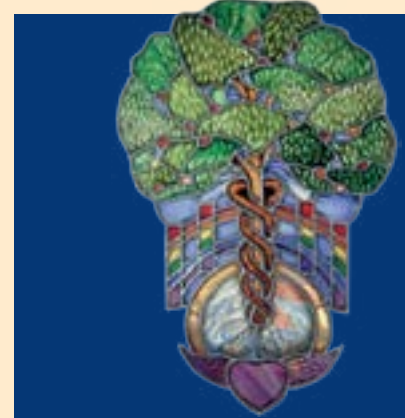


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For the latest guidance, visit osteopathy.org.uk/covid-19

You can find all the latest updates from the GOsC; the key advice from government and relevant agencies; plus other useful information, collated together on the COVID-19 section of our website. Please check back regularly as the content is changing frequently.

