
Embodying the Osteopathic Practice Standards: an exploration of professional judgement

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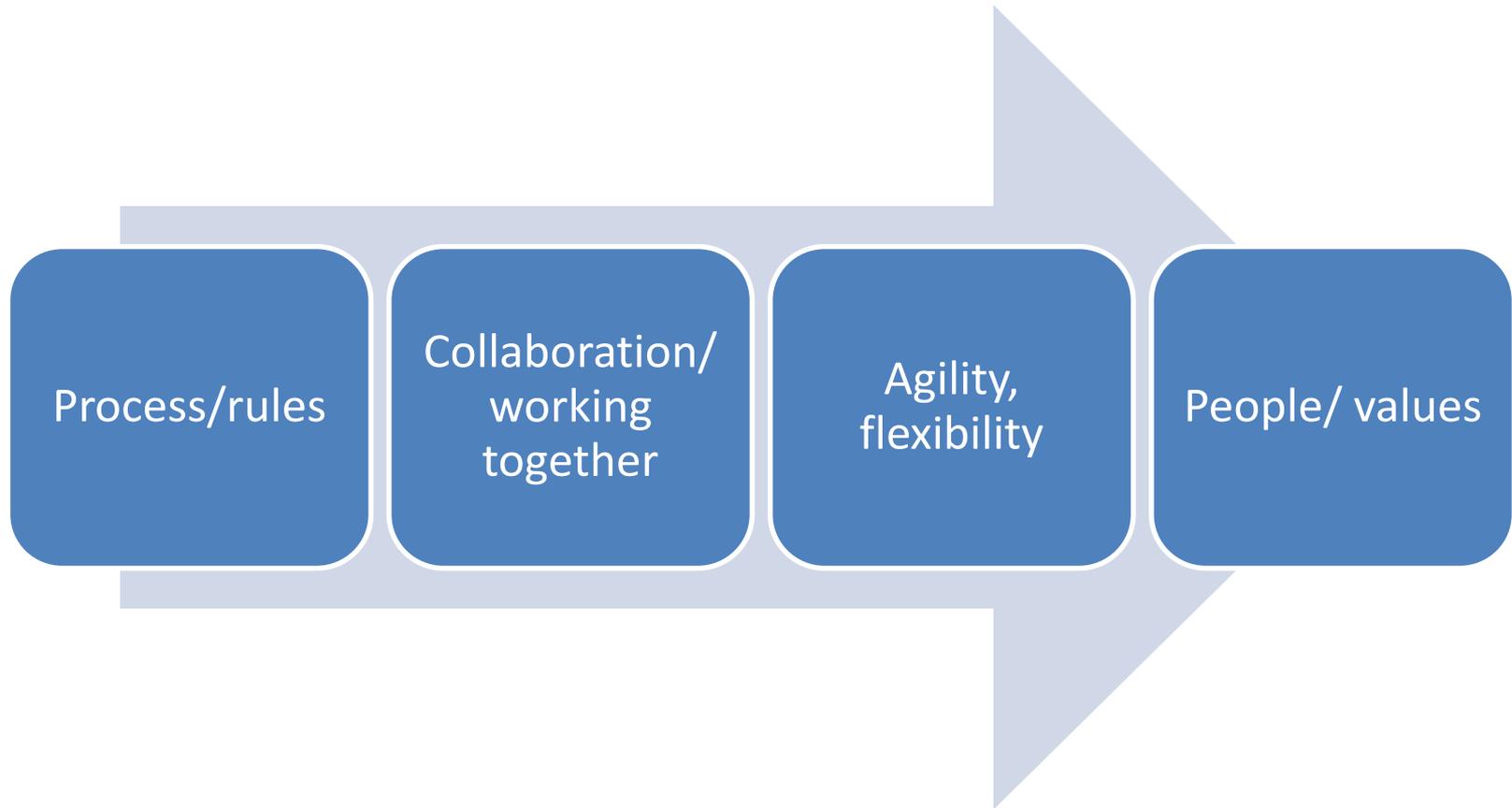
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Contention

Further thought needs to be given as to how regulators contribute to supporting and informing decision making and professional judgement



The changing 'how' of regulation



‘Writing and policing policies to ensure ethical behaviour may be replacing the individual’s integrity in acting ethically, where integrity performs the work of personal motivation, or ‘conscience’, in ensuring good behaviour’

Tyreman S, Integrity: is it still relevant to modern healthcare?,
2011 Blackwell Publishing Ltd *Nursing Philosophy* (2011), 12, pp. 107-118



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Context

Doing
things
right
Doing
the right
thing



Why is this important?

- ‘Organisational culture represents the shared ways of thinking, feeling, and behaving in healthcare organisations’ and this is a contributing part of quality.
- ‘Those wishing and situated to improve services need a sophisticated understanding of the social dynamics and shared mental schema that underpin and reinforce existing practices and inform their readiness to change.’

See Mannon and Davies, *Understanding organisational culture for healthcare quality improvement*, *BMJ* 2018; 363 doi: <https://doi.org/10.1136/bmj.k4907> (Published 28 November 2018) Cite this as: *BMJ* 2018;363:k4907



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‘The practitioner's task is not merely to explain and treat, but to provide support and insight into the meaning of illness experiences in order to enable a patient to develop a better, life-enhancing narrative and become a more whole person’

Tyreman S, Evidence, alternative facts and narrative: A personal reflection on person-centred care and the role of stories in healthcare, International Journal of Osteopathic Medicine, June 2018, Volume 28, pages 1-3



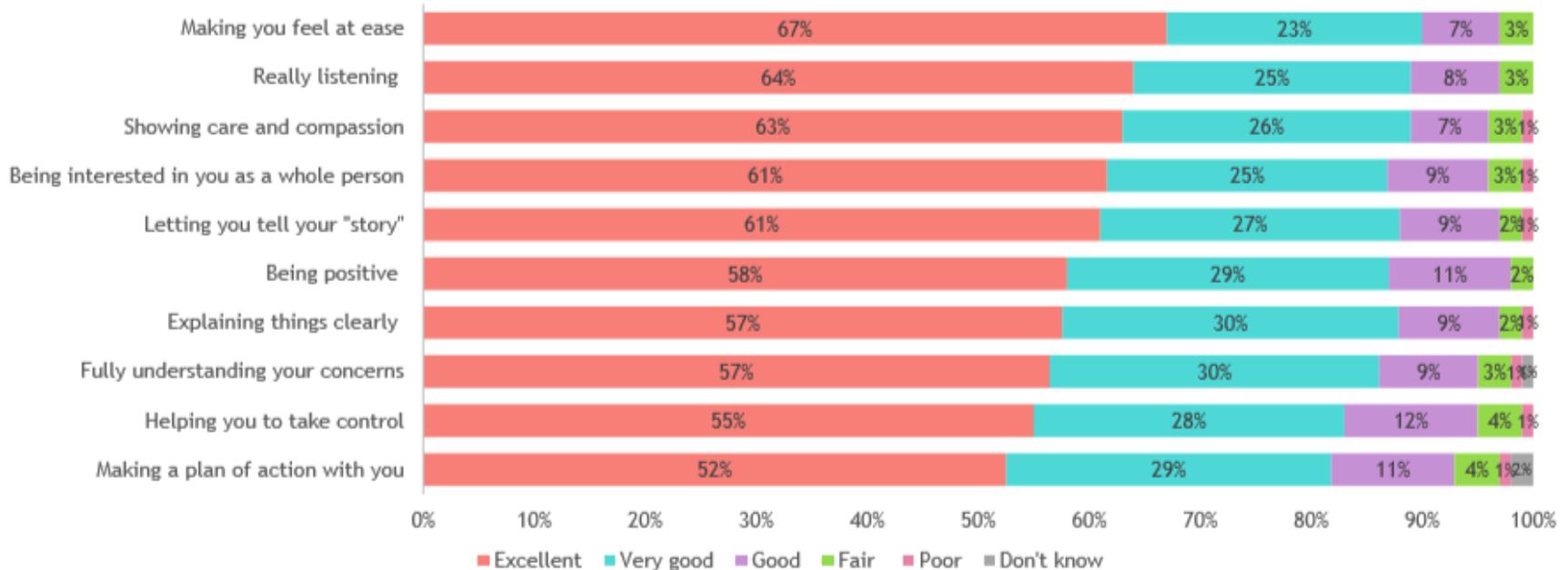
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YouGov research, 2018

9 in 10 osteopathic patients think their osteopath was excellent or very good at making them feel at ease during their most recent visit

- Women are more likely than men to say their osteopath was 'excellent' in most categories
- Relatively, only very small proportions rate their osteopath as being fair or poor

During their most recent visit, how poor or good the osteopath was at...



17 Q15a. Thinking about your most recent visit to an osteopath, how poor or good do you feel the osteopath was at each of the following?
Base: All osteopathic patients (500)

YouGov



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Professional judgement

Q: Who decides whether an act is professional?



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Professional: who decides?

Who decides whether a particular action in a particular context is 'professional'?

- Patient
- Public/society
- Profession
- Other health professionals
- Educationalists
- Lawyers?

- Regulator – FtP case – 'The registrant's actions caused harm to Patient A. Further, such serious conduct of this kind undermines the reputation of the profession and the trust and confidence which the public is entitled to expect in osteopaths. This conduct would be regarded as deplorable by fellow practitioners.'



How is judgement exercised?

The process:

- Asking the right question(s)
- Evaluating evidence: quantitative and qualitative
- Looking from different perspectives (e.g. patient, practitioner, society, colleagues)
- Deciding between options

Avoiding traps:

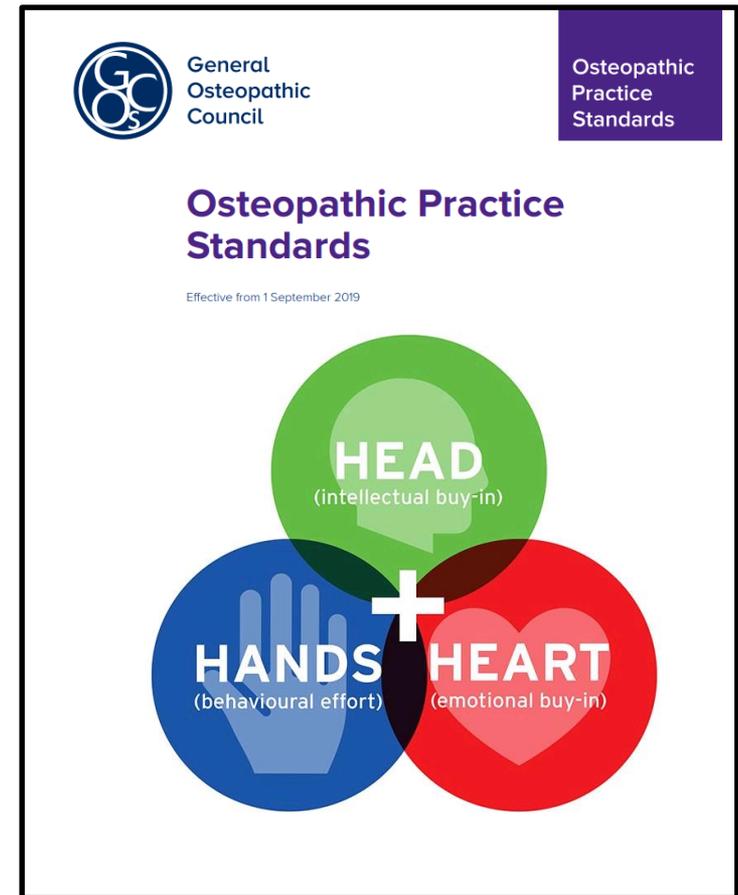
- Deciding too quickly
- Group think: the discussion fits with what I think already
- Overestimating our ability
- Tendency to stick near to our original views.

See for example, Whalen D and Herrman G, *Good Judgment Requires Discipline, Awareness of Traps and Biases*
<https://www.nacdonline.org/files/good-judgement-requires-discipline-awareness-of-traps-and-b.pdf>



Embedding standards

- Defining behaviours that represent good practice for osteopaths
- Creating the best environment to facilitate that good practice
- Providing support for osteopaths to adhere to standards



Desired behaviours

- Osteopaths practice in accordance with the Osteopathic Practice Standards (OPS)
- Osteopaths use the OPS on a regular basis to inform their discussions with colleagues, including students, other health professionals and patients
- Osteopaths record their reflections and CPD using the four themes of the OPS
 - Communication and patient partnership
 - Knowledge, skills and performance
 - Safety and Quality
 - Professionalism



Behavioural aspects

- **Capability**

- Physical skills
- Knowledge
- Cognitive and interpersonal skills
- Memory, attention and decision processes
- Behavioural regulation

- **Opportunity**

- Environmental context and resources
- Social influences

- **Motivation**

- Professional/social role and identity
- Beliefs about capabilities
- Optimism
- Beliefs about consequences
- Intentions
- Goals
- Reinforcement
- Emotion

See: Michie S, Atkins L and West R, (2014) Behaviour Change Wheel, Silverback Publishing



Creating resources around 'values'

- Patient infographic
- Patient CV
- Patient goal planner
- Case studies
- Podcasts
- Reflection template
- [Animations](#)

THINGS TO CONSIDER
WHEN VISITING AN OSTEOPATH

Things I need to know ahead of my consultation

What might my treatment involve? How much will my consultations cost? How long will it take? Can I bring someone with me? What should I wear?

Your osteopath will want to know about you as a person, so it's useful to consider beforehand:



What matters or what is important to me? What are my expectations of osteopathic treatment?

What are my goals in relation to my health and wellbeing beyond treatment? Do I have any preferences, concerns or queries about osteopathic treatment?

During or after my consultation

It's good to ask questions during or after my consultation Your feedback is encouraged to improve patient experience What can I do to help my treatment in my own time?

Find out more: osteopathy.org.uk/visiting-an-osteopath



CPD scheme

- Implementing new CPD scheme with objectives of **engagement, support and community**
- to support high quality patient care, patient safety and practice in accordance with standards



Supporting high standards

- Osteopaths work primarily without teams or employers, consequently, the ways in which our regulatory activities influence what osteopaths do becomes more prominent
- Important for us to better understand the factors which encourage and inhibit osteopaths practising in accordance with our standards, and find means to help support change



Using the OPS to inform decisions

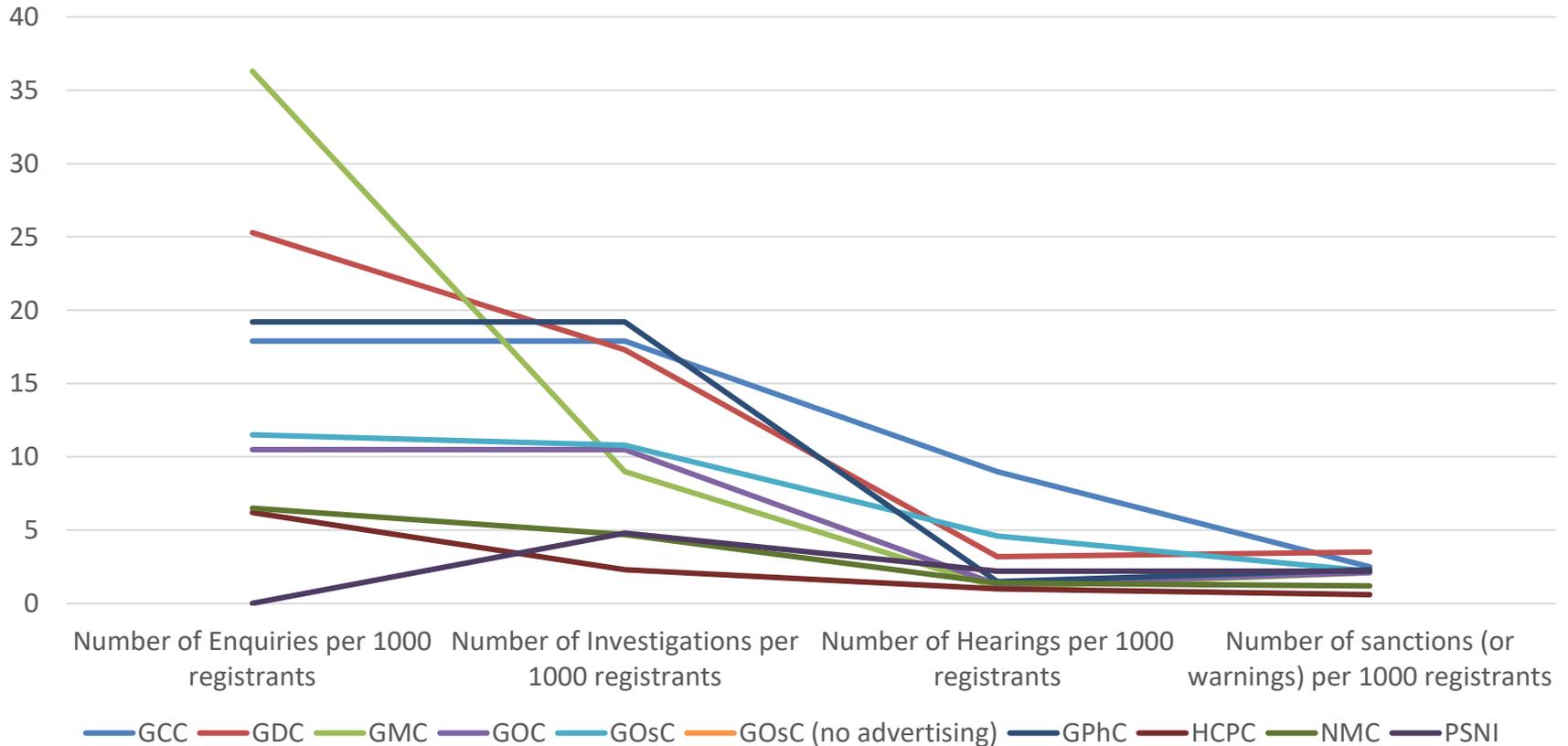
Area	Working well?	Working less well?
<p>Capability – knowledge and skills</p>	<p>Accessible on website / tablet Regular communications and case studies and supplemental resources “understanding the why” New CPD scheme</p>	<p>Awareness raising still ongoing If people are not thinking about our standards, how do we start them thinking about them?</p>
<p>Opportunity – Environmental and social influence</p>	<p>Resources for patients to support them to make explicit what’s important to them</p>	<p>What is an OPS +ve workplace?</p>
<p>Motivation – professional identify, goals, emotion</p>	<p>Building on ‘feel’ concepts like engagement, support and community in our CPD scheme – it’s about reassurance and getting support</p>	<p>Understanding what the frame of reference is for independent practitioners. Explicit identification of the tension between what’s important to the patient and the practitioner</p>

Intervention functions – now what

Intervention function	Definition	Example (from osteopathic context)
Education	Increase knowledge or understanding	Signpost and adapt resources - coaching and giving and receiving effective feedback ; clear ground rules; support to map learning journey
Persuasion	Using communication to induce positive or negative feelings or stimulate action	Scheme messaging around 'engagement, support and community'; positive stories/role modelling from others in sector
Incentivisation	Creating an expectation of reward	Better care for patients/more patients. Participation provides confidence/assurance – a 'feel good' reward.
Coercion	Creating expectation of punishment or cost	
Training	Imparting skills	Cascading approach through sector, specific CPD Provider Guidance
Restriction	Rules to reduce opportunity for competing behaviours	
Environmental restructuring	Changing physical or social context	Increased use of webinars Reflective space in other organisations Resources for patients

Evaluating impact over time

Health professionals: likelihood of a complaint in 2016



- GMC, UK health regulator comparative data report, 2017 at <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/uk-health-regulator-comparative-data-report-2016>



Evaluating impact over time (2)

Type of concern	Number of concerns*				
	2013	2014	2015	2016	2017
Conduct	109	100	102	102	91
Clinical Care	86	139	108	128	90
Criminal convictions	3	6	1	1	2
Adjunctive therapy	2	3	1	1	2
Health	-	-	1	3	6
Total	200	248	213	235	191

***Excluding concerns raised about advertising using common classification agreed with Professional Indemnity Insurers, Institute of Osteopathy and General Osteopathic Council**



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Evaluating impact over time (3)

CARE Patient Feedback Measure for
*** Type name of Practitioner here ***

Please write today's date here:
 / /

Please rate the following statements about today's consultation.

Please mark the box like this with a ball point pen. If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good was the practitioner at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
1) Making you feel at ease (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect; not cold or abrupt)	<input type="checkbox"/>					
2) Letting you tell your "story" (giving you time to fully describe your condition in your own words; not interrupting, rushing or diverting you)	<input type="checkbox"/>					
3) Really listening (paying close attention to what you were saying; not looking at the notes or computer as you were talking)	<input type="checkbox"/>					
4) Being interested in you as a whole person (asking/knowing relevant details about your life, your situation; not treating you as "just a number")	<input type="checkbox"/>					
5) Fully understanding your concerns (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)	<input type="checkbox"/>					
6) Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")	<input type="checkbox"/>					
7) Being positive (having a positive approach and a positive attitude; being honest but not negative about your problems)	<input type="checkbox"/>					
8) Explaining things clearly (fully answering your questions; explaining clearly, giving you adequate information; not being vague)	<input type="checkbox"/>					
9) Helping you to take control (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)	<input type="checkbox"/>					
10) Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)	<input type="checkbox"/>					

Comments: If you would like to add further comments on this consultation, please do so here.

© CARE SW Mercer, Scottish Executive 2004. The CARE Measure was originally developed by Dr Stewart Mercer and colleagues as part of a Health Service Research Fellowship funded by the Civil Scientist Office of the Scottish Executive (2000-2003). 4571132878

- Evaluation – CARE Measure
 - Volunteers for piloting
 - Administer CARE measure Before
 - Use of ‘approaches’
 - Administer CARE measure After
 - Qualitative feedback

See Care Measure at: www.caremeasure.org



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Conclusions

- Regulation is part of a wider picture of change
- If our standards manifest themselves only in a particular consultation, what more should we be doing, ourselves, or with others to support professional and patient decision making?



Questions and feedback



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Thank you

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