Academy of PHYSICAL MEDICINE

Broadcast Summary

GOsC and iO: A Double-Header

With Maurice Cheng & Tim Walker

First broadcast on 16th September 2015

Maurice Cheng

- Chief Executive of the Institute of Osteopathy
  -Has been in the role for two and a half years.

Tim Walker

- Chief Executive and Registrar of the General Osteopathic Council

What is current in the iO?

Maurice:

- The role has required going and reaching out to the rest of the profession.
  -The profession as a whole is fragmented.
  -Modalities argue amongst themselves: The BOA used to compete with the COE, the NCOR and GOsC.
- To make the most sense out of the future of osteopaths, it is all about collaboration.
  -The iO have been working with GOsC, the COE and the OA to affect that future positively.
  -Additionally, the iO are working closely with other osteopathic state organisations, universities, post-graduate colleges, the centre of research, as well as the regulator.
- Cooperation vital to gain universal acceptance as a profession so that every doctor, patient and the public know what osteopathy is and how it can benefit from it.

The acceptance of osteopathy as a profession

Maurice:

- Pleasing results from cinematic tracking demonstrate that roughly one million adults use osteopathy.
  -However, while existing patients remain the best ambassadors for new clients, the 10% proportion of adults being treated by osteopaths limits the range of word-of-mouth recommendations.

Tim:

- Survey findings of people having less trust in osteopaths than physical therapists and dentists if they have not used them before is not surprising.
  -There is a big job to be done by osteopaths and the professional association to raise awareness of osteopathy.
- The GOsC's role is not to promote osteopathy but to raise understanding that

they are well-trained, up-to-date and insured.

-Primary players must be osteopaths themselves and their patients.

Osteopaths employed within the GOsC?

Tim:

- Whilst there are usually no osteopaths on the staff, there currently is.

Perfectly possible for osteopaths to be employed at GOsC if they were interested in particular roles.

-However, it could lead to the danger of osteopaths on the staff looking at osteopathy through just one lens.

-Approach taken by the GOsC is engaging with the profession: spending time with osteopaths and their organisations.

  - Gives us a richer picture of osteopathic practice, education and research than if provided by a handful of staffed osteopaths
  - Similar approach to other regulators: e.g. doctors do not staff the GMC.

Could the title GOsC be considered confusing: a seemingly lack of independence from osteopaths for outsiders whilst osteopaths are upset by lack of promotion?

Tim:

- Titles of all regulators are confusing, yet their age means we are stuck with them and changing would not be sensible.
- Regulatory bodies have become increasingly independent over the last twenty years

-GOsC has a 50:50 ratio of osteopaths and public members on its council.

-A similar trend is present across all regulators.

- Criticism from both the public and the professional may be correct as it suggests a balance between representing patient interest as well as working with the profession.

-Sometimes, the principal priority has to be representing the public's interests rather than the osteopaths.

Is the relationship between the iO and GOsC too close?

Maurice:

- The iO fight 'tooth and nail' with the GOsC where required and seek to protect the rights of the individual osteopath.

-'Threshold Criteria' is an element of contention between the two organisations:

  - This defines the ability of the regulator to dismiss cases such as complaints which don't fulfil its mandate.
  - The iO has been asked by GOsC to help formulate the new approach for this practice process, which will make it fairer and reduce the need for investigations into inappropriate cases.

- However, constant fighting with the regulator limits progression.
- In my personal experience, this profession is the first strategically regulated one that I have been apart of.
- The iO treat Tim and his law as the policing force of the profession to ensure standards are being adhered to.

-Without this guarantee of standards being upheld, all elements of the profession lose.

Business of dealing with complaints

Tim:

- Practitioners should have some self-mechanism for dealing with the concerns of patients.
  - -Fundamentally, that is a part of being a healthcare professional.
- The GOsC do not seek complaints; in fact there is a stage of initial inquiries and the patient is advised to speak to their practitioner first.
  - -Sometimes misunderstandings of explanations form concerns and these can be ironed out through dialogue (e.g. the possibility of initial treatment reaction).

Pricing

- Unfortunately, legislation is unhelpful, as it demands the investigation of every complaint.
  - The above 'new-approach' should improve this situation.
    - Important to realise that simply categorising a complaint as low-level does not dispel the problem.
    - It would be interesting to see if the iO could play a role in patient-practitioner mediation.

Maurice:

- Osteopaths already contact the iO when they are concerned that a complaint may be investigated.
  - There has been a mediation service in place for three/four years that aims to set up this dialogue.
  - The conditions for this dialogue are carefully considered and often handled with success.

Tim:

- A positive message is that the rate of complaints is much lower than other regulated professional bodies.
  - Approximately 40 complaints were investigated last year with only 50% proceeding to a panel.
  - Unfortunately, similar complaints often occur, meaning the iO and the GOsC could do more to work together with osteopaths to try and avoid these complaints.
  - Fewer and fewer complaints are beneficial for the reputation of the profession but also this would lead to a reduction in costs for the GOsC and osteopaths in turn.

What are the feelings towards a single over-arching health regulator?

Tim:

- Ultimately, it is Parliament who decides the amount of regulators.

There is no completely linear relationship between the size of a regulator and its cost.

-Dentists now pay £900 per annum to be registered with the General Dental Council.

The GOsC has been working with a number of bodies to consider what the building blocks of the profession needs to be in a world where there is no specific osteopathic regulator.

Currently, the suggestion of the Government's thinking would keep things as they

are.

Is there contact between the iO and it's chiropractic equivalent?
Maurice:
There have been pretty regular discussions with the BCA about common issues such as communication and promotion.
-They charge a lot more and can therefore actually deal with certain issues more effectively.
-Whilst we face the same challenges in terms of receiving universal accreditation, chiropractors have a very different environment and community (e.g. they receive far more business training at undergraduate level).

Does the iO require more funding?
Maurice:
The iO doesn't work with GOsC to get its money.
-There is a need to agree on the same strategies to take the profession forward.
A richer source of funding could be useful to invest more.
-There are lots of projects that require volunteers.
-Funding would aid faster progression.
£0.5 million would be an ideal amount to take the edge off funding the starts of projects.

£50,000 surplus a year is made of which every penny is re-invested into projects.

Tim:
The GOsC does not fund the iO and because of that Maurice's ideal of £0.5 million is interesting.
Research is a key area that requires funding to produce an evidence base for osteopathy.
Primary funding sources for research are going to have to be osteopaths and their patients (e.g. If every osteopath collected £1 per week, it would be possible to fund a suitable randomly-controlled trial each year)

Does the GOsC publish its funds?
Tim:
Annual accounts are published and can be found on the website.
Annual reporting accounts are very transparent: listing salary details etc.

Misrepresentation of the term 'osteopath' during advertising
Tim:
Such cases invoke an investigation under Section 32 of the Osteopaths Act around illegal practice.
Usually, a cease and desist letter is sent out and the receiver will remove inappropriate advertising.
-Reviews of these cases are necessary to ensure there is no repeat misrepresentation in the future.
Evidential requirements are usually high in order for a private prosecution in this area.
-The GOsC must weigh up whether it will win and whether it will recover its costs.
Private prosecutions are necessary as the provisions for the police or the Crown Prosecution Service to seek to prosecute such an offence are not there.

It is necessary to identify that an individual has committed the offence.

Maurice:
The iO tends to flag these issues with the GOsC as it has more authority, powers and money to deal with them.

Advertising Standards
Maurice:
After communication from the institute regarding people phoning clinics and getting them to try to claim they could treat things such as colic in babies, severl dozen more complaints have been raised over similar lines.
The issue about being clear in the way that the benefits of osteopathy are expressed has been sitting around for a while.
Other issues are that there is simply a lack of evidence to suggest that osteopaths can substantiate certain claims.

Promotion of the agenda of the ASA in the form of the CAP code
Tim:
Whereas there are usually 40 complaints a year to the GOsC (as stated earlier), this year there have been 79 cases reported since July just on the topic of advertising. It is not the job of GOsC to be an advertising regulator.
The involvement of GOsC would be appropriate should an osteopath refuse to comply with a ruling made by the ASA.
The cost of bringing the requirements of the ASA and the CAP code to the attention of the profession is miniscule in comparison to the cost of dealing with complaints.
The GOsC is trying to create a mechanism to ensure problems can be resolved informally between the registrant and the ASA-CAP to avoid having an involvement.
Mythology suggesting there is no law relating to advertising is false as it is set at EU level.
However, problems do arise, as CAP guidance on osteopathy is difficult to interpret- some things need to be ironed out.
-Whilst there are flaws with the guidance, it is the authority that people must comply with.
The GOsC aims to minimise its costs which in turn affects its registrants and tries to resolve matters quickly and efficiently.
<u>Sanctions</u>
There is the potential for the Office of Fair Trading to be involved; unlikely with individuals.
Trading Standards may become involved.
The GOsC would consider the non-compliance with the ASA as unprofessional conduct.
<u>Finding misleading advertisements</u>
There is evidence suggesting that the agency carry out a systematic trawl through people's websites to find people that are non-compliant.
-These individuals are then reported to the GOsC.

Promoting what osteopaths can do to the ASA
Tim:
The profession has a role in collecting data systematically from patient-reported

outcomes.
(In relation to colic) The NCOR is running a project gathering evidence that may assist in providing evidence to the ASA.

Maurice:
The issue of what the ASA and CAP Committee consider as 'adequate' evidence needs to be made clearer (e.g. acceptable RCTs etc).
It would be wrong to expect an answer straightaway but engagement must be continued until an answer is reached.
The use of PROMs should be emphasised, as they are becoming a type of data that attracts attention.
-**Tim:** In a survey carried out by YouGov, it was found the public are reasonably relaxed about providing feedback to healthcare professionals, more so in osteopaths' patients.

Communicating what one can/cannot treat
Tim:
A receptionist should by no means claim what an osteopath can treat on their behalf.
It is a grey area: there should be no false claims surrounding treatment; the spectrum is based around experience.
-The nature of dialogue should revolve around attempting to help rather than promising a fix.
-The term 'evidence-based medicine' was never intended to just be about research evidence but also experience and patient preference.
Important not to overrate the issue of complaints made around advertising:
-400 osteopaths were advised to amend aspects of their website in 2011.
-In 2013, just over 100 were written to in order to take action against the same problem.
-The vast majority of osteopaths do not find it hard to comply with regulation.

Maurice:
It is particularly important to question how we can express what we do.
<u>Banned and allowed lists of problems that osteopaths say they can treat</u>
The notion of these lists could be considered too simplistic.

Tim:
The Committee produced the list.
The limited scope of the list is what is leading to conversations with the CAP.
-The list that physiotherapists follow is even more restricted than that of osteopaths.
As the list develops, it can be found on the CAP website.

Testimonials
Tim:
Using testimonials can be problematic in suggesting what an osteopath can treat- the ASA consider the word 'treat' to be the same as 'cure'.
-Part of the discussion with the ASA and the CAP must highlight that certain treatments (e.g. with babies/children) do happen and receive high levels of satisfaction.
Guidance over the use of testimonials is available on the CAP and it is not the role

of GOsC to interpret them.

Will it be possible to influence the ASA?
Maurice:
A basis of evidence from the osteopathic profession exists to address issues; it just has not been presented.
Other common conditions which osteopaths treat regularly require more evidence and the iO will help build evidence to support these.

Tim:
Osteopaths are autonomous primary care practitioners, trained to identify and deal with the aspects of a range of common conditions that they can.
-Where this is not possible, patients can be referred on.
-The practitioner rather than the ASA should carry out the triage

Goals for meeting with the ASA
Tim:
Discussions over how current cases are being managed.
Clarifications around the current conditions list.
A commitment from ASA-CAP to have an on-going dialogue to try and resolve issues.
-A long-term project.

Why are osteopaths taught treatments that they cannot advertise?
Tim:
It is not in the agenda of the GOsC or the iO to tell the osteopathic education institutions what they can and cannot teach.
Experiments are vital in any discipline of healthcare to see progress; the limitations of evidence must also be understood.

Osteopathy and the NHS:
Maurice:
Doctorate programs are set to provide great things.
-Showcases the effects of osteopathy in a multi-disciplinary environment.
Via AQP, NHS is offered on the NHS to an extent.
-Nottigham QMC allows osteopaths to treat the surgical waiting list.
-CCG-funded osteopathic units do exist, they are just few and far between.
An internship program at QMC gives osteopaths the opportunity to work between the Royal London Hospital for Integrated Medicine and the UCLH to begin to build understanding and experience.
-It is important that such programs are sustained to obtain NHS-based evidence around the effects of osteopathy.
-Seeks to embed osteopathy within elements of other health-providers and encourages a better understanding of working with other professions in health.
--To gain universal acceptance, the benefits of osteopathy must be explained in the different language of other healthcare providers.
<u>Contracts</u>
The iO could play a more coordinating and prominent role in supporting those who would like to gain a contract.
-Requires engagement from those who want to do it.
With the CCGs, it seems to focus on the health economics argument.

-Although this results in an unfair playing field, the key will be having the right data and arguments ready.
Having the role of organiser and coordinator, the iO needs osteopaths to supply evidence and information if requested in order to make progress.

The mood towards osteopathy in parliamentary committees
Maurice:
Osteopathy is substantially ignored at this stage.
Money shouts as much as patient care: important that thin clinical evidence expresses how the osteopathy can save the NHS money.

What does the iO spend its funding on?
Maurice:
Looking after its members.
Supporting member's events process.
Continuing to develop information content and support services for osteopaths.

Have people moved to calling themselves 'osteomyologist' to avoid regulation?
Tim:
The organisation behind this movement is not a strong one.
Their progress as a group is in doubt after their founder died earlier in 2015.

The iO Convention
Maurice:
Last year's format of multi-streaming our approach to networking education was not just exciting but a deliberate aim to bring the profession together.
Whilst the CPD element of the convention was important, meeting people with differing views and talking things out was vital.
On-stage debating.

Who leads osteopaths?
Both: Osteopaths.