Embodying the Osteopathic Practice Standards: an exploration of professional judgement

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Contestation

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

- Process/rules
- Collaboration/working together
- Agility, flexibility
- People/values
‘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
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 Mannion 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
‘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’

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

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)
Professional judgement

Q: Who decides whether an act is professional?
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.

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

Creating resources around ‘values’

- Patient infographic
- Patient CV
- Patient goal planner
- Case studies
- Podcasts
- Reflection template
- Animations
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

<table>
<thead>
<tr>
<th>Area</th>
<th>Working well?</th>
<th>Working less well?</th>
</tr>
</thead>
</table>
| Capability – knowledge and skills         | Accessible on website / tablet                                                 | Awareness raising still ongoing
|                                           | Regular communications and case studies and supplemental resources “understanding the why” | If people are not thinking about our standards, how do we start them thinking about them? |
|                                           | New CPD scheme                                                                 |                                                                                  |
| Opportunity – Environmental and social influence | Resources for patients to support them to make explicit what’s important to them | What is an OPS +ve workplace?                                                     |
| Motivation – professional identify, goals, emotion | Building on ‘feel’ concepts like engagement, support and community in our CPD scheme – it’s about reassurance and getting support | 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 |
## Intervention functions – now what

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

Health professionals: likelihood of a complaint in 2016

## Evaluating impact over time (2)

<table>
<thead>
<tr>
<th>Type of concern</th>
<th>Number of concerns*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2013</td>
</tr>
<tr>
<td><strong>Conduct</strong></td>
<td>109</td>
</tr>
<tr>
<td><strong>Clinical Care</strong></td>
<td>86</td>
</tr>
<tr>
<td><strong>Criminal convictions</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Adjunctive therapy</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Health</strong></td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>200</td>
</tr>
</tbody>
</table>

*Excluding concerns raised about advertising using common classification agreed with Professional Indemnity Insurers, Institute of Osteopathy and General Osteopathic Council
### Evaluating impact over time (3)

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

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

Please rate the following statements about today’s consultation.

Please rate the box with a ball point pen. If you change your mind and cross out your original response, make your new choice. Please rate every statement.

<table>
<thead>
<tr>
<th>How good was the practitioner at...</th>
<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very Good</th>
<th>Excellent</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Making you feel at ease (making you feel relaxed, explaining their position, being friendly and warm towards you, treating you with respect, not cold or abrupt)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2) Listening to your “story” (giving you time to fully describe your condition in your own words, not interrupting, rushing or distracting you)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3) Really listening (paying close attention to what you were saying, not knowing all the notes or computer as you were talking)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4) Being interested in you as a whole person (asking relevant details about your life, your situation; not treating you as “just a number”)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5) Fully understanding your concerns (communicating that they had accurately understood your concerns and address, not overlooking or downplaying anything)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>6) Showing care and compassion (expressing genuine concern, connecting with you on a human level; not being indifferent or detached)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>7) Being positive (having a positive approach and a positive attitude, being honest but not negative about your problems)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>8) Explaining things clearly (fully answering your questions, explaining clearly, giving you adequate information; not being vague)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>9) Helping you take control (explaining with you what you can do to improve your health yourself; encouraging rather than “lecturing” you)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>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)</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

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See Care Measure at: [www.caremeasure.org](http://www.caremeasure.org)
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
References

• Dixon-Woods M et al, (2014) Culture and behaviour in the English National Health Service: overview of lessons from a large multimethod study available at: https://qualitysafety.bmj.com/content/23/2/106?ijkey=32bb0ce6dae340e24b9fcc286b71b6e2e076c3c2&keytype2=tf_ipsecsha
• Mannion and Davies, (2018) 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
• Tyreman S, Tyreman S, Integrity: is it still relevant to modern healthcare?, 2011 Blackwell Publishing Ltd Nursing Philosophy (2011), 12, pp. 107-118
Thank you

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