
Putting patients first – challenges for regulating healthcare in a commercial environment

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Why is private practice different?

- Financial transaction involved
- Higher degree of consumer choice
- May involve marketing and promotion
- Less likely to be governed by clinical guidelines
- Reduced governance/oversight
- Lack of 'safety net' for clinicians



Osteopathic Practice Standards

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

1. A lack of integrity in your practice can adversely affect patient care. Some examples are:
 - 1.1. putting your own interest above your duty to your patient
 - 1.2. subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest
 - 1.3. deliberately withholding a necessary investigation, treatment or referral
 - 1.4. prolonging treatment unnecessarily
 - 1.5. accepting referral fees
 - 1.6. putting pressure on a patient to obtain other professional advice or to purchase a product
 - 1.7. recommending a professional service or product solely for financial gain
2. Not allowing misleading advertising about you and your practice



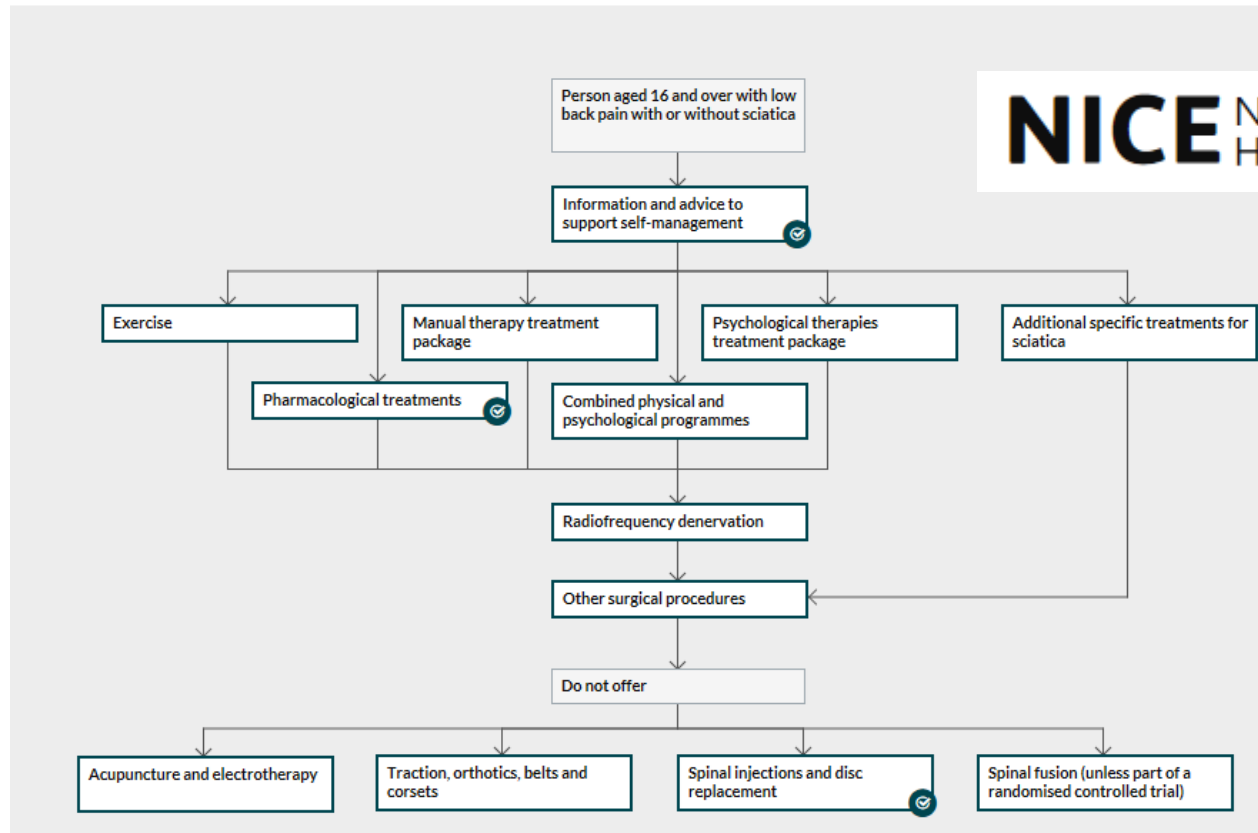
OPS – key issues

- ‘Subjecting a patient to an investigation or treatment that is unnecessary or *not in their best interest*’
- ‘Prolonging treatment unnecessarily’
- Advertising



NICE guidelines

Managing low back pain and sciatica



NICE National Institute for Health and Care Excellence



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Advertising



Based on evidence submitted to CAP prior to November 2016, the ASA and CAP accept that Osteopaths can claim to treat the following:

- Arthritic pain
- Circulatory problems
- Cramp
- Digestion problems
- Fibromyalgia
- Frozen shoulder/ shoulder and elbow pain/ tennis elbow
- Headache arising from the neck (cervicogenic)
- Joint pains
- Joint pains including hip and knee pain from osteoarthritis
- General, acute and chronic backache, back pain (not arising from injury or accident)
- Generalised aches and pains
- Inability to relax
- Lumbago
- Migraine prevention
- Minor sports injuries and tensions
- Muscle spasms
- Neuralgia
- Inability to relax
- Rheumatic pain
- Sciatica
- Uncomplicated mechanical neck pain (as opposed to neck pain following injury i.e. whiplash)



Evidence-based medicine

‘Evidence based medicine is not "cookbook" medicine. Because it requires a bottom up approach that integrates the best external evidence with individual clinical expertise and patients' choice, it cannot result in slavish, cookbook approaches to individual patient care. External clinical evidence can inform, but can never replace, individual clinical expertise, and it is this expertise that decides whether the external evidence applies to the individual patient at all and, if so, how it should be integrated into a clinical decision.’

Sackett, D. L. et al (1996) *BMJ* 312:71



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Patient choice and informed consent

- Patient choice is central to the therapeutic relationship
- Must be based on dialogue and mutual understanding
- Practitioners are obliged not to over-treat or provide sham treatment
- Grey area when touch-based approach promotes general wellbeing



Unnecessary treatments

- Multi-visit schemes and discounts:
 - Package deals for multiple treatments
 - Monthly payment schemes
 - Groupon
- Offers that promise treatment before any clinical need is established
- Maintenance check-ups – validity and limits
- Risk of patient dependency



OPS – key issues

- ‘Accepting referral fees’
- ‘Putting pressure on a patient to obtain other professional advice or to purchase a product’
- ‘Recommending a professional service or product solely for financial gain’



Sales, recommendations and referrals

- Sales of equipment/aids such as orthotics, pillows etc
- Referrals without fees
 - Risk of over-referral without established clinical need
 - Excessive ‘back scratching’
 - What is position with shared practice premises where there is a financial stake in the success of another’s practice?



Potential solutions

- Not putting your own interest above your duty to your patient
 - Effective patient dialogue – developing mutual trust and respect
 - Conflicts of interest policies
 - Openness/transparency of relationships
 - Promoting patient choice of alternatives
 - Avoiding sales targets
 - Cooling-off periods
- ‘Friends and family test’



Competition and cooperation

- Professional regulators should have no role in policing competition issues or business disputes
- Over-zealous competition benefits other competitors not the osteopathic profession – collaboration provides opportunities to grow the market rather than cannibalise it
- Sole trader/lone wolf mentality has impeded the development of the osteopathic profession



Market regulation

- Why do osteopaths go out of business?
 - Competitive pressures?
 - Quality of marketing?
 - Quality of practice?
- Who benefits?

“No man is an island, entire of itself ... any man's death diminishes me, because I am involved in mankind”



Regulators' role?

- Health and Social Care (Safety and Quality) Act 2015: *'to promote and maintain public confidence in the profession of osteopathy'*
- What is the role (and relative importance) in maintaining public confidence of:
 - Regulators?
 - Professional bodies?
 - Individual practitioners?
 - Patients?



Thank you for listening

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