



Council
29 January 2014
Continuing fitness to practise engagement strategy

Classification	Public.
Purpose	For noting.
Issue	The continuing fitness to practise communications and engagement strategy and an update on progress.
Recommendation	To note the continuing fitness to practise communications and engagement strategy and update.
Financial and resourcing implications	The costs of engagement comprise travel and venue costs and these are being funded through the remaining Department of Health grant.
Equality and diversity implications	Equality issues are being explored throughout the engagement process with our stakeholders.
Communications implications	The communications and engagement strategy is attached at the annex.
Annex	Continuing fitness to practise communications and engagement strategy.
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Background

1. Our Business Plan 2013-14 states that we will:
 - Devise a communication and consultation strategy to encourage a breadth and depth of responses to the continuing fitness to practise consultation.
 - Approve and publish proposals for the regulation of continuing fitness to practise.
2. On 17 October 2013, Council agreed the draft continuing fitness to practice framework for further discussion with key groups. The framework relies on a 'peer discussion review' which takes place at the conclusion of each three year cycle and which can be undertaken by
 - Professional colleague (either an osteopath or another healthcare professional)
 - A regional society or group
 - A member of the Osteopathic Alliance or other postgraduate CPD provider
 - An osteopathic educational institution
 - An employer
 - The General Osteopathic Council.
3. Council also agreed that the detailed guidance should be subject to consultation during 2014.
4. This paper provides an update on our communication and engagement with stakeholders ahead of formal consultation later this year.

Discussion

5. One of the key decisions made by Council at its meeting in October was the opportunity to expand the role of other organisations in the continuing fitness to practise framework. Consequently, a key aim between now and the consultation later in 2014 is to explore whether these organisations are interested and able to play a part in the continuing fitness to practise framework and if so, to work closely with them to develop their role ahead of formal consultation.
6. Our goal during the engagement period is to produce both the high level draft framework, but also more detailed draft CPD Guidelines, in partnership with other organisations ready for formal consultation later in 2014. This engagement also provides the opportunity to promote discussion about the framework with as many people as possible ahead of consultation to facilitate informed discussion, debate and good quality feedback during the formal consultation.

7. The continuing fitness to practise communication and engagement strategy is attached at the Annex sets out how we are planning to undertake this important engagement.
8. The engagement commenced with an intensive half day session with our Regional Communications Network on 22 November 2013. The seminar incorporated five interactive sessions:
 - Session 1 – summarised the background and context to the development of the continuing fitness to practice framework and provided a summary of the framework.
 - Session 2 – focussed on the Osteopathic Practice Standards – and the potential role of the Regional Societies in helping osteopaths to connect CPD to the four themes of the Osteopathic Practice Standards (communication and patient partnership, knowledge, skills and performance, safety and quality in practice and professionalism).
 - Session 3 – focussed on consent, the wealth of resources available to support osteopaths in consent and the potential role of the regional groups in connecting osteopaths to the resources on consent.
 - Session 4 – focussed on the menu of objective activities that osteopaths could choose from (e.g. patient feedback, clinical audit, peer feedback), and the potential role of regional groups in supporting osteopaths to plan and report the objective activity (including analysis and reflection).
 - Session 5 – comprised a role play session which participants undertook in groups of four exploring how an end of three year cycle peer review discussion might work in practice. This experience then informed a discussion about the benefits and challenges of this.
9. Broadly, the regional groups felt that they could play a part in the peer discussion review at the end of the three year process and that they had contributions to make in relation to the other elements to support osteopaths to participate in the process successfully. Three groups have volunteered to be 'pathfinder' groups and we are working closely with them locally in order to further develop the materials and guidelines. A draft note of the meeting is available on request from Fiona Browne at fbrowne@osteopathy.org.uk. Feedback about the seminar was very positive and the seminar itself was lively generating good feedback which we will draw upon as we work further with the pathfinding groups.
10. The Chief Executive and Registrar presented the draft framework to the British Osteopathic Association Council on 22 January 2014. While it is not expected that the BOA will play a part in the peer discussion review, they may well have a role to play in helping osteopaths to understand the draft continuing fitness to practise framework and promoting engagement and debate in the consultation process as well as providing CPD resources for their members supporting compliance with the different elements of the framework.
11. We expect to be discussing the framework with our other stakeholders as outlined in our communications and engagement strategy outlined at the Annex.

Recommendation: to note the continuing fitness to practise communications and engagement strategy and update.