



**General Osteopathic Council  
Osteopathic Practice Committee**

Minutes of the 7<sup>th</sup> Osteopathic Practice Committee held on Thursday 18 June 2015

*Unconfirmed*

Chair: Jonathan Hearsey

Present: Jane Fox  
Kenneth McLean  
Manoj Mehta  
Julie Stone  
Alison White  
Jenny White

In attendance: Sheleen McCormack (Head of Regulation)  
Kit Holmes (Professional Standards Manager, Item 8)  
Matthew Redford (Head of Registration and Resources)  
Marcia Scott (Council and Executive Support Officer)  
Tim Walker (Chief Executive and Registrar)

**Item 1: Welcome**

1. The Chair welcomed attendees to the meeting and a special welcome was extended to Sheleen McCormack, Head of Regulation, attending her first meeting of the OPC.

**Item 2: Apologies and Interests**

2. There were no apologies.
3. No members declared any potential conflicts of interest to the meeting.

**Item 3: Minutes and matters arising**

4. The minutes of the meeting held on 12 March 2015 were approved as a correct record of the meeting.

**Matters arising**

5. Item 9, paragraph 27j: Concerns about transgression of profession and/or sexual boundaries with patients: Members asked if there had been any further discussion or information from the inter-regulatory group. The Head of Policy and Communications confirmed that there had been no discussion on the topic at recent meetings.

6. Item 12 AOB, page 12, paragraph 34: Kenneth McLean informed members that although not entirely related to the Zubin Austin and the HCPC report, he would arrange for circulation of the General Dental Council public documents on risk and risk perception which had been discussed at their recent meeting as it may be of interest to members.

#### **Item 4: Interim Suspension Order (ISO) Guidance**

7. The Head of Regulation introduced the item which invited members to consider draft guidance for the fitness to practice committees. The guidance had been substantially updated and modified to enable the Committees to make consistent, reasoned, and legally sound decisions when determining whether to impose an Interim Suspension Order. She advised members that the revisions more accurately reflect and are consistent with the statutory scheme provided to the Fitness to Practise Committees under the rules and legislation, is more risk adverse and relevant.
8. Members agreed that the draft guidance overall read very well.
9. Members made the following suggestions shown listed at page 8, paragraph 19, bullet points 3 and 4:
  - a. Abuse of the privileged position enjoyed by the osteopath: this sentence required clarification. It was suggested that it should be re-worded and phrased from the patient's perspective.
  - b. A number of, or serious, departures from the standards of practice laid down in Osteopathic Practice Standards: this sentence required tightening/re-wording – when does an issue become serious? It was suggested only using the word 'departures' in the sentence.
10. Members also highlighted the sentence at paragraph 20, bullet 4:
 

The osteopath's previous employment history and character: it was suggested that this could be misinterpreted and should be more explicit.
11. The Head of Regulation responded that the sentence did not just apply to practice of profession but she would review as part of the updating of the guidance. It was suggested that the sentence could be deleted.
12. The Chief Executive posed the question as to how closely did the guidance link to the internal risk assessment? The Head of Regulation agreed this was a good point and it was something she would take into consideration.
13. Members were advised that the updated guidance would bring GOsC into line with other regulators but that unlike other regulators if the ISO lapsed it could not be taken to court to be extended.

14. Members queried the two-month timeframe. The Head of Regulation responded that this was only at the IC stage and the matter would need to be referred from the IC to the PCC for them to agree an ISO.
15. Members queried the publication of Health Committee ISO decisions which were private. The Head of Regulation responded that currently Health Committee decisions are partially redacted but she would like to change the process so that only the fact that someone has being suspended and the broad allegation is published which reflects the fact that Fitness to Practise Committees are not making findings of fact.

**Agreed:** the Committee agreed that the draft Interim Suspension Order Guidance should be recommended to Council for consultation subject to the suggested corrections and amendments.

### **Item 5: Osteopathic Practice Committee Annual Report**

16. The Chief Executive introduced the item which was the Annual Report of the Osteopathic Practice Committee to Council.
17. Members queried paragraph 14 of the report asking if the values work and other development work described imply that a new version of the Osteopathic Practice Standards was being planned. Members were advised that no decision had been made relating to a new version of the OPS.
18. Members also queried the cost of research shown at paragraph 19. The Chief Executive responded that the figure was part of the designated spending budget. Final payment for the research had now taken place.
19. The Chief Executive also clarified the figure given for publications and subscriptions explaining that this included attendance at events.

**Agreed:** the Committee agreed the Osteopathic Practice Committee Annual Report to Council for 2014-2015.

### **Item 6: Registrants with Blood Borne Conditions**

20. The Chief Executive introduced the item which asked the Committee to consult on draft advice for osteopaths about blood borne conditions such as HIV and hepatitis.
21. The Chief Executive informed the Committee that he had given this area of work some consideration and also reviewed how other regulators dealt with the issue. He was not convinced that formal guidance was the correct approach, that what was published in the OPS was clear and compatible with other regulators, and that the document should be produced as advice rather than guidance. Limited consultation would still take place.
22. Members supported the draft advice and that it provided an 'elegant' solution to a difficult issue. It was agreed that consultation with experts would be useful.

23. At page 3 para 6, in relation to the guidance in the OPS members cautioned that it should be borne in mind that the individual may not have a medical adviser.
24. Members suggested the wording at page 9, paragraph 5d the word 'therapy' should be amended to read 'procedure'.

**Agreed:** the Committee agreed to consult on the draft advice subject to the suggested amendments.

### **Item 7: Risk Register.**

25. The Chief Executive introduced the item which requested the Osteopathic Practice Committee consider the Risk Register so that members could judge their effectiveness of scrutiny of the activities contained within it.
26. The following comments were made and responded to:
  - a. It was suggested that although the OPC did not have oversight in the areas covered by 1.1 – Pre-registration education and training, oversight of financial stability of the OEIs should be added to the assurance mechanisms.
  - b. Also in relation to 1.1 members asked if quality assurance should be more explicit regarding the OEIs. The Chief Executive responded that the recognition process is standard for the OEIs and the institutions are tested against a number of standard conditions by the Quality Assurance Agency.
  - c. At 1.5 – Fitness to Practice, members suggested that the OPC might have sight of the 'dashboard' which is produced by the Regulation Team, with oversight by Council. The Chief Executive responded that it was not within the remit of the OPC to consider fitness to practise performance but to consider policy. If an adverse trend required policy action the OPC would be involved.

### **Item 8: CPD consultation update and next steps**

27. The Head of Policy and Communications introduced the item which set out the report on the 16-week public consultation on proposals for a revised scheme of continuing professional development for osteopaths, conducted by the GOsC between 9 February and 31 May 2015, and an indication of the next steps.
28. The Head of Policy and Communications added that Abi Masterton had been appointed to conduct an independent review of the consultation.
29. The Committee made the follow points in discussion:
  - a. It was agreed that the GOsC should be congratulated on the work which had been done on the CPD consultation. It had proved a valuable exercise and the experience and learning from the project would be built upon.

- b. It was suggested that at page 13, Q8, the final sentence of the second response should include the word:

'you would need too come up with estimate of benefit to you and your practice.'

- c. Members asked about the number of respondents to the consultation. The Chief Executive responded that it was among the largest responses that the GOsC had received to such a consultation and compared favourably with larger regulators.
- d. Members felt that number of different options for providing feedback had added to the success of the consultation and may also have had some unintended benefits. Having face-to-face discussion through meetings with small groups helped to 'bottom out' fears and apprehension about what was being proposed. The Chief Executive commented that the webinar had worked particularly well and was another positive experience opening another option for participation by osteopaths in future consultations.
- e. Members noted Q23, page 18: Why would I want to talk to another osteopath about my practice? highlighted the problem of osteopaths working in isolation. It was hoped that the continuing work on values and professionalism would help to address this way of thinking.

**Noted:** the Committee noted the CPD consultation update.

**Item 9: Any other business**

30. There was no other business.

**Item 10: Date of the next meeting:** Thursday 18 June 2015 at 14.00