



**Council  
6 November 2014  
Health Committee Annual Report**

**Classification** Public

**Purpose** For noting

**Issue** This paper presents the 2013-14 Annual Report for the Health Committee of the General Osteopathic Council covering the period 1 July 2013 to 30 September 2014.

**Recommendation** To note the content of the report.

**Financial and resourcing implications** None

**Equality and diversity implications** On-going monitoring of equality and diversity trends in the decisions made by the Health Committee will form part of the Regulation Department's future quality assurance framework.

**Communications implications** None

**Annexes** None

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## Introduction

1. The report from the Health Committee (HC) to Council covers the period 1 July 2013 to 30 September 2014. The end date has been taken to align with the current reporting period of the Professional Conduct Committee (PCC).
2. The HC has not encountered any fundamental operational problem, although one or two notable procedural issues have arisen which originate in the statutory framework applied to the Council. These are discussed at paragraphs 10 and 11 below.

## Matters considered by the Health Committee

3. The number of matters considered by the HC in this reporting period is set out below. Comparisons for the previous reporting period are set out in bold brackets.

	1/7/13 to 30/9/14	1/7/12 to 1/7/13
Rule 6 Directions hearings <sup>1</sup>	4	[0]
Rule 8 meetings <sup>2</sup>	2	[0]
Applications to cancel a hearing under rule 36 <sup>3</sup>	0	[0]
Full hearings	2	[0]
Reviews of Suspension Orders	0	[0]
Interim Suspension Order applications	4	[0]

## Outcomes

4. The two full hearings resulted in:

Findings of impairment of fitness to practise	2
Conditions of Practice Orders	1
Suspension	1

<sup>1</sup> Under Rule 6 of the GOsC (Health Committee) (Procedure) Rules 2000, upon referral of a case from the Investigating Committee, the Chair of the Health Committee is required to review the information and reports available and to determine what further information is required.

<sup>2</sup> Under Rule 8 of the Health Committee Rules, where the medical opinion of the GOsC Medical Assessors and the registrant's medical expert is unanimous to the effect that the registrant is not fit to practise, the Committee is required to determine whether it is sufficient to direct that a registrant should be subject to a Conditions of Practice Order.

<sup>3</sup> Under Rule 36 of the Health Committee Rules, the Committee has the power to cancel a hearing in exceptional circumstances, provided that the registrant consents to the cancellation, and the views of the complainant and the Investigating Committee have been obtained.

## Themes

5. The medical conditions which have featured in the cases considered by the Committee during this period include:

- bipolar affective disorder
- personality disorder (narcissistic/paranoid/antisocial)
- substance misuse depression and hypomania
- Alcohol Dependence Syndrome
- paranoid schizophrenia or delusional disorder.

Clearly the case load was too small to enable the HC to identify trends for the Council at this stage. However, the possibility of doing so will be borne in mind for the future. The effective and sensitive handling of impairment associated with practitioner ill health has obvious implications for the public reputation of the profession, and for practitioner's views about their Regulator. If there are possible lessons to learn they will always be reported for Council consideration.

## Issues including those identified in the Chair's feedback reports

6. Each HC agrees a report after all substantive hearings, including those under Rule 8. Each report is then sent to GOsC staff by the Chair. In my view, the following are the most significant issues featured in this year's reports.
7. *Conditions of Practice.* It was very evident that the Committee, and indeed Registrants, experienced significant pressures where Conditions were contemplated. Devising conditions is not straightforward. The process of shaping them in consultation with the Registrant and with due attention to what is necessary, sufficient, and workable can take significant hearing time. The fractured nature of some mental health services, and the fact that Osteopaths rarely work under supervision, generate particular problems for securing tailored arrangements to sustain oversight and compliance.
8. It was plain that a fully comprehensive 'conditions bank' for health cases would help to deal with this, and to dispose of cases even more expeditiously. The Committee was very grateful to GOsC staff for indicating that such guidance will be prepared for submission to Council as soon as possible.
9. *Statutory Framework.* The Committee readily appreciates that issues associated with the statutory framework imposed on the Council are not amenable to easy resolution. In the Health Committee context two procedural matters have arisen.
10. First, it is noteworthy that where a Conditions of Practice Order has been imposed, the HC Rules do not permit the imposition of an Interim Order for Conditions to cover the 28 day appeal period.
11. Second, it is not immediately obvious why the Chair is required to determine whether a case should go to the Health Committee even after it has been

referred by the Investigating Committee. This appears to be an over engineered requirement – although, more generally, the involvement of the Chair in making other case management directions is helpful in bringing cases before the HC timeously and in good order. Should an opportunity arise to consider both these issues in future I would recommend that it be taken.

12. *Guidance for Medical Assessors.* Initially, the Committee was concerned that its medical assessors did not have sufficient support to achieve a proper understanding of their role. The HC was very grateful that the Council prepared detailed guidance for medical assessors on the nature of their role, and on expectations as to how it should be carried out. This has had a markedly positive impact on quality, consistency and standards overall.

### **Support to the Committee**

13. *Legal Assessors.* The Committee has been very well supported by each of its Legal Assessors. It was in no doubt that the Council's attention to the quality of these assessors is paying dividends for the robustness of procedural integrity in the HC.
14. *Medical Assessors.* A new pool of Medical Assessors was appointed by the Council with effect from 1 April 2014. The Committee was impressed by the care with which this was approached. It noted very positive feedback from these new assessors both about the recruitment process itself, and about the training for them that followed.
15. *Administrative Support.* The Committee wishes to emphasise that the support it has received from the Council's executive and administrative staff has invariably been attentive, agile, and highly effective.

### **Health Committee members**

16. Members of the Health Committee consider performance after each hearing. An 'all members' meeting and training day for members of the Professional Conduct and Health Committees was held on 15 November 2013. Details on this are included in the report on the PCC.
17. This year, the 'all members' meeting and training day will take place on 20 November 2014. The Agenda will include discussions on proposals for an enhanced bank of conditions for use by the Committee.

**Richard Davies**  
**Chair, Health Committee**  
**2 October 2014**