



**Osteopathic Practice Committee**  
**12 March 2015**  
**Draft Bank of Conditions for the Health Committee**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion.
<b>Issue</b>	The paper proposes the introduction of a standard Bank of Conditions to assist the decision making of the Health Committee.
<b>Recommendation</b>	To consider the draft Bank of Conditions at the Annex.
<b>Financial and resourcing implications</b>	Met within budget
<b>Equality and diversity implications</b>	Monitoring of diversity data will form part of the Regulation Department Quality Assurance Framework.
<b>Communications implications</b>	In line with our standard practice, a public consultation on the draft bank of conditions will be undertaken in due course.
<b>Annex</b>	Draft Bank of Conditions for Health Committee
<b>Author</b>	David Gomez

## Background

1. In October 2013, Council agreed to introduce a standard Bank of Conditions to assist the decision making of the Professional Conduct Committee in cases in which it is considered appropriate to implement a Conditions of Practice Order.
2. In November 2014, Council received the first annual report of the Health Committee. Prior to this time, the Health Committee had not sat on sufficient occasions to merit the production of a report.
3. In his report to Council in November 2014, the Chair of the Health Committee stated:

*"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.

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."

## Discussion

4. The Health Committee considers allegations about a registrant's fitness to practise at hearings. The procedures followed at the hearing are set out in the GOsC (Health Committee) (Procedure) Rules 2000 (HC Rules).
5. By section 23(2) of the Osteopaths Act 1993, the Health Committee is able, in relevant cases, to impose conditions on a registrant's practice – a Conditions of Practice Order (CPO). The purpose of a CPO is to provide protection to the public, including patients, while allowing a registrant to continue to practise. When it has decided that a CPO is the most appropriate sanction, the HC will need to formulate detailed conditions that will achieve this aim.
6. Conditions need to address the specific risks or shortcomings identified in the case and should be drafted so that registrants understand clearly what is expected of them, and the timescales for compliance. Conditions also need to be monitored and measurable so that a future HC panel can consider the registrant's compliance with the conditions.
7. The GOsC is beginning to handle a growing number of health cases. The Regulation team's current case load includes seven open health cases at various stages of the fitness to practise process.

8. In his report to Council in November 2014, the Chair of the Health Committee noted that the Committee had dealt with the following types of health issues:
  - bipolar affective disorder
  - personality disorder (narcissistic/paranoid/antisocial)
  - substance misuse depression and hypomania
  - Alcohol Dependence Syndrome
  - paranoid schizophrenia or delusional disorder.
9. While the number of case which have been determined at a full Health Committee hearing remains low at present (three hearings since July 2013), it would be prudent to have in place a Bank of Conditions to assist the Committee as the cases work through the system.
10. Given the low number of cases heard and determined to date, there is a limited amount of experience to draw upon, of how conditions actually operate within an osteopathic context.
11. However, the standard Banks of Conditions used by other healthcare regulators have been considered to ascertain the possibility of transfer to an osteopathic context.
12. The standard Banks of Conditions used by other regulators were considered by members of the Professional Conduct and Health Committees at their training day on 20 November 2014.
13. In addition, at its periodic meeting with Institute of Osteopathy in January 2015, the executive asked the IO to consider the standard banks used by other regulators and to provide feedback on the individual conditions which might be suitable for use within the osteopathy profession.

*Views from stakeholders*

6. The draft Bank of Conditions is enclosed at the Annex
7. This work is necessarily at an early stage of development. The Executive would appreciate the views and comments of the Osteopathic Practice Committee on the draft Bank of Conditions.
8. Following the meeting, the intention is work up a further draft with the assistance of the new panel of medical assessors, and to bring a refined Bank of Conditions back to the Committee for consideration in June.

**Recommendation:** to consider the draft Bank of Conditions at the Annex.



## **Guidance for the Health Committee**

### **Formulating Conditions of Practice Orders**

#### **Introduction**

1. The General Osteopathic Council (GOsC) was established by the Osteopaths Act 1993 (the Act) to regulate and develop the profession of osteopathy. This document relates to the GOsC's regulatory function and in particular the work of its Health Committee (HC).
2. This document has been produced primarily to assist the HC when it has determined that a Conditions of Practice Order should be imposed on an osteopath. However, osteopaths, their legal representatives, professional bodies and members of the public may also find the information contained in this document useful.
3. A Conditions of Practice Order allows an osteopath to continue practicing whilst providing protection for the public and patients. When formulating conditions, the HC will have the public interest at the forefront of its mind.
4. This document is designed to guide the HC when it needs to formulate conditions that an osteopath must adhere to. It is not exhaustive, nor intended to restrict the HC from exercising its own judgement.

#### **Health Committee (HC)**

5. The procedures adopted by the HC are governed primarily by the Act and the GOsC (Health Committee) (Procedure) Rules 2000 (the Rules). Other legislation, such as the Human Rights Act 1998, also has an impact on the way the HC operates and the procedures it adopts, as does common law.
6. By Section 23(1) of the Act, it is the duty of the HC to consider any allegation referred to it that a registrant's fitness to practice as an osteopath is seriously impaired because of his physical or mental condition.
7. Section 22(3) requires the HC to take one of the following steps, if it is satisfied that the allegation is well founded (proved):
  - a. make an order imposing conditions with which the osteopath must comply while practising as an osteopath (a 'conditions of practice order');
  - b. order the Registrar to suspend the osteopath's registration for such period as may be specified in the order (a 'suspension order');

8. The HC does not have the power to admonish a registrant, or to remove an osteopath's name from the Register of Osteopaths.
9. This guidance is solely concerned with the HC's powers to make an order imposing conditions with which the osteopath must comply while practising as an osteopath (a 'Conditions of Practice Order').

### Conditions of Practice Order

10. A Conditions of Practice Order (the Order) allows an osteopath to continue practising whilst providing protection for the public and patients. The primary purpose of the Order is to protect the public. If it is not possible to formulate workable conditions that achieve this, the HC must suspend the osteopath's registration.
11. Conditions take two forms: they may be restrictive and prevent an osteopath from practising in a certain way or on a particular category of patient; or they may address deficiencies in practice or potential risks to the public and require the osteopath to undergo additional training or other improvement activity. An Order will generally contain a number of conditions, which may be both restrictive and address deficiencies.
12. It is important that any osteopath who is subject to an Order clearly understands what they are expected to achieve. The HC should, therefore, always produce a written Order that clearly identifies the conditions that are to be complied with. The HC should also explain its reasons for formulating these conditions.

### Formulating conditions

#### *Restrictive conditions*

13. It is essential that the HC identifies and expressly states the risk posed by the osteopath and satisfies itself that the risk can be mitigated by conditions. If so, restrictive conditions can be used to protect the public and patients whilst the osteopath continues to practise.
14. When formulating restrictive conditions, the HC should ask itself three key questions:
  - a. What are the risks that need mitigating?
  - b. How are the public and patients to be protected from these risks?
  - c. How can compliance with the conditions be demonstrated, monitored and independently verified?
15. The GOsC's primary concern is the protection of patients and the public. Where conditions have been imposed, it is important for the GOsC to have assurance that all conditions are being complied with on an on-going basis.

16. If it is not possible to formulate workable conditions that mitigate the identified risks, and which are capable of being measured and monitored, then the HC should consider suspending the osteopath's registration.

### *Conditions addressing deficient practice*

17. Formulating conditions to address deficient practice can be difficult and the HC should ask itself four key questions when undertaking this task:
  - a. What is the problem that needs addressing?
  - b. What does the osteopath need to do to address this problem?
  - c. How should the osteopath demonstrate that they have addressed the problem?
  - d. How should the osteopath's claim that they have addressed the problem be independently verified?
18. The objectives of the conditions always need to be made sufficiently clear for the osteopath to know what is expected of them.
19. Taking each of the identified shortcomings in the relevant case, the HC should make clear what it expects of the osteopath and explain how the conditions relate to these shortcomings.
20. The HC will wish to be satisfied that the identified shortcomings have been sufficiently addressed and that the osteopath now practises to the standards required. The HC should clearly explain to the osteopath what evidence it will wish to see to be satisfied of this. For example evidence of:
  - the successful completion of any training courses
  - reports from a supervising osteopath
  - details of any self-directed learning and reflective accounts.
21. It is important that the claims made by the osteopath are independently verified. This can be achieved by, for example:
  - Drug/alcohol testing
  - Reports from registered medical practitioners.
22. A template has been produced to assist the HC at hearings and when it is formulating conditions within this framework in individual cases. This template is provided at Annex B.
23. Annex A provides sample wording to assist the HC when drafting an order.

## Sample Wording for Conditions

Provided below are samples of the wording that may be used in Conditions of Practice Orders. This list is provided to guide the HC and it is by no means exhaustive or comprehensive.

<p><b>Standard conditions for all Health/Substance Misuse Cases</b></p>	<ol style="list-style-type: none"> <li>1. To place yourself and remain under the supervision of a registered medical practitioner specialising in [ ]/ General Practitioner who is approved by the GOsC.</li> <li>2. To attend appointments with [ ] as arranged, follow his/her advice/comply with his/her recommended treatment.</li> <li>3. To inform the GOsC by [date] of the name and contact details of your general practitioner and any other registered medical practitioner responsible for your care and to consent to the GOsC corresponding with him/her about your health.</li> <li>4. To arrange for the GOsC to receive medical reports from your supervising Consultant/GP every [ ] months or on reasonable request by the GOsC. To meet any costs associated with attending such supervision and the provision of medical reports.</li> <li>5. To obtain the approval of a medical practitioner approved by the GOsC, before undertaking any post for which registration with the GOsC is required or before treating any patients.</li> <li>6. To keep your professional commitments under review and limit your practice in accordance with your medical supervisor's advice.</li> <li>7. To cease work immediately if your medical practitioner advises and to notify the GOsC immediately of this fact.</li> <li>8. To comply with arrangements made on or behalf of the GOsC for the testing [including unannounced testing breath/blood/urine/saliva/hair etc.] of [substance to be tested for] for the recent and long term ingestion of alcohol and/or [drug]. The costs of such testing to be borne by you.</li> <li>9. To arrange and undertake [type of test] for the recent and long term ingestion of alcohol and/or [drug] every [ ] months until the expiry of this order. The test must be undertaken in such a way that the chain of custody can be shown to be intact. The results of such tests should be promptly forwarded to the Council. The costs of such tests are to be borne by you.</li> </ol>
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	<ol style="list-style-type: none"> <li>10. To attend meetings of Alcoholics Anonymous/Narcotics Anonymous /or any other support group if recommended to do so by your medical supervisor. The frequency of your attendance should be determined by your medical supervisor. To consent to the group leader writing to the GOsC to confirm your attendance at the meetings and to highlight any concerns/issues.</li> <li>11. To refrain from self-medication (apart from over the counter drugs which do not require a prescription) and to take drugs only as prescribed for you by your General Practitioner/registered medical or dental practitioner responsible for your care.</li> <li>12. Save in life threatening emergencies, to undertake all consultations with patients in the immediate presence of an osteopath registered and in good standing with the GOsC, or other person acceptable to the GOsC.</li> <li>13. Save until otherwise notified by the GOsC, to refrain completely from providing the following types of osteopathic treatment....</li> <li>14. You must not possess any drugs listed in Schedules 1 to 3 of the Misuse of Drugs Regulations 2001 (as amended from time to time).</li> </ol>
<b>Alcohol Dependence</b>	<ol style="list-style-type: none"> <li>1. You are to abstain absolutely from the consumption of alcohol/limit your alcohol consumption in accordance with the directions given by your medical supervisor, abstaining absolutely if they so require.</li> <li>2. You are to cease work immediately if you are so advised by your General Practitioner (GP).</li> <li>3. You are to consent to your GP providing reports to the Council every three months. These reports are to cover your general state of health, together with assessments of the results of tests relevant to your abstinence from alcohol, including the following. <ul style="list-style-type: none"> <li>• Full blood count.</li> <li>• Liver function tests.</li> <li>• 5 Carbohydrate-Deficient Transferrin (CDT).</li> </ul> </li> <li>4. You are to permit a [ ] to provide the Council with a report every three months. This report is to include information as to your progress and insight relevant to the management of your condition; your engagement with supportive activities designed to sustain abstinence; and your action</li> </ol>



	<p>to cope with crisis and stress (including the maintenance and development of your support network).</p> <p>5. You must secure a Registered Osteopath to act as a mentor supporting your phased return to practice. The identified Registrant must be acceptable to the Council. This must be achieved, and notified to the Council, within 14 days of the date of this determination. He or she shall provide a report to the Council every three months about your progress in relation to your phased return to practice. Each report shall be based upon information obtained in the course of consultations with you, which shall take place monthly.</p> <p>6. You are to prepare a Personal Development Plan (PDP) in consultation with your mentor within 28 days of your first meeting with him or her. The PDP shall include:</p> <ul style="list-style-type: none"> <li>• the steps you propose to take to build up your patient caseload in safe and manageable stages;</li> <li>• the measures you intend to take to refresh your knowledge of Council standards, guidance and protocols; and</li> <li>• your objectives for continuous professional development for the twelve month period from the date of this determination.</li> </ul> <p>Your mentor's three monthly reports shall include information as to your progress in fulfilling your PDP.</p> <p>7. You are to inform the Council immediately if you move away from [ ]</p> <p>8. If you move away from [ ] or otherwise change your GP, you must:</p> <ol style="list-style-type: none"> <li>a. register immediately with a GP in your new locality who confirms a preparedness to supply the reports and testing required under Condition 3 above;</li> <li>b. immediately provide the Council with the contact details for your new GP;</li> <li>c. immediately notify the Council of the support arrangements you intend to secure in your new location.</li> </ol> <p>9. You are to consent to undergo a further full assessment by a Consultant Psychiatrist nominated by the Council, and at a time to be determined by the Council, before the expiry of this Order. You are further to consent to the Consultant Psychiatrist receiving the reports and results entailed by Conditions 3, 4, 5 and 6.</p>
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	<p>10. You must notify the Council immediately if at any time it becomes apparent that you cannot comply with any of the Conditions specified in this Order.</p> <p>This Order is for a period of [ ] months to permit [the Registrant] time to re-establish his/her practice and to demonstrate his compliance with the Conditions themselves. The Committee considered that an order for [ ] months was sufficient and proportionate in all the circumstances.</p>
<p><b>Paranoid Schizophrenia/delusional disorder</b></p>	<ol style="list-style-type: none"> <li>1. You are to seek treatment from/remain under the care of a consultant psychiatrist approved by the GOsC and/or mental health professional, until such time as you are formally discharged from their care.</li> <li>2. You must commence treatment if, at any point, your General Practitioner/Medical Supervisor recommends re-referral to a consultant psychiatrist and/or mental health professional.</li> <li>3. You are to comply with the advice and directions of your treating Psychiatrist and Community Mental Health Team, and to cease work immediately if so advised.</li> <li>4. You are to adhere to the medication as prescribed by your treating Psychiatrist.</li> <li>5. You are to permit the GOsC to liaise with your treating clinicians to secure and obtain reports from them as to your state of health. Such reports are to be submitted to the GOsC every six months.</li> <li>6. You are to permit [ ] and any successor to notify the GOsC of any change in your treatment/care/state of health and to confirm the position in writing every 3 months, even if there has been no change.</li> <li>7. You are to permit the GOsC to secure an independent psychiatric report on your health for the review of this order.</li> <li>8. You are to show a copy of these conditions to your treating Psychiatrist and Community Mental Health Team and to any potential osteopathic employer or potential osteopathic business partner.</li> </ol> <p>The Committee considered it sufficient and proportionate, given the nature of the risks it had identified, to impose this order for a period of [ ] years.</p> <p>There will be a review of this order before the expiry of [ ] months from the commencement of the order.</p>

<p><b>Bi-polar Disorder</b></p>	<ol style="list-style-type: none"> <li>1. You must secure a report from your General Practitioner for submission to the GOsC every 3 months, as regards your overall health record and in particular your mental health, including your assessed adherence to your GPs advice over prescribed medication. If your GP were to require tests relating to your possible use of drugs or alcohol, then you would be expected to take all reasonable steps to undergo them.</li> <li>2. You must secure a report from your Community Mental Health Care Co-ordinator for submission to the GOsC every 3 months, about progress in relation to your mental state, your compliance with medication, and action you are taking to cope with crisis and stress (including the development of your network of support).</li> <li>3. You must secure a report from a psychiatric practitioner with Membership of the Royal College of Psychiatrists for submission to the GOsC every 7 months. This report should include, but may not necessarily be limited to, a description of your treatment plan, an analysis of your adherence to it, and the assessed prognosis for the future. Each report should be based on the information contained in the reports referred to at Conditions 1 and 2 above and on a recent face-to-face consultation with you.</li> <li>4. You must inform the GOsC immediately if you move away from [ ].</li> <li>5. If you move from [ ], you must: <ol style="list-style-type: none"> <li>a) register immediately with a GP in your new locality who confirms a preparedness to supply the reports required at Condition 1 above;</li> <li>b) immediately provide the GOsC with the contact details for your new GP;</li> <li>c) immediately set out for the GOsC the support arrangements you intend to put in place in your new location.</li> </ol> </li> <li>6. You must inform the GOsC immediately if you are discharged by your existing Community Mental Health Care team.</li> <li>7. You must notify the GOsC immediately if at any time it becomes apparent to you that you cannot comply with any of the Conditions specified in this Order.</li> </ol> <p>This Order will apply for [ ] months. It must be reviewed before the beginning of 3 months ending on the date on which it is to cease to have effect (Rule 30(1)(a)) or on the written application of [the</p>
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	Registrant] (Rule 30(1)(b)). The Order may also be reviewed where it appears from information subsequently received that the osteopath is in a material respect not complying with a condition in the Order (Rule 30 (2)).
<b>Blood borne diseases</b>	<ol style="list-style-type: none"> <li>1. To refrain from undertaking any Exposure Prone Procedures until such time as:  you are on effective combination antiretroviral therapy and have a plasma viral load of less than 200 copies per ML OR;  are an elite controller and are subject to plasma viral load monitoring every three months and are under the joint supervision of a Consultant Occupational Health Physician and your treating physician and are registered with the UKAP Occupational Health Monitoring Register.</li> <li>2. To provide evidence of your registration with the UKAP Occupational Health Register to the GOsC; and to allow the GOsC to receive regular reports from your Consultant Occupational Health Physician and/or other physicians</li> </ol>
<b>Restrictions</b>	<ol style="list-style-type: none"> <li>1. You must obtain approval from the GOsC before accepting any post for which registration with the GOsC is required/accepting any person as an osteopathic patient</li> <li>2. You must practise only within a multi-handed practice in which the principal is a registered osteopath in good standing with the GOsC, who is willing to act as your mentor and supervisor.</li> <li>3. Save in life threatening emergencies, to undertake all consultations with patients in the immediate presence of an osteopath registered and in good standing with the GOsC, or other person acceptable to the GOsC.</li> <li>4. To limit your practice to [ ]</li> <li>5. To refrain absolutely from undertaking the following types of osteopathic treatment...</li> <li>6. To maintain a log detailing every case in which you have undertaken [ ] procedure and to provide a copy of this log to the GOsC prior to any review hearing.</li> </ol>

<b>Supervision</b>	For the purpose of this requirement, supervision means that the supervising osteopath is on the premises, approves in advance the proposed treatment in the light of the case history and examination findings and has the clinical responsibility for the patient.
	You must furnish the GOsC with the full contact details of a professional colleague who is prepared to supervise your compliance with the conditions and provide a report to the GOsC every X months providing details of any progression or regression in the specified area. The supervising osteopath must be approved by the GOsC.
	You must place yourself under the supervision of a registered osteopath, who will on a weekly/monthly basis meet with you to review ... The supervising osteopath must be approved by the GOsC.
	You must place yourself under the supervision of a registered osteopath, who you should meet at intervals of not more than x and allow the supervisor to prepare a report on .... which should be sent to the GOsC. Each report should have specific regard to ... The supervising osteopath must be approved by the GOsC.
	You must work with your supervisor to formulate a personal development plan, specifically designed to address the deficiencies in the following areas ...

## Verification template

When formulating conditions, the HC should ask and answer the following questions.

Please note: the words in italics are examples.

### 1. What is/are the shortcoming(s) and/or risk(s) that need addressing?

These will likely flow from the findings that have been reached by the PCC in the relevant case.

Shortcoming	Risk

### 2. What does the osteopath need to do to address the shortcoming(s) and mitigate the risk(s)?

Restrictive conditions will mitigate the risk and educational conditions will address the shortcoming.


### 3. How does this protect the public, including patients?

Please explain how the steps proposed at point 2 will protect the public, including patients.


### 4. How should the osteopath demonstrate that they have mitigated the risk and/or addressed the shortcoming?

It is important that the osteopath knows what evidence it will need to supply to the HC or GOsC in order to demonstrate that they have complied with the conditions.

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### 5. How should the osteopath's claims be independently verified?

It is important that the osteopath's claims are independently verified. This might be achieved by:

- Medical reports
- Routine testing for drugs and alcohol
- Reports from mentors or supervisors

Shortcoming	Risk

### 6. How can compliance with the conditions be monitored?

Condition	Mechanism for monitoring?