



**Policy Advisory Committee**

**18 October 2018**

**Changes to the risk assessment process for fitness to practise cases**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	Revising the risk assessment process used during fitness to practise investigations.
<b>Recommendation</b>	To consider the planned revisions to the risk assessment process.
<b>Financial and resourcing implications</b>	None. The process amendments have been prepared in-house and training would be carried out in-house.
<b>Equality and diversity implications</b>	None identified. Equality monitoring in relation to fitness to practise cases is part of the draft Quality Management and Assurance framework.
<b>Communications implications</b>	None identified at present. The Risk Assessment Form is an operational case management tool for use by the Regulation Team and we do not consider that formal consultation with stakeholders is indicated.
<b>Annexes</b>	A. Current risk assessment form B. Draft new risk assessment form for review
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## Background

1. The GOsC currently has a robust process in place for assessing and prioritising risk and fitness to practise complaints. In particular, decisions as to whether an interim order may be necessary are made expeditiously from receipt of information about a complaint to an interim order decision. In 2013, Council approved a refined approach to risk assessments for fitness to practise investigations, following which the current risk assessment form was implemented. This form is based on a score system designed to introduce both an objective and subjective element to risk assessments.
2. However, in practice, the current risk assessment model lacks clarity and is over processed in a number of respects. Notably, in the process for how a review of the risk assessment is undertaken and in the recording of scores. Caseworkers have found ways to work around this, but the process is inefficient. In addition, the current process does not explicitly provide a specified timeframe for risk assessment reviews which raises the possibility of reviews not being completed with sufficient regularity.
3. One particular limitation of the current model is that it appears to be geared towards assessing risk through the prism of whether or not an interim suspension order is necessary. The role that a risk assessment plays in informing wider case management decisions does not appear to be fully realised.

## Discussion

4. The aims of the proposed revision to the risk assessment process are to provide enhanced support to caseworkers in carrying out accurate risk assessments and ensure that all relevant factors are regularly taken into consideration by:
  - a. making the risk assessment form easier to use thereby improving the usability of the overall risk assessment process
  - b. providing greater clarity around how risk assessments should be used to inform decision making in day-to-day casework
  - c. providing greater clarity around when risk assessments should be reviewed over the lifetime of an investigation.
5. The current risk assessment form is at Annex A and the updated draft risk assessment form is at Annex B.
6. Risk assessments should form an integral part of casework, used as a tool for informing case management decisions rather than being viewed as an additional administrative task to complete. The new form provides inbuilt triggers for caseworkers to consider what action to take in response to the identified risk levels and thereby emphasises the central role that risk assessments should play in case management decision making.

7. The proposed new risk assessment form is no longer based on a scoring system. The reason for this is that while the score-based system can help to reduce subjectivity in risk assessments, it can also result in an overly automatised approach which lacks flexibility. Reliance on a numerical outcome for risk-based decision-making removes responsibility for, and ownership of, the decision from the caseworker. The risk with this is that within a case there may be particular circumstances which either increase or reduce the level of risk but which are not captured within the scoring system. For example, although the current model allows for the identification of additional risk factors, it limits the extent to which these can impact on the overall score risk score. It is therefore important that the risk assessment process includes objective factors whilst allowing the caseworker to be responsive to the overall circumstances of the case.
8. The amended risk assessment process aims to achieve a balance between objectivity and responsiveness. In carrying out a risk assessment under the new process, caseworkers will be required to assess the case against a list of key factors. Some of these factors reflect those in the current risk assessment form; others are new additions. If any of these factors apply, there is a presumption of high risk. The caseworker is also required to consider whether there are any additional high-risk factors not listed which in their view are relevant to the case.
9. Once the high risk factors have been assessed, the caseworker will be required to consider any aggravating or mitigating factors which affect the level of risk assigned.
10. On conclusion of their assessment, the caseworker will record their decision about the level of risk, and set out the reasons for reaching their conclusion. Their decision will take into account whether any key factors are present, including any aggravating or mitigating circumstances they have identified.
11. Where a high risk level is assigned to a case, the case will be referred immediately to the Regulation Manager or Director of Fitness to Practise to review. If the Regulation Manager or Director of Fitness to Practise agree with the level of risk assigned, this will be recorded on the form and the case will be referred to the relevant fitness to practise committee chair for consideration of whether to apply for an Interim Suspension Order.
12. Where a high risk level is presumed because a key risk factor is present, but the caseworker assigns a lower level of risk due to the circumstances of the case, the risk assessment must be referred to the Regulation Manager for review. This mechanism will provide oversight for borderline cases to ensure that all risks are identified and acted on appropriately.
13. Once the initial risk assessment has been carried out, the amended form explicitly provides that a review should be carried out whenever new information is received, and at least once every two months. The revised model contains a table which sets out clearly what information should be taken into account by the caseworker. The revised model prompts the caseworker to record ongoing

reviews of risk over the life cycle of the case. An initial trial period will be undertaken before the new risk assessment process is introduced. During this period, both the old and new risk assessments will be completed for new cases, and the outcomes will be compared to ensure consistency. Alongside this, the team will be provided with training on risk assessments.

**Recommendation:** to consider the revised approach to risk assessments for fitness to practise cases.

**GENERAL OSTEOPATHIC COUNCIL  
REGULATION DEPARTMENT**

**RISK ASSESSMENT FORM**

<b>FULL NAME OF REGISTRANT:</b>	
<b>CASE NUMBER:</b>	
<b>ALLEGATION:</b>	
<b>CASEWORKER ASSIGNED TO CASE:</b>	

**SUMMARY OF CASE:**

**DATE OF INITIAL RISK ASSESSMENT:**

*Risks relating to the interests of patients and members of the public*

Risk factor	Presumed score if risk factor present (On scale of 0 to 3)  <i>The automatic score has been determined by SMT/OPT/Council)</i>	Case worker score according to circumstances of case  (scale of 0 to 3 depending on the case workers view of the case)	Reasons for Case worker score being above or below the presumed score	Risk score (Presumed score x Case-worker score)
Is the osteopath still practising?	3			
Does the osteopath work in a single handed practice?	1			
Does the allegation relate to violent or sexual/inappropriate conduct?	3		Does the Osteopath work in a multi handed practice? Does the Osteopath practice with a chaperone?	
Is there evidence of grooming a patient/complainant	3			

## Annex A to 5

Does the allegation relate to a conviction for which a sentence (or suspended sentence) of imprisonment was imposed?	3			
Is the complainant/victim potentially vulnerable (persons under 18/senior citizens/persons with mental health issues)?	3			
Is there evidence of harm or potential harm to a patient/member of the public?	3			
Is there evidence to suggest a pattern of previous offending?	3			
Is there evidence to suggest that the conduct complained of is likely to be repeated?	3			
Is there evidence that the registrant lacks insight into his/her behaviour?	3			
Any other additional risk factors?	2			
				<b>TOTAL:</b>

## Annex A to 5

### Risks relating to the interest of the osteopath

Risk factor	Presumed score if risk factor present (On scale of 0 to 3)  <i>The automatic score has been determined by SMT/OPT/Council</i>	Case worker score according to circumstances of case  (scale of 0 to 3 depending on the case workers view of the case)	Reasons for Case worker score being above or below the presumed score	Risk score (Presumed Score x Case worker score)
Is there any evidence of depression/mental health issues?	3			
Is there evidence that the osteopath is professionally isolated?	3			
Any other additional risk factors?	3			
				<b>TOTAL:</b>

### Risks relating to wider public interest

Risk factor	Presumed score if risk factor present (On scale of 0 to 3)  <i>The automatic score has been determined by SMT/OPT/Council</i>	Case worker score according to circumstances of case  (scale of 0 to 3 depending on the case workers view of the case)	Reasons for Case worker score being above or below the presumed score	Risk score (Presumed Score x Case worker score)
Is the allegation of a type that is likely to bring the osteopathy profession into disrepute?	3			
Would members of the public be surprised to learn that an osteopath facing this sort of allegation was still practising	3			

## Annex A to 5

without any restrictions?				
Any other additional risk factors?	2			
				<b>TOTAL:</b>

### *Mitigating factors*

<b>Mitigating factor</b>	<b>Presumed score if mitigating factor present (scale of 0 to 3)</b>	<b>Case worker score according to circumstances of case  (scale of 0 to 3 depending on the case workers view of the case)</b>	<b>Reasons for caseworker score being above or below presumed score</b>	<b>Mitigating score  (Presumed score x Case worker score)</b>
Does the Osteopath work in a multi handed practice?	2			
Does the Osteopath practice with a chaperone?	3			
Is there evidence to suggest that the Osteopath has demonstrated genuine insight into the gravity/consequences of the allegation?	2			
Is there evidence to demonstrate that the osteopath has made genuine efforts to improve his or her practice and to remedy alleged failings?	2			
Has there been a substantial period of time since the date of the alleged incident?	2			
Are there any other assurances in place which might indicate that an interim order	2			



## Annex A to 5

is not necessary in this case?				
				<b>TOTAL:</b>

**Total Risk Score (Total risk scores minus total mitigating score):**

**GOsC Risk Appetite: 50**

**IF RISK SCORE EXCEEDS GOsC RISK APPETITE, APPLY FOR INTERIM ORDER**

**Confirm reasons for decision here:**

**Review undertaken on (insert dates):**

**DATE OF REVIEW OF RISK ASSESSMENT:**

Has the GOsC received any new information about this case since the previous risk assessment? Y/N

If so, provide details:

Have any of the risk or mitigating factors changed since the previous risk assessment? Y/N

If so, provide details:

What is the revised total risk score?

**IF REVISED RISK SCORE EXCEEDS GOsC RISK APPETITE, APPLY FOR INTERIM ORDER**

**DATE OF REVIEW OF RISK ASSESSMENT:**

Has the GOsC received any new information about this case since the previous risk assessment? Y/N

If so, provide details:

Have any of the risk or mitigating factors changed since the previous risk assessment? Y/N

If so, provide details:

What is the revised total risk score?

**IF REVISED RISK SCORE EXCEEDS GOsC RISK APPETITE, APPLY FOR INTERIM ORDER**

Case Reference Number	
Registrant Name	
Registration Number	
Summary of Concerns	

**Risk Assessment Form**

The purpose of this form is to help the Regulation Team to risk assess cases and to identify those for which an Interim Suspension Order (ISO) may be required. The early identification of potential ISO cases is of central importance to the Regulation Team’s work. The scope of the risk assessment process encompasses all risks and the form is not limited to identifying cases where an interim order is necessary. This form should be used as a case management tool to identify a broad range of potential risks with a case and support the Regulation Team in addressing those risks. The form is a living document which must be continually updated throughout the life time of a case from the point when it is first logged as a formal complaint.

**Section 1** of this form must be completed by the caseworker **within two working days** of the date on which the formal complaint has been logged and allocated to them.

**Section 2** of the form must be updated **each time new information is received** during the course of the investigation which may impact on the risk status of the case. This section should be updated **at least every two months**.

*Note: Although not captured on this form, a case is first risk assessed at the point of receipt, during the triage process. The triage risk assessment is captured separately on the Triage Assessment Form.*

**1. Initial Risk Assessment**

**1.1. Public Safety**

When assessing the risks associated with a case the primary consideration must always be public safety. The GOsC’s overarching objective is protection of the public and this is at the forefront of all decisions made about each case investigated by the GOsC.

The Fitness to Practise Committees can only impose an interim suspension order (ISO) on a registered osteopath if this is considered necessary to protect the public. It is therefore important to assess each case carefully and to identify the level of risk to public safety accurately.

## Annex B to 5

Cases in which the osteopath is assessed as posing a high risk to public safety should be brought to the immediate attention of the Regulation Manager or Director of Fitness to Practise.

Note: The assessment of evidence is crucial when carrying out a risk assessment.

The following list sets out the factors that may indicate that a registrant poses a high risk to public safety. If any of these factors are present, there is a presumption of a high public safety risk. **Please tick any/all risk factors that apply to this case.**

This list is not exhaustive, and any other risk factors that are specific to the case being assessed should be taken into consideration. **Please add any additional risk factors that are specific to this case to the box at the end of the list (12).**

1.	Under investigation for/charged with a serious criminal offence	
2.	Conviction for a serious criminal offence	
3.	Custodial sentence for a criminal offence	
4.	Rape, sexual assault or other inappropriate sexually motivated conduct	
5.	On DBS barred list (adult or children)	
6.	Violent conduct	
7.	Actual or potential serious and/or long-term harm to patient	
8.	Abuse of patient/osteopath relationship	
9.	No current PII/patient has made a claim in relation to treatment carried out while registrant had no PII	
10.	Practising or attending work under influence of alcohol, drugs or substances	
11.	Unmanaged health condition affecting ability to treat patients safely	
12.	Other:	

### 1.2. Interests of the Osteopath

A concern about an osteopath may indicate that the osteopath poses a risk to his/her own interests or safety. If it is identified that the osteopath poses a risk to him/herself, it is important to consider whether there is any action that can be taken by the GOsC to mitigate that risk. For example, it may be appropriate to prioritise the case, obtain further information from the registrant, or (in rare circumstances) make safeguarding enquiries.

A risk to the osteopath’s own interests is not, on its own, a basis for making an application for an ISO. An ISO can only be considered if there are public protection risks. There may be cases, however, where there is a high public safety risk as well as a risk to the osteopath’s own interests. These cases must be brought to the attention of the Regulation Manager or the Director of Fitness to Practise immediately.

The following list sets out the factors that may indicate that a registrant poses a risk to his own interests. *Please tick any/all risk factors that apply to this case.*

This list is not exhaustive, and any other risk factors that are specific to the case being assessed should be taken into consideration. *Please add any additional risk factors that are specific to this case to the box at the end of the list (4).*

1.	Alcohol, drug or substance dependency	
2.	Serious health problems due to mental or physical illness	
4.	Other:	

### 1.3. Wider Public Interest

A concern about an osteopath may pose a wider public interest risk. For example, a wider public interest risk arises where the alleged conduct of the osteopath is damaging to public confidence in the profession. If a wider public interest risk is identified, it is important to consider whether there is any action that can be taken by the GOsC to mitigate that risk. For example, it may be appropriate to prioritise the case, or to keep the Communications Team informed as the case progresses.

A public interest risk is not, on its own, a basis for making an application for an ISO. An ISO can only be considered if there are public protection risks. There may be cases, however, where there is a high public safety risk as well as a public interest risk. These cases must be brought to the attention of the Regulation Manager or the Director of Fitness to Practise immediately.

The following list sets out the factors that may indicate a public interest risk. *Please tick any/all risk factors that apply to this case.*

This list is not exhaustive, and any other risk factors that are specific to the case being assessed should be taken into consideration. *Please add any additional risk factors that are specific to this case to the box at the end of the list (6).*

1.	Conduct likely to bring profession into disrepute	
2.	Position of standing within the profession, including GOsC Council or Committee members	
3.	Serious dishonesty related to practice (e.g. theft, fraud, inaccurate statements made to GOsC etc)	
4.	Conviction for criminal offence relating to dishonesty (e.g. theft or fraud)	
5.	Serious breach of patient confidentiality	
6.	Other:	

**1.4. Aggravating and mitigating factors**

Once the risk factors have been identified at 1.1. to 1.3. above, the next step is to identify any aggravating or mitigating factors that may affect the level of risk assigned. Aggravating factors are those which increase the seriousness of the allegation. Mitigating factors are any which indicate that the osteopath poses a reduced level of risk.

The relevance of any aggravating or mitigating factor will depend on the circumstances of the case, and the weight given to each factor should be considered in context. For example, if a one-off allegation of poor record-keeping is raised, and the osteopath’s record keeping is generally good, then this being a single incident would be a mitigating factor. However, if the allegation is of a single incident of a murder conviction, it being a single incident does not mitigate the seriousness of the risk.

The following list sets out a number of possible aggravating and mitigating factors.

***Please tick any/all factors which are relevant in the context of this case***

There may be additional factors not captured in the table below.

***Please add any additional risk factors that are specific to this case to the box at the end of each list (6).***

<b>Aggravating Factors</b>		<b>Mitigating Factors</b>	
1.	Repetition/pattern of behaviour	1.	Single incident
2.	Vulnerable patient/witness involved	2.	Low likelihood of repetition
3.	Multiple patients involved	3.	Cooperating with GOsC and other investigations
4.	Lack of insight	4.	Insight shown

5.	Lack of candour		5.	Action taken to redress concerns	
6.	Single-handed practice		6.	Multi-handed practice	
7.	Discrimination on grounds of a protected characteristic (e.g. race/religion/sexuality)		7.	Other:	
8.	Financial gain				
9.	Other:				

**1.5. Case Parties**

The needs or concerns of the parties involved in a case may influence its risk status and are relevant to decisions about case management, including prioritisation. This section should be used to record any relevant information about the individual needs of the case parties (including the registrant and any witnesses) that should be taken into account to ensure a tailored needs assessment can be effected in the overall risk assessment.

<u>Party name</u>	<u>Role in case</u>	<u>Needs/concerns identified</u>

**1.6. Risk level assigned**

This section should be used to record the caseworker’s overall assessment of the risk levels in this case, taking all of the factors identified in 1.1 to 1.4 into account. **Please outline the level of risk assigned to each in each category below.**

Cases with a high public safety risk should be brought to the attention of the Regulation Manager immediately.

Cases where there is a presumption of high risk (i.e. where any of the factors set out in sections 1.1 to 1.3 apply) but which are assessed as being low or medium risk should also be brought to the attention of the Regulation Manager for review.

<b>Risk related to public safety</b>	Low/Medium/High
<b>Risk related to osteopath’s own interests</b>	Low/Medium/High
<b>Risk related to wider public interest</b>	Low/Medium/High



<b>Reasons for risk levels assigned</b>	
<b>Actions (e.g. refer for ISO consideration, prioritise case, inform Communications team etc)</b>	
<b>Date initial risk assessment completed</b>	
<b>Completed by</b>	

**2. On-going Risk Assessment**

The risk status of the case should be reviewed each time new information is received which may affect the risk status of the case. This section should be updated regularly, and at least every two months.

<b>Date</b>	<b>Details of new information received (if applicable)</b>	<b>Risk – public safety</b>	<b>Risk – osteo’s own interest</b>	<b>Risk - wider public Interest</b>	<b>Reason for risk levels</b>	<b>Actions</b>	<b>Completed by</b>