



General
Osteopathic
Council

Data Retention Policy

Consultation Report

Background

The GOsC consulted on its draft data retention policy from 4 January to 28 March 2013. The consultation was held on-line and communicated to all key stakeholders, including registrants, the British Osteopathic Association, osteopathic education institutions and other healthcare regulators.

The consultation posed nine specific questions seeking respondents' views on the timescales of retention for data relating to various aspects of the GOsC's work. Respondents were then given the opportunity to provide additional comment for each question.

Findings

34 online responses were received. These included responses from osteopaths, two other healthcare regulators, a representative from an osteopathic educational institution and a member of the GOsC's Professional Conduct Committee.

The British Osteopathic Association confirmed by email that it had no issues with the proposed policy and no particular comment to make.

The GOsC's fitness to practise committees had the opportunity to discuss the policy as it related to the retention of fitness to practise records at meetings during 2012. The views expressed by the committees have been included below.

A data protection expert, with previous records management experience, provided some helpful general comments. He cautioned against using the word 'indefinitely' and suggested adopting specific periods instead or using the word 'permanently' where no period is specified.

Overall, the respondents supported the proposed timescales for retention of data. The proposals relating to the retention of fitness to practise information caused the most concern. Some respondents thought that some of the proposed periods were too long,

others were concerned that the information would be completely destroyed with no record retained.

Responses to the questions were as follows:

Question 2 – Registration:

Do you think that the proposals, which will result in some material being destroyed sooner than at present, will have a negative impact on how we conduct our registration processes?

27 respondents did not think that these proposals would have a negative impact on how we conduct our registration process. Six respondents, however, thought it would have a negative impact. One respondent did not answer this question.

Some comments were made in relation to this question, which included:

Not on how the registration process is actually conducted but could be detrimental in terms of future modifications and how the process might evolve.

Most of the vital information will have been updated.

Where the proposal is to retain initial registration information for as long as registration continues; would it be useful to consider retaining the full record or at least a summary record of this information for a longer period of time in case of a future re-application? For example, retaining this information for as long as they are able to reapply so a record is available to check for consistency and guard against potential fraudulent re-applications?

Question 3 – Registration:

Do you agree with our proposals in relation to information about former registrants?

26 respondents agreed with the proposals. Eight respondents did not agree.

Comments were made by five respondents – these respondents all disagreed with the proposal. The comments included:

Information is invaluable and should not be destroyed but should be in a repository archived for posterity.

Data should be permanent as issues about registration and medicolegal claims might go back many years.

Where the proposal is to retain unsuccessful application for registration information for 10 years after the last unsuccessful application; would it be useful to consider retaining the full record or at least a summary record of this information for a longer period of time in case of a future re-application? In the unlikely event they were to reapply after 10 years, there would be no reference to any previous information. For example, would it be useful to retain this information for as long as they are able to reapply so a record is available to check for consistency and guard against potential fraudulent applications?

Question 4 – Education:

Do you think that the proposals, which will result in some material being destroyed sooner than at present, will have a negative impact on our work in osteopathic education?

26 respondents did not think that these proposals would have a negative impact. Seven respondents thought that it would have a negative impact. One respondent did not answer this question.

Comments provided in response to this question included:

I think that there is a possible advantage in being able to track a longitudinal record of an OEI's standards.

It would be good to have an archive that would chart the general development of the OEIs and the courses that are offered for both research and possibly sentimental reasons. On the other hand I assume each institute will retain its own records.

Question 5 – Fitness to practise and Protection of Title:

Do you agree with the time periods we are proposing for keeping information acquired during fitness to practise proceedings or Protection of Title cases?

24 respondents agreed with the time periods proposed here. Ten did not agree.

Comments provided in response to this question included:

10 years seems a bit long.

Informal complaints being held too long. formal complaints with no case to answer being held too long.

Informal complaints - keeping a record for 10 years is excessive. I would expect a reasonable time limit to be 5 years.

Where no case has been found to be answered, then three years as with a case screened out.

10 years seems a bit long.

Again, This information should not be destroyed but should be archived.

For categories 1, 2, 3 and 6, it would be useful to consider retaining a summary record of these transactions in case of future complaints or to identify patterns of behaviour which may indicate a risk to patients.

The Investigating Committee thought that the retention period of 10 years for informal complaints may be too long, given that a registrant is only required to keep their patient records for eight years. The Committee also thought that the proposed period of five years for cases where the Committee had made a no case to answer decision was too low – it thought 8 years would be more suitable. It was also concerned about the application of a sliding scale, which would call for a judgement to be made on a case by case basis, which would in turn require criteria for applying the judgement.

Some members of the Professional Conduct Committee thought that information relating to a complaint that had been screened out should not be retained.

Question 6 – Fitness to practise and Protection of Title:

Do you think that any of the proposals will have a negative effect on how we investigate complaints or reports of misuse of the title 'osteopath', or on patient safety generally?

31 respondents answered this question. 23 of those did not think that these proposals would have a negative effect on how we investigate complaints or reports of misuse of the osteopathic title. Eight thought that it would have a negative effect.

All information forms an important resource for future decision-making and this should not be destroyed.

The length of time you are proposing to retain the main records papers to strike a fair balance and be proportionate. However, destroying this information and not retaining a summary or skeleton record of the complaint would make it difficult for you to establish patterns of behaviour which may indicate a risk to patients. This could potentially have an impact on patient safety.

Question 7 – Corporate:

Do you think that the proposals, which will result in some material being destroyed sooner than at present, will have a negative impact on how we conduct our corporate function?

28 respondents did not think that these proposals would have a negative impact on how we conduct our corporate function. Five thought that it would have a negative impact. One respondent did not answer this question.

It should be a corporate role to be the source of archived material.

Only you might know this.

Too much money is spent on corporate function, glossy brochures anyway.

Question 8 – General:

Overall, do you agree that the proposed retention schedule is proportionate and that it strikes a fair balance between the rights of individuals and our duties as a regulator?

25 respondents agreed that the proposals were proportionate and that they struck a fair balance between the rights of the individuals and our duties as a regulator. Seven respondents did not agree that they struck that right balance.

With the exception of informal complaints the retention schedule seems proportionate.

I think data should be kept permanently unless good reason not to.

All information should be retained and archived. This could also be used in future to protect the rights of individuals as we have seen in various high-profile cases involving prior abuses many years ago that have recently come to light.

Mostly OK – but the GOsC should be more supportive of the rights of osteopaths.

I consider that to keep a complaint on file for ever, waiting for another one to come along may seem unfair. Also to start the clock again with each complaint, surely the complaint should be dropped at some point

Question 9 – General:

Do you think that these proposals discriminate against any group of people who share a protected characteristic, or might affect them in any way?

Three respondents thought that the proposal did discriminate against a group. Two of these provided the following comments:

You have in your possession original applications 1998/2000 that prove that the GOsC went out of their way to persecute certain individuals. No wonder you want to rid yourself of them.

Why do you waste our time with stupid consultaions that dont mean anything?

Whilst these are views held by the respondents, they do not actually indicate a discrimination against a protected group, as defined by the Equality Act 2010. Unfortunately, the third respondent did not indicate in their response which way or to what group they considered the proposals to be discriminatory.

The majority of respondents (29) did not consider that these proposal discriminate against any protected characteristic.

Question 10 – Please provide us with any comments you may have.

Comments made in response to this question included:

All data should be retained indefinitely in a secure archived repository with responsible data controller.

It seems sensible to organise the storage of information in a way that is fit with Data regulation and reasonable storage.

As the GOsC considers and implements its proposals, it may wish to consider how it can work with other health and social care regulators to help create (as far as possible) a common approach to the retention of statutory and regulatory information.