



**General Osteopathic Council  
Osteopathic Practice Committee**

Minutes of the 5<sup>th</sup> Osteopathic Practice Committee held on 2 October 2014

*Unconfirmed*

Chair: Jonathan Hearsey

Present:

Alison White  
Julie Stone  
Jenny White  
Jane Fox  
Manoj Metha  
Kenneth McLean

In attendance:

David Gomez (Head of Regulation)  
Emma Firbank (Senior Regulation Officer)  
Vanessa Tailor (Regulation Assistant)  
Brigid Tucker (Head of Policy and Communications)  
Matthew Redford (Head of Registration and Resources)  
Fiona Browne (Head of Professional Standards)  
Kit Holmes (Professional Standards Manager)  
Tim Walker (Chief Executive and Registrar)

**Item 1: Welcome**

1. The Chair welcomed all participants to the meeting. A special welcome was extended to Kit Holmes, recently appointed as Professional Standards Manager of the Professional Standards department and also for Emma Firbank, recently appointed as Senior Regulation Officer of the Regulation department, who were attending the Committee as part of their induction.
2. The Chair noted that this was his first meeting as chair. On behalf of the Committee, he wished to thank Julie Stone formally, for all her hard work in chairing the Committee since its inception.
3. It was agreed that Brigid Tucker would attend the meeting later for Item 11.
4. The Chair asked members whether they had any potential conflict of interest. All members confirmed they had no conflicts.

**Item 2: Minutes and matters arising**

5. The minutes of the meeting held on 25 June 2014 were approved subject to the following amendments:
  - a. Page 6: Correction to the spelling of Jonathan Hearsey.

**Item 3: Apologies**

6. There were no apologies.

**Item 4: Complainant Data**

7. The Head of Regulation introduced the item. He noted that whilst the GOsC routinely collects information about complaints as part of its fitness to practise processes, it only collects limited information about complainants.
8. The Head of Regulation noted that there was real value in capturing good quality data both about complaints, and about complainants themselves. This was so that, within the specific context of osteopathy practice, the GOsC could understand the drivers and motivations for making complaints and feed this learning back to the profession. The Head of Regulation also noted that HCPC and GMC have gathered information about patients who have made complaints and found this information useful. Capturing information about the type of people who make complaints, and whether factors such as gender, ethnicity, age or education are potential contributing factors in their willingness to proceed with a complaint, would assist the GOsC in understanding the potential barriers to making complaints.
9. The Committee was asked for their views and comments in relation to the type of information collected.
10. The Committee welcomed the initiative. The Committee noted that the draft questionnaire was a useful thinking tool to flesh out the sorts of questions that could be asked, and the potential areas for research. However, it was agreed that careful attention should be given to the language, and the tone of approach used, in order to ensure that complainants engaged fully with the process and were willing to provide the information required.
11. In particular, the Committee suggested that the questions about equality and diversity might usefully be placed at the end of the questionnaire, rather than at the beginning.
12. The Committee also recommended the use of open questions and a general comment box to allow complainants/patients to express views that they may not been asked about. The Committee also considered that any questionnaire should cover the whole of the fitness to practise process.

13. The Committee was keen to ensure that the needs of vulnerable patients were identified so that they could be better supported during the fitness to practise process.
14. The Committee also considered it important that the GOsC should seek to capture more detailed information about registrants going through the fitness to practise process. Information about the sort of CPD that such registrants had undertaken might usefully inform the Council's developing work on CPD.
15. The Committee noted that there was value in using both paper and on-line methods to obtain information, as well as focus groups.
16. The Head of Regulation thanked members for their helpful comments.

**Noted:** the Committee noted the document on Complainant Data.

### **Item 5: Consent Scenarios**

17. The Head of Regulation introduced the item. The draft scenarios had been amended in the light of the helpful comments made by the Committee at its meeting in June. The Committee noted the work of Jonathan Hearsey, Haidar Ramadan and Kenneth Mclean in assisting the Executive to finalise the draft scenarios and thanked them for their contribution.
18. As a minor point, the Committee suggested using the term 'woman' and 'man' instead of 'lady' and 'gentleman'. It was also suggested that the formatting of the finalised guide might benefit from the use of bullet points. The document would be passed to Head of Communications for formatting and presentation.
19. From an OEI perspective, Manoj Mehta noted that the scenarios were a very useful tool and that osteopaths would benefit from them.

**Noted:** the Committee noted the document on consent scenarios.

### **Item 6: Fitness to Practise report**

20. The Head of Regulation introduced the item, reminding members that the Annual Fitness to Practise report is a statutory requirement and an important part of ensuring transparency and openness in the performance of the GOsC's functions.
21. The Committee was asked for their views and comments in relation to improving the contents for future annual reports.
22. Members welcomed the initiative to improve the current report. The Committee noted the potential different audiences for the report, and how their needs might best be served. It was recommended that the GOsC should seek to expand on the themes identified from the cases, and set out the actions taken by the GOsC in response. As example given was the perceived rise in transgression of professional boundaries, which has been highlighted by the

GOsC in articles in *the osteopath* magazine and in the electronic FTP bulletin sent to all registrants.

23. The Committee suggested that the report could benefit from a narrative on how the PCC make a decision and highlight the importance of proportionality.
24. The Head of Regulation thanked members for their helpful comments and noted that learning from the developing work on complainant and registrant data would be incorporated into the report in due course.

**Noted:** the Committee noted the Fitness to Practise report.

### **Item 7: Continuing Fitness to Practise (CFtP) scheme**

25. The Head of Professional Standards introduced the item which set out the draft consultation documents, CPD guidelines, Peer Discussion Review Guidelines and consultation strategy. The proposed CFtP scheme comprises a three-year cycle of 90 hours of CPD including 45 hours of CPD learning with others (meaning 30 hours of individual learning and 15 hours of learning with others each year) which remains primarily self-directed. However, this CPD must include at least one objective activity, at least one CPD activity in the area of communication and consent and CPD must be undertaken in each of the four themes of the *Osteopathic Practice Standards* (communication and patient partnership, knowledge, skills and performance, safety and quality and professionalism). The three year cycle would be signed off with a 'peer discussion review' at the end of the three year cycle which would be based on engagement and would provide an opportunity to discuss practice and CPD with a reviewer selected by the osteopath. The reviewer may be a local colleague, or may be someone under the auspices of a regional group, postgraduate provider or educational institution.
26. The Committee was informed that the consultation document and questionnaire at Annex A of the papers was currently being tested with pathfinder groups.
27. The Committee thanked the Executive for the considerable work that had gone into preparing the documentation.
28. Whilst the Committee noted the relevance of the questions, and the usefulness of the information to be derived from the responses, concern was expressed about the complexity of the document and the length of the questionnaire. In this regard, members wondered whether 56 questions might dissuade some persons from completing the questionnaire. It was noted that the electronic questionnaire was being piloted with one of the pathfinder groups and that feedback would be discussed at a morning seminar with the regional communications network meeting on 3 October 2014.
29. It was suggested that the Executive should consider ways to mitigate this risk, including the ability for persons completing the document electronically to be able to save the document and complete it in different sessions, rather than all

at one go, or to respond only to some aspects of the consultation. Members noted the value to be derived from a range of consultation methods, including workshops and road shows. It was confirmed that the electronic consultation document was being piloted. It was also confirmed that the Committee were not being asked to consider the consultation strategy today but that this would be available for Council to consider in November, should the Committee recommend that the documentation could be published.

30. Members noted the importance of CPD to registrants. It was suggested that grouping issues into broader themes within the consultation document, the use of colour coding, and visual aids, might encourage participants to engage with the consultation. It was noted that the executive had developed a video prepared by osteopaths to describe the scheme and that the consultation strategy considered by Council would be further developed.
31. The Committee noted that there were differing views on whether fees should be charged in relation to the conduct of a peer review. The Committee discussed the possibility of producing guidance on this issue but recommended that it was an appropriate area for consultation.

**Agreed:** the Committee agreed to recommend that Council publishes the Continuing Fitness to Practise proposals for consultation.

### **Item 8: Effectiveness of regulation research**

32. The Head of Professional Standards introduced the item which seeks to update the Committee on progress on the research project '*Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice*'.
33. Details of the emerging findings will be shared with Scottish Government Conference on 27 October 2013 and provided to Council on 6 November 2014.
34. The Committee noted that emerging findings should be presented to members of Council first. It was agreed that the emerging findings would be circulated to Council before presentation at the Scottish Government Conference on 27 October 2013.

**Noted:** the Committee noted the update report on the research project. Action point – findings should be circulated to Council before being shared with Scottish Government Conference on 27 October 2013.

### **Item 9: Professional Values seminar**

35. The Head of Professional Standards introduced the item, reporting progress on the GOsC seminar about professional values scheduled for autumn 2014, which is intended to inform the review of the *Osteopathic Practice Standards*.
36. The Committee welcomed this initiative to work in partnership with Patients, the Institute of Osteopathy (IO), the Council for Osteopathic Educational Institutions

(COEI) and the Osteopathic Alliance (OA) to explore the need for a common statement of professional osteopathic values to support the review of the next edition of the *Osteopathic Practice Standards*.

37. The seminar will take place on 12 November 2014 and attendees will include Professor Bill Fulford and Professor Stephen Tyreman, who will be the keynote speakers. The seminar will be about changing professional culture.
38. Committee members asked if the seminar could be recorded by video. This could assist other osteopaths in the profession.

**Agreed:** The Committee noted the update on progress of the work on professional values.

### **Item 10: The Duty of Candour**

39. The Chief Executive and Registrar introduced the item which reported on the GOsC's on-going work and commitment to implementing the duty of candour.
40. He informed the Committee that the health care regulators had convened a joint working group which was given the task of producing a joint position statement on candour. The Head of Policy and Communication had been part of the working group and the final version of the statement was agreed by Chief Executives. All but one health regulator has joined this project.
41. The Committee noted the general context in which work on the duty of candour had arisen. It was noted that Council input would be important in ensuring that the final implementation of the duty recommended by the Government was particularly relevant within the context of osteopathic practice.
42. The Committee noted that within this context, the duty to be candid might apply at a very early stage, including a frank assessment of whether or not osteopathic treatment would actually be beneficial for particular patients.
43. The Committee appreciated that the approach of insurance companies and issues of legal liability were important considerations in the development of the duty and noted the on-going engagement work of the executive with insurers active in the osteopathic market.

**Noted:** the Committee noted the report on the Duty of Candour.

### **Item 11: Common Classification System**

44. The Head of Policy and Communications introduced the item updating the Committee on the findings of data collected during 2013 by GOsC and providers of professional indemnity insurance, in relation to complaints and claims about osteopaths.
45. The Committee noted the importance of learning from the data about complaints and claims. Given that the GOsC was not the only organisation that deals with

concerns or complaints relating to osteopathic services, the Committee welcomed the collaborative initiative by the GOsC, the professional association (the Institute of Osteopathy) and the principal providers of osteopathic indemnity insurance, part of whose role is to deal with claims made against osteopaths.

46. The Committee considered that the development of a common system for classifying and counting the range of concerns identified in complaints was an essential first step, with the potential to assist in the identification of risks. The Committee hoped that over time, the data could be refined to maximize the benefits to be derived from this collaborative working.
47. The Committee recommended that the areas of concern identified by the report might usefully form the basis of future training and CPD scenarios, and should be taken into account in the forthcoming review of the *Osteopathic Practice Standards*.

**Noted:** The Committee noted the update on the work on Common Classification System and the 2013 report of findings

**Item 12: Any other business**

48. No other business was discussed.

**Date of the next meeting:** Thursday 12 March 2015 at 14.00