

**Education Committee**  
**15 June 2010**  
**Public session**  
**Feedback from Fitness to Practise**

<b><u>Classification</u></b>	Public
<b><u>Purpose</u></b>	To note
<b><u>Issues</u></b>	This paper provides the Education Committee with an analysis of cases that have been considered by the Fitness to Practise Committees since the start of the year (2010). It identifies any trends and issues that have arisen from these cases.
<b><u>Financial &amp; Resourcing Implications</u></b>	None arising directly from this paper.
<b><u>Equality &amp; Diversity Implications</u></b>	None arising from this paper.
<b><u>Communications Implications</u></b>	None arising from this paper.
<b><u>Annexes</u></b>	Fitness to Practise Statistics – Annex A Areas of Practice Descriptions – Annex B

## **Summary**

1. This paper provides the Education Committee with an analysis of cases that have been considered by the Fitness to Practise Committees since the start of the year (2010). It identifies any trends and issues that have arisen from these cases.

## **Background**

2. In December 2009, the Education Committee agreed that it would receive a report, at least once a year, on any trends or issues identified in from the Council's fitness to practise cases. The report is to enable the Committee to meet paragraph 10 of its Terms of Reference, which requires the monitoring of reports from Fitness to Practise Panels and information from other relevant sources in order to develop policy on professional education for approval by the Council.

## **Immediate reports**

3. There are no matters that required an immediate report.

## **Statistics and Trends**

4. The following data is produced at Annex A:

- Number of cases considered and closed Table 1
- Areas of practice that featured in the cases considered Table 2
- Areas of practice outcome – the findings for the areas of practice featured Table 3
- Graduation year against area of practice Table 4
- Complainant type Table 5
- Gender breakdown for the patient complaints received Table 6
- Explanation of the areas of practice

5. A description of the areas of practice can be found at Annex B.

## **Statistics and Trends Summary**

6. The data in this report has been taken from the cases that have been closed, either by the Investigating Committee (IC) or the Professional Conduct Committee (PCC), between 1 January to 4 May 2010. This provides a total of 13 cases and the findings show:
  - a. In the majority of cases, the complaint was made by a patient and that more female patients have complained about male registrants (see tables 5 and 6).
  - b. The areas of practice that have caused most concern are (see tables 2 and 3):
    - Clinical evaluation of the patient
    - Treatment provision and plan

- Record Keeping
- c. The registrants who were found to have fallen short of the standards required in these areas of practice had mostly graduated between 1980-1989 (see table 4).

### **Recommendation**

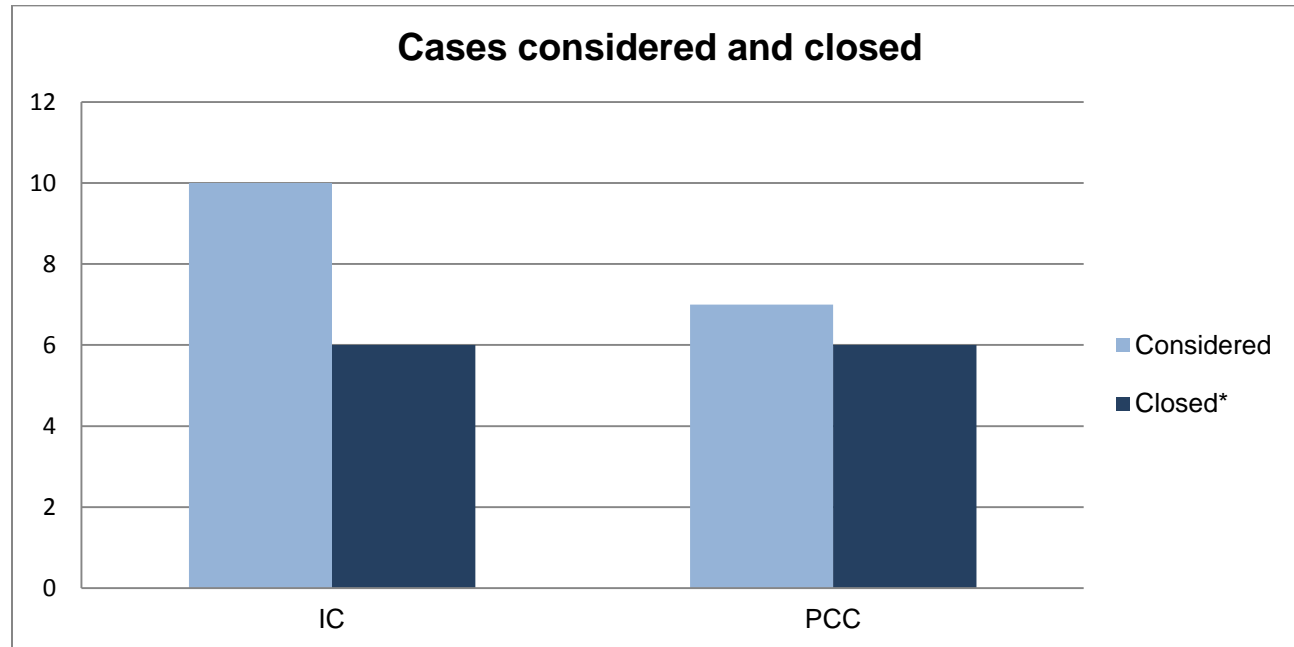
7. The Committee is asked to note the findings that have emerged from the small number of cases analysed for this report. The number of cases considered by the Council's fitness to practise committees is small. The executive will collect data on an ongoing basis and a further report will be provided to the Committee again in six months time.
8. As this is the first report of this kind to this Committee, the executive would welcome any feedback on the types of data captured and the format that is displayed.

## Fitness to Practise Statistics

## Annex A

Data provided below has been taken from the cases that have been closed by either the Investigating Committee (IC) or Professional Conduct Committee (PCC) between 1 January 2010 to 4 May 2010. Using the closure points will ensure that cases are only reported on once in the data.

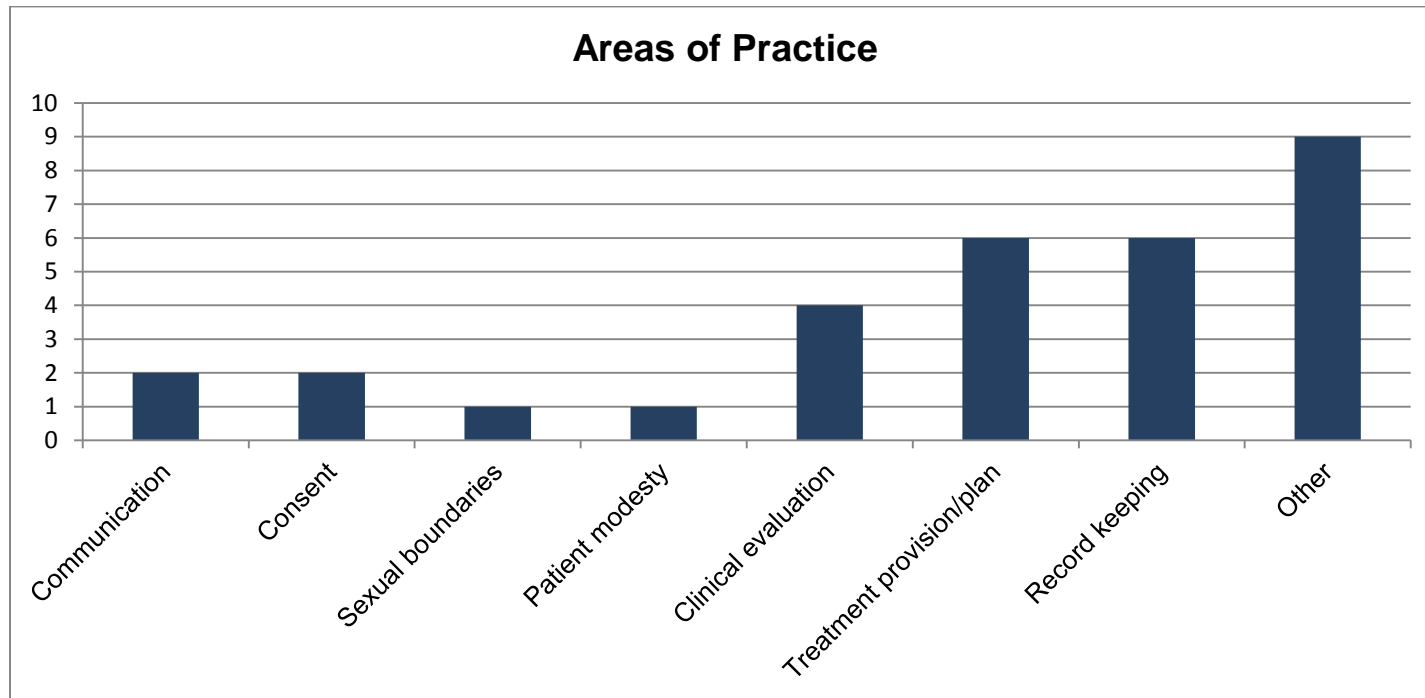
**Table 1**



\*One case has been considered by the PCC and adjourned part-heard. The PCC had found unacceptable professional conduct proved and will reconvene on 24 May 2010 to consider sanction. As the findings of this case are available, it has been included in the statistics that follow. The following statistics are based on 13 cases (six closed IC cases and seven PCC cases).

Those cases that are closed by the IC indicate that the IC found that there was no case for the osteopath to answer. Those not closed will have been referred to the PCC or Health Committee for further consideration.

Table 2

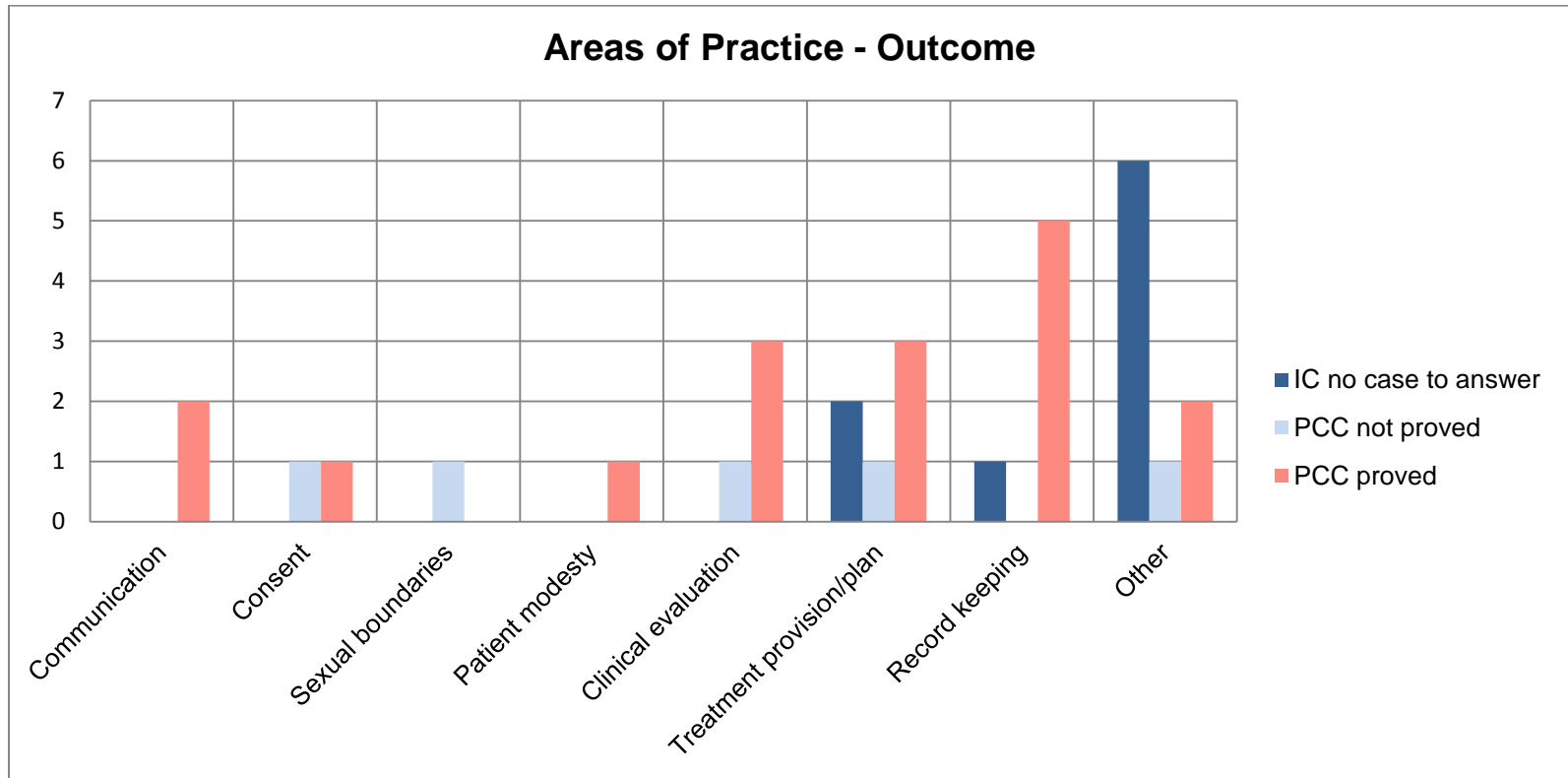


A breakdown of the different areas of practice that formed allegations in each of the cases closed by the IC and PCC (total 13 cases) are set out in the Areas of Practice chart. This includes proved and not proved allegations.

It is usual for more than one area of practice to feature in any one case. For example, it is not uncommon for a case to involve allegations that an osteopath has failed to conduct an adequate clinical evaluation of the patient and failed to formulate an adequate treatment plan.

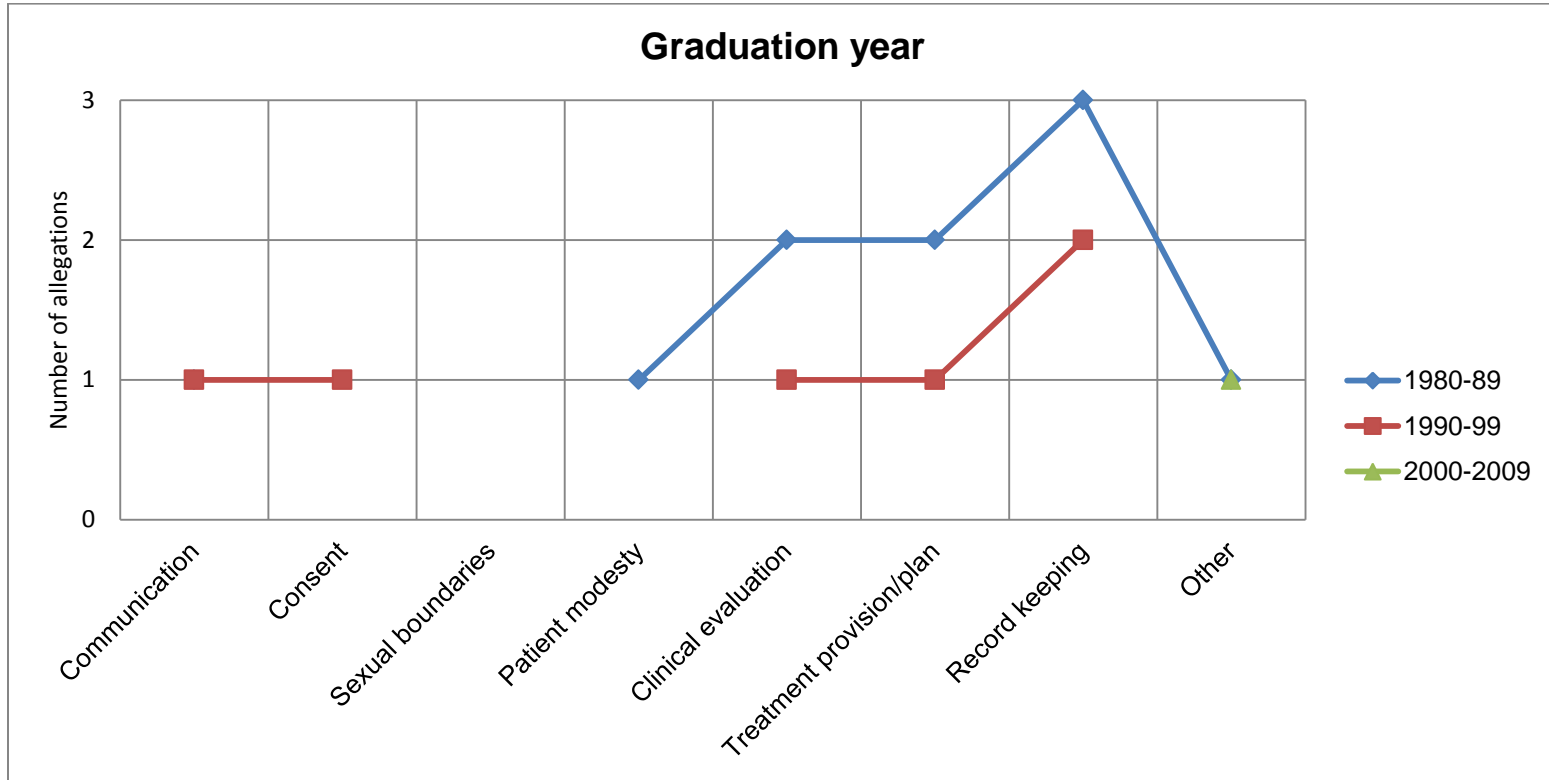
A description of each of these areas of practice is contained in Annex B.

Table 3



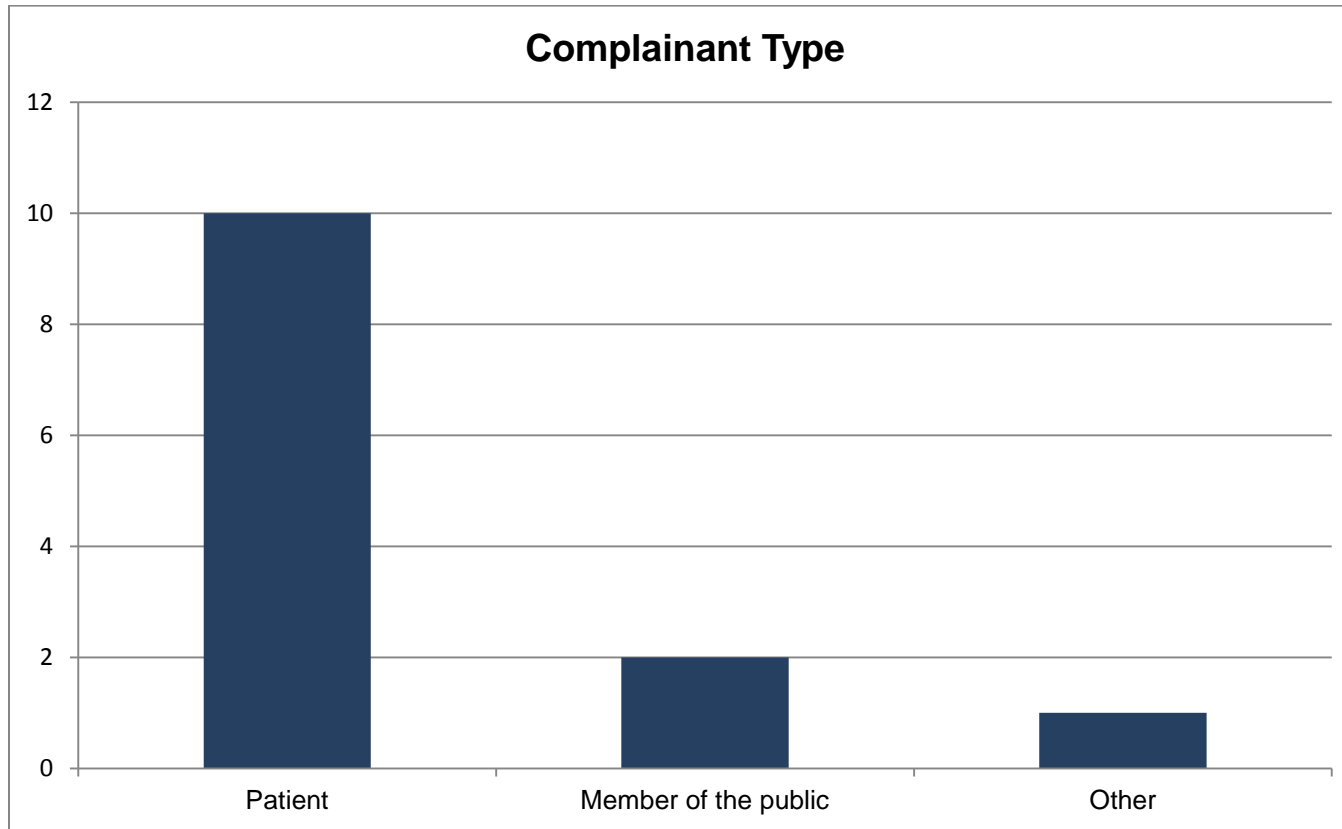
This table identifies the outcome of the cases featured (13 cases) for each Area of Practice identified.

Table 4



This table charts the type and number of allegations found proved by the PCC (six cases) against the year of graduation for the osteopaths concerned.

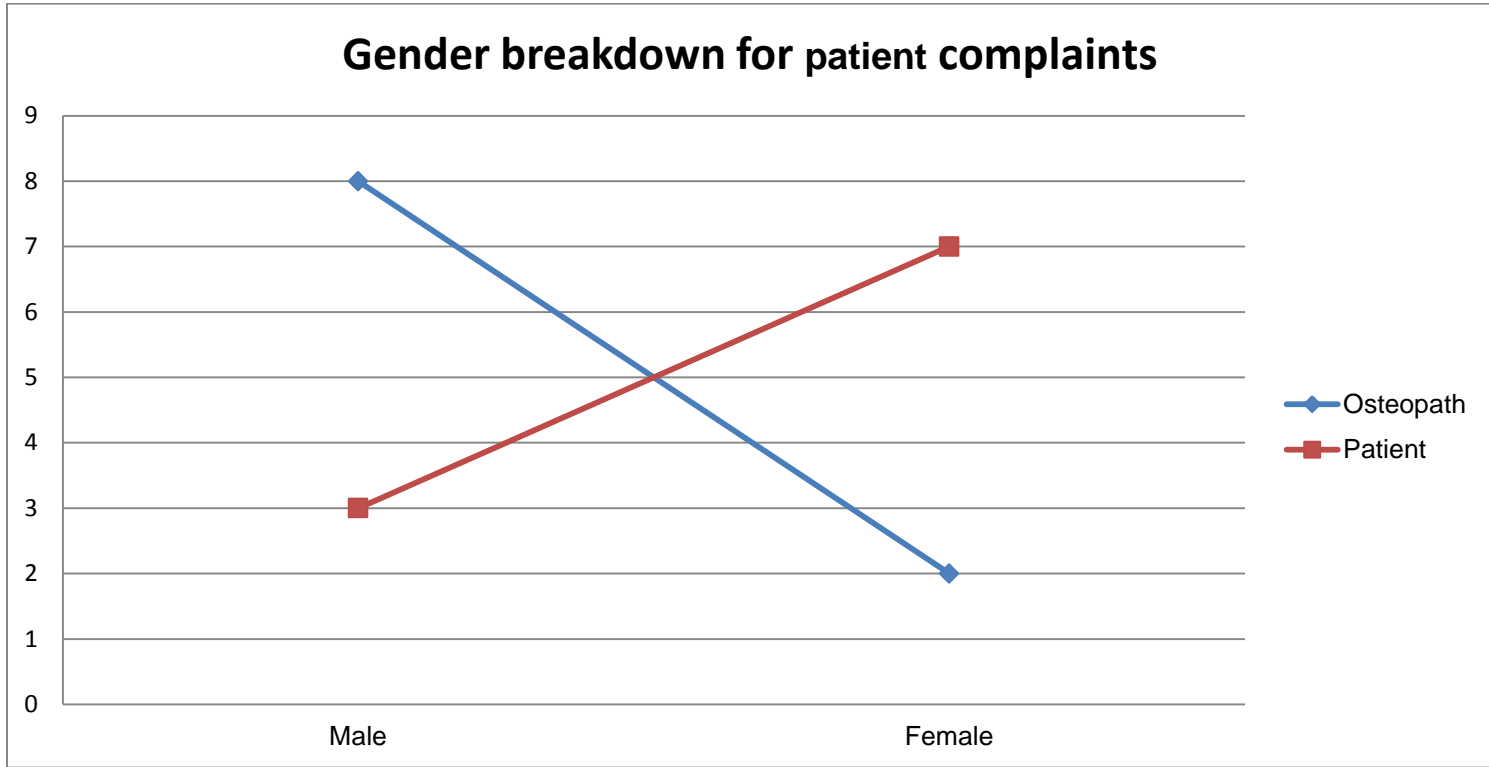
Table 5



This table identifies the complainant type in each case. The other category includes one complaint that was made by a professional association.



Table 6



This table identifies the gender of patients and osteopaths that are involved in the 10 patient complaints that have been made.

Areas of Practice	Description
Communication	<p>Not providing adequate information to patients about the diagnosis, condition, treatment/management plan and risks</p> <p>Not listening to patients or respecting their views</p>
Consent	<p>Not obtaining valid consent prior to examination or treatment</p> <p>Not obtaining written consent when required</p>
Sexual Boundaries	<p>Sexual assaults/inappropriate touching</p> <p>Inappropriate comments</p> <p>Personal relationships with patients</p>
Patient modesty	<p>No or no adequate provisions for patients to maintain modesty</p> <p>Failing to allow a patient to maintain their modesty</p>
Clinical evaluation	<p>Inadequate case history taking</p> <p>Inadequate examination</p> <p>Failing to conduct/refer for adequate clinical investigations</p> <p>Failing to recognise psychological and social factors</p> <p>No diagnosis or not adequate/justified diagnosis in relation to clinical evaluation findings</p>
Treatment plan and provision	<p>Treatment or treatment plan not adequate or justified</p> <p>Contraindications not identified</p> <p>Treatment or treatment plan outside of registrant's competence</p> <p>Not seeking advice or referring patient when necessary or appropriate</p>
Osteopathic records	<p>No adequate records produced or maintained</p> <p>Failing to disclose or allow patient access to records</p> <p>Falsifying records</p>
Other	<p>Charging fees inappropriately</p> <p>Data Protection breaches</p> <p>Not responding appropriately to patient complaints</p> <p>Business arrangements/relationships with colleagues</p>