Education Committee
13 June 2012
Public session
Feedback from Fitness to Practise

Classification	Public
Purpose	For noting
Issues	Paragraph 10 of the Education Committee's terms of reference requires the Committee to monitor reports from Fitness to Practise panels and information from other relevant sources in developing policy on professional education for approval by the Council. This paper provides the Education Committee with an analysis of cases that have been considered by the Fitness to Practise Committees between 1 January 2010 and 31 May 2012. It indentifies trends and issues that have arisen from these cases.
Recommendation(s)	The Committee is asked to note the findings that have emerged from the cases analysed for this report. The executive will continue to collect data on an ongoing basis and a further report will be provided to the Committee next year.
Financial & Resourcing Implications	None arising directly from this paper.
Equality & Diversity Implications	None arising from this paper.
Communications Implications	The information in has helped to develop the Osteopathic Practice Standards communication strategy and it will be used to promote the OPS to the profession and other stakeholders.
Annexes	Fitness to Practise Statistics – Annex A Areas of Practice Descriptions – Annex B
Author	Kellie Green

Background

1. The Education Committee's terms of reference requires it to monitor fitness to practise reports when developing policy on professional education. This paper provides an up to date analysis of cases that have been considered by the Fitness to Practise Committees between 1 January 2010 and 31 May 2012. It indentifies any trends and issues that have arisen from these cases.

2. The Committee received the first fitness to practise report in June 2010, which was produced using minimal data (total of 13 cases). This current report is based on a total of 68 cases.

Immediate reports

3. As this is an annual report, any trends identifying immediate problems should be brought to the Education Committee at that stage. Since the last report, there have been no matters requiring immediate report.

Statistics and Trends

4. 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 2010 to 31 May 2012. The data is produced in the following formats at Annex A:

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

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

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Statistics and Trends Summary

6. The data shows:

   a. In the majority of cases, the complaint was made by a patient and the Registrar referred 12 cases to the fitness to practise process. The cases referred by the Registrar mostly relate to convictions of or cautions for a criminal offence. (See table 5).

   b. The areas of practice that cause most concern are (see tables 1 and 2):
      - Clinical evaluation of the patient
      - Treatment provision and plan
      - Record Keeping

   c. Personal conduct features quite often and these relate mostly to cases where there has been a conviction or caution for a criminal offence that was not related to clinical practice.

   d. Registrants often admit to allegations of poor record keeping before the PCC, which accounts for the high proportion of proved record keeping allegations at table 2. Areas of practice that appear more difficult to prove before the PCC are failures to obtain consent and sexual boundary breaches.

   e. Allegations of personal conduct relate to Registrants who graduated during 1990-99. Graduates from this period also feature highly in allegations of inadequate clinical evaluations of patients and inadequate record keeping. Registrants graduating between 2000-2009 feature highly in allegations of inadequate clinical evaluation and inadequate record keeping. (See table 3).

Recommendation

7. The Committee is asked to note the findings that have emerged from the cases analysed for this report. The executive will continue to collect data on an ongoing basis and a further report will be provided to the Committee next year.

Table 1

A breakdown of the different areas of practice that formed allegations in each of the cases closed by the IC and PCC (total 68 cases) are set out in the Areas of Practice chart. This includes proved and not proved allegations. A description of each of these areas of practice is contained in Annex B.

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.

*Please note: one case has been included in Sexual Boundaries. The case involved an allegation that the osteopath breached professional boundaries – there was no allegation of a sexual relationship or sexual misconduct.

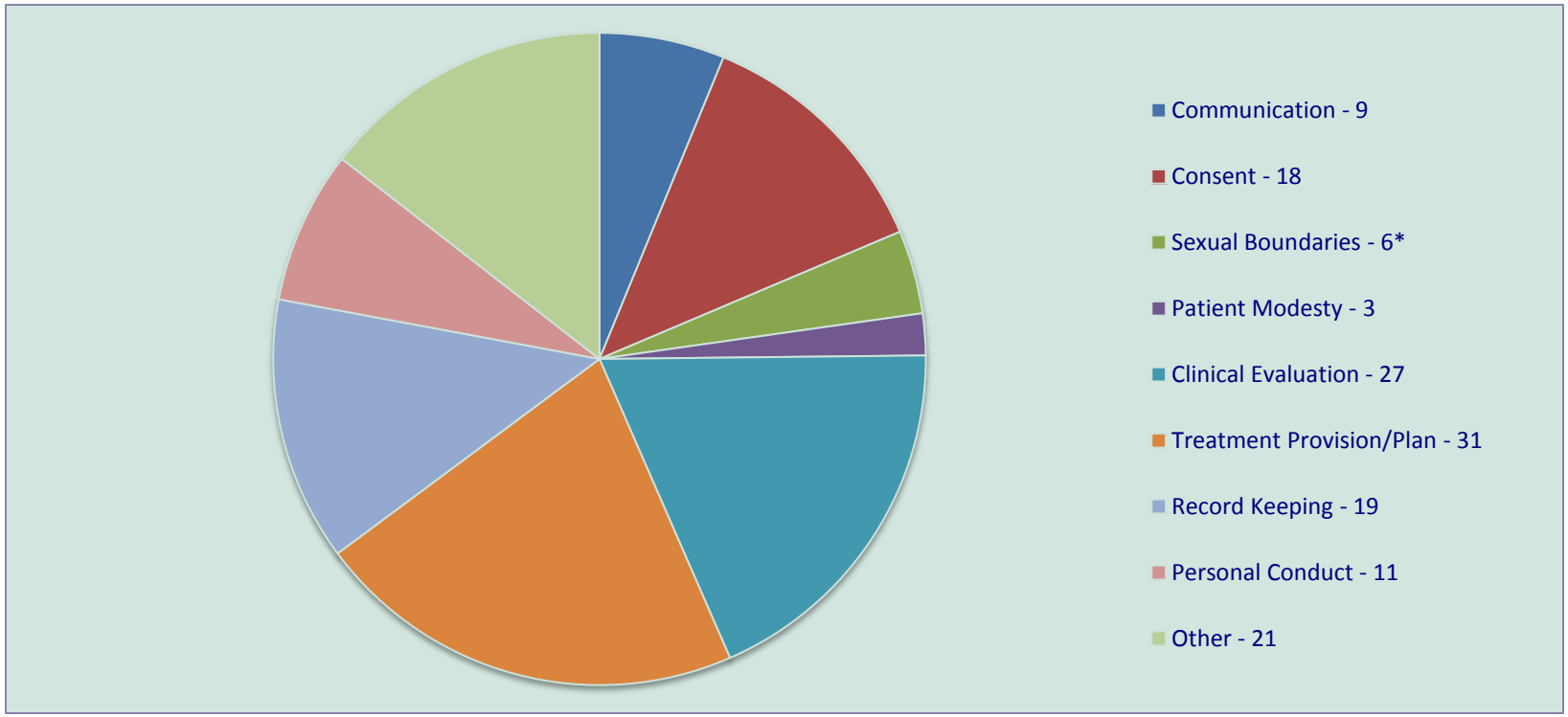

Table 3

This table identifies the outcome of the cases featured (68 cases) for each Area of Practice identified.

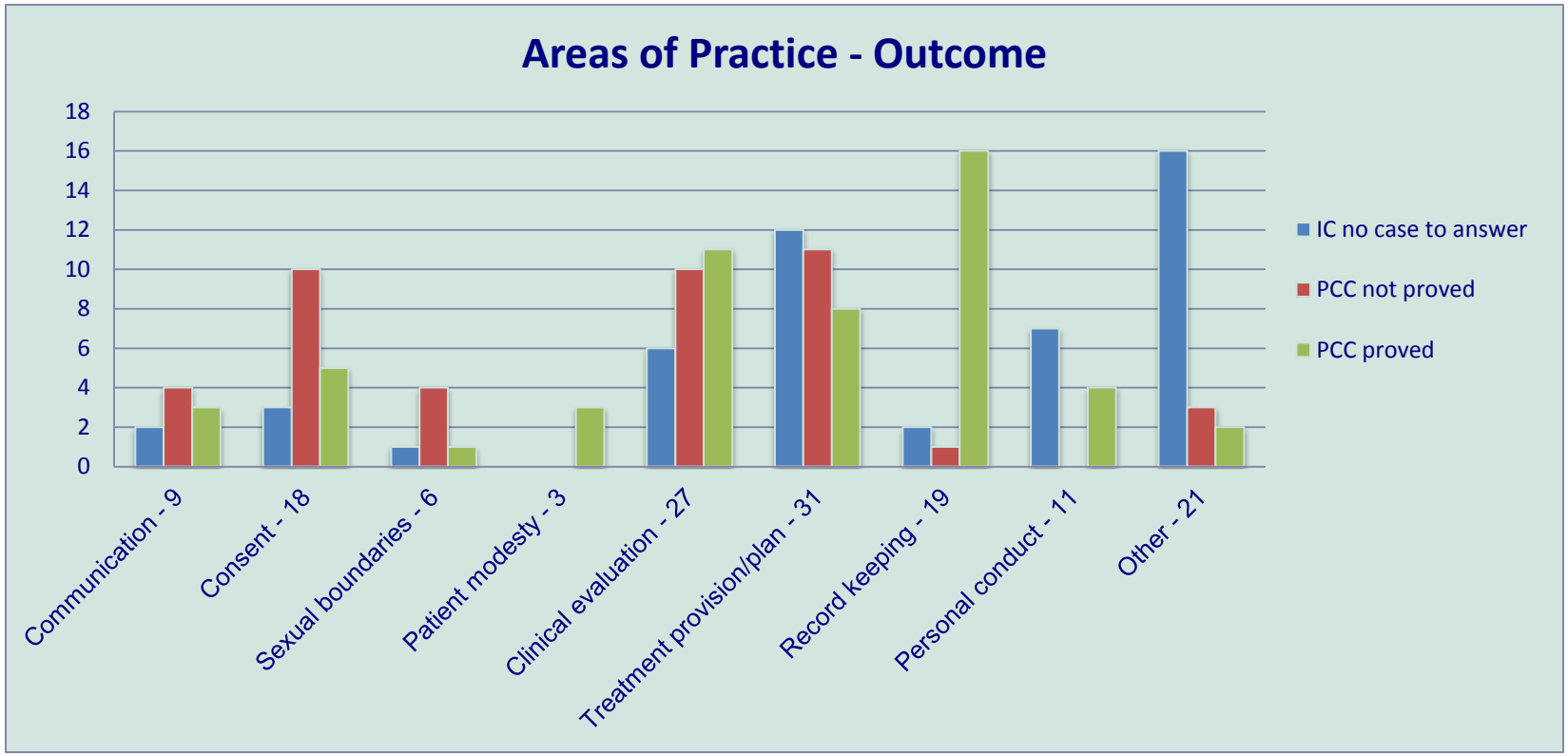

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Table 4

This table charts the type and number of allegations found proved by the PCC (27 cases) against the year of graduation for the osteopaths concerned. To aid comparison, the Register, as at 1 June 2012, showed the total number of registrants for the years of graduation as:

Year	No. of registrants
1970-79	139
1980-89	683
1990-99	1237
2000-09	1927

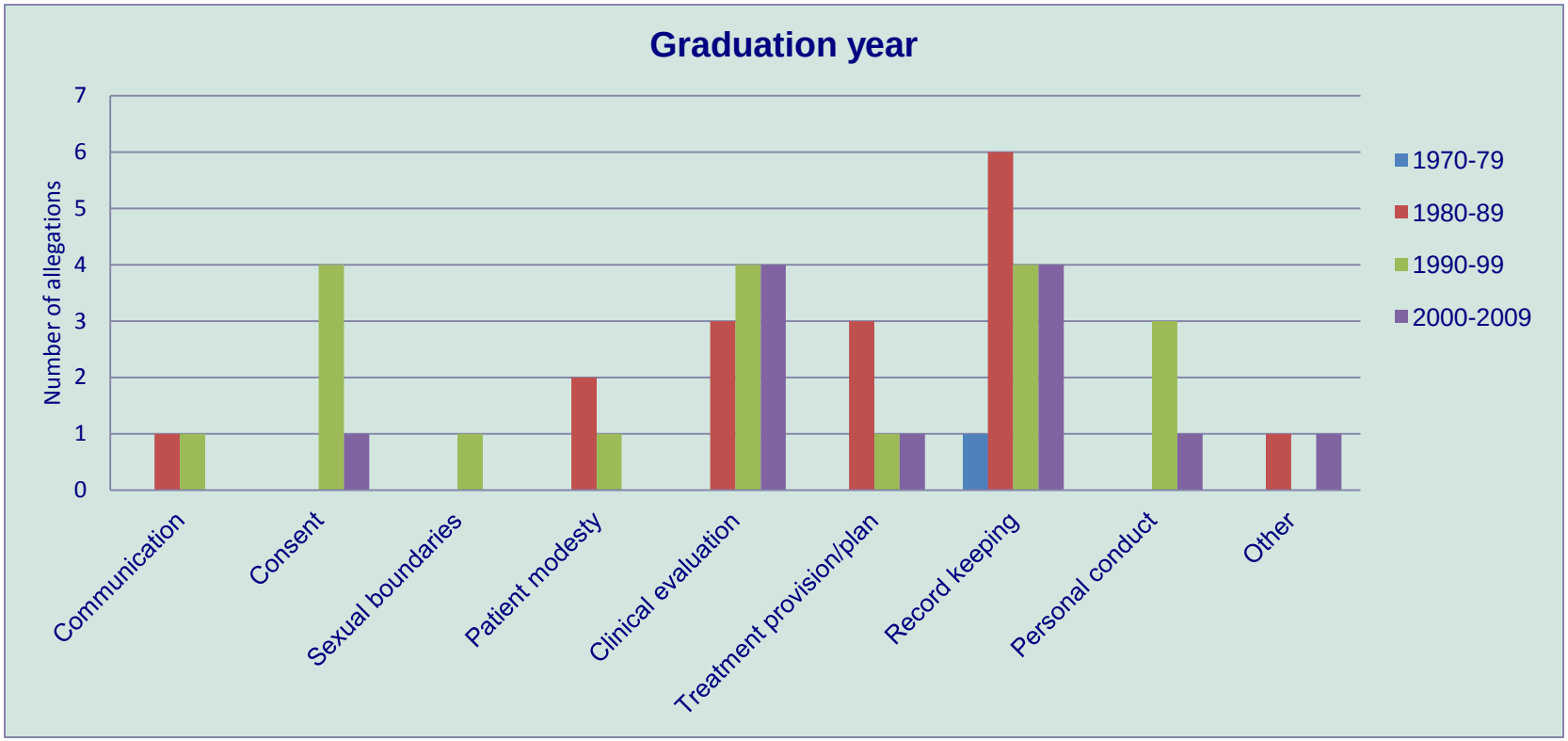

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Table 5

This table identifies the complainant type for all 68 cases. The other category includes one complaint that was made by a professional association.

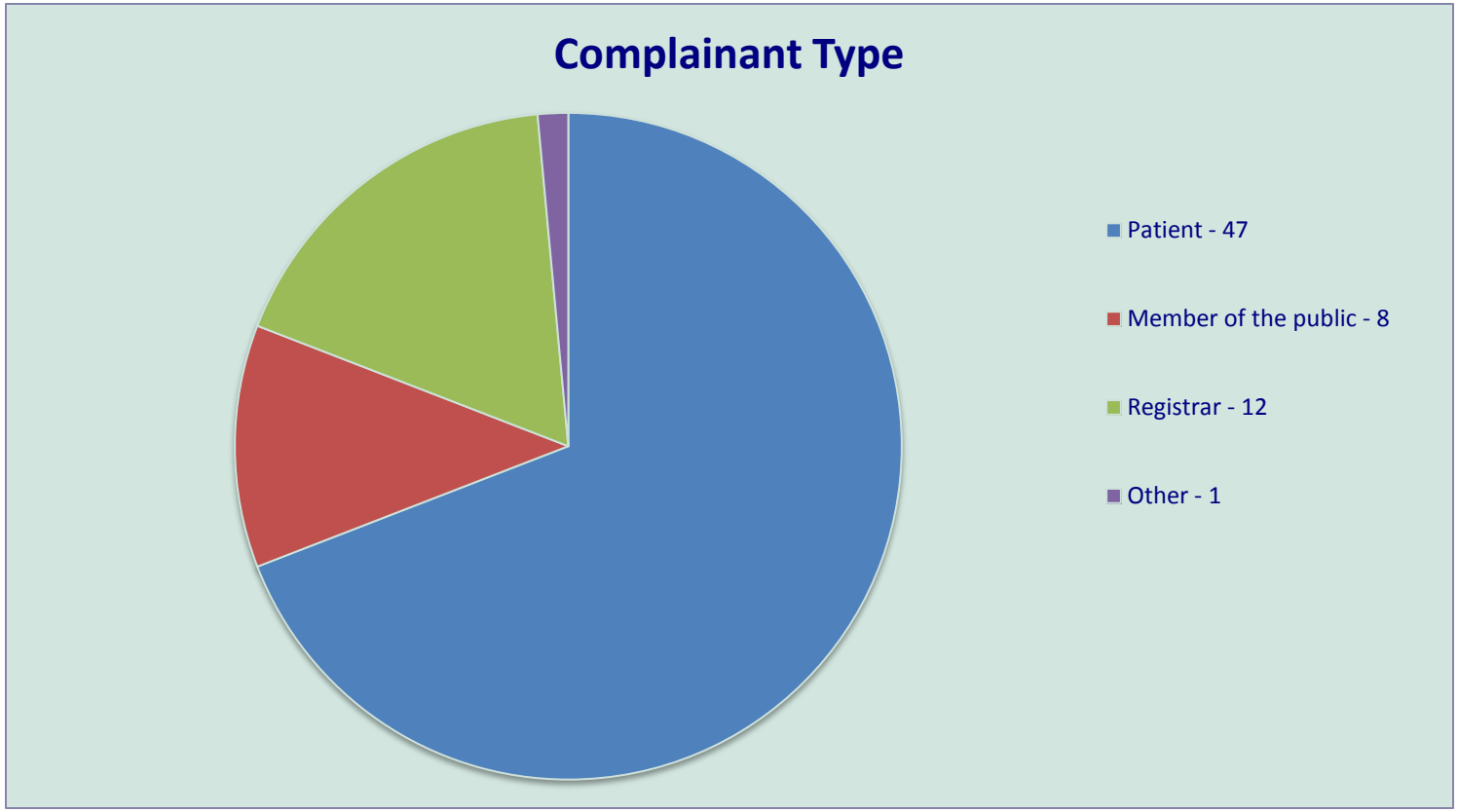

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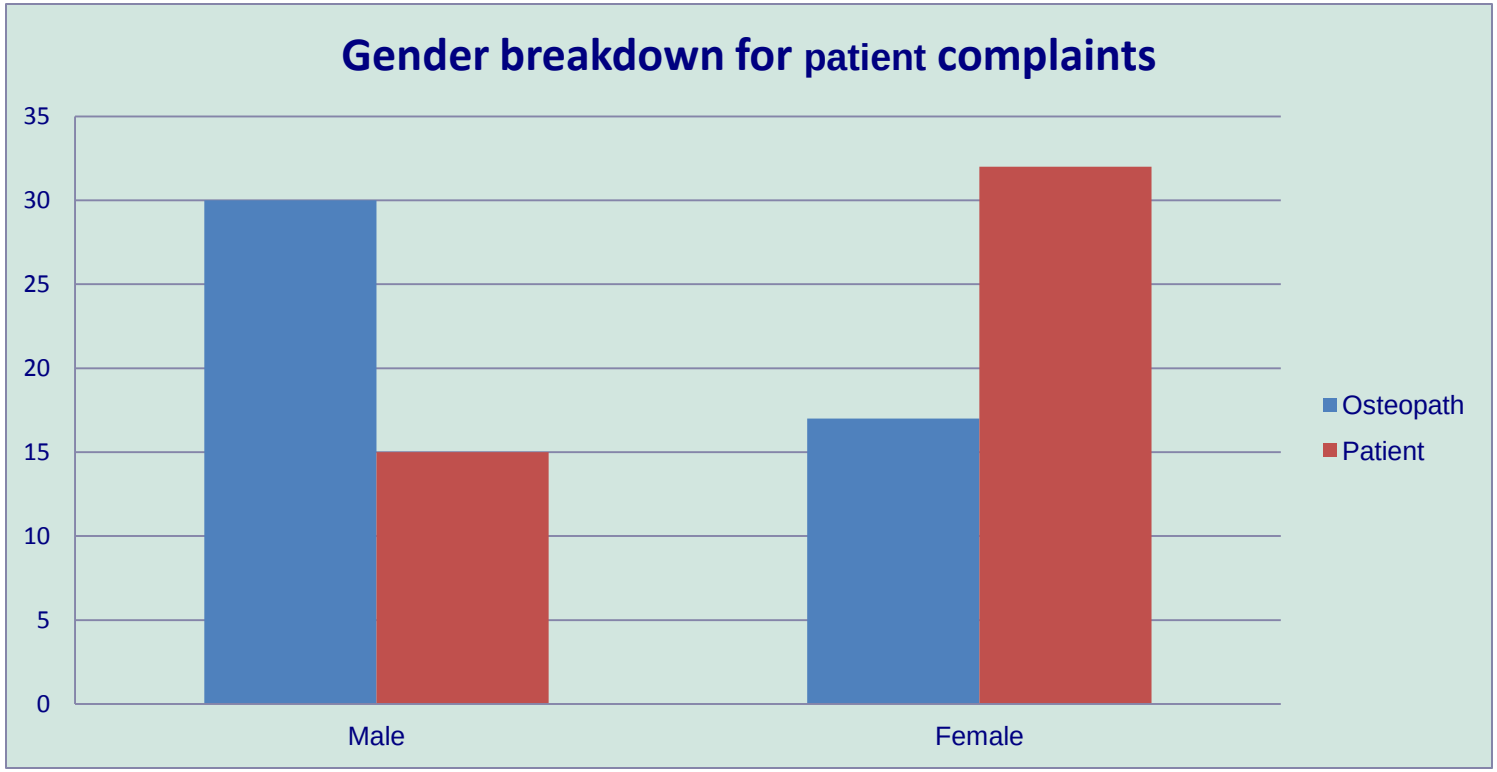
Table 6

This table identifies the gender of patients and osteopaths that are involved in the 47 patient complaints that have been made.



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