Osteopathic Practice Committee
19 September 2013
Quality Management and Assurance Framework

Classification	Public
Purpose	For discussion
Issue	This paper proposes the introduction of a 'Quality Management and Assurance Framework' as a mechanism for providing greater assurance to Council about the fitness to practise and protection of title processes. Essentially, the framework will assist in answering the key question: whether all those involved in fitness to practise and protection of title issues *are doing the right things, in the right way, at the right time.*
Recommendation	To consider the draft Quality Management and Assurance Framework set out in the Annex.
Financial and resourcing implications	Any new activities identified will need to be incorporated into the current or future budgets.
Equality and diversity implications	Equality monitoring in relation to FTP cases is part of the draft Quality framework.
Communications implications	None identified at present. The GOsC may wish to consult informally with stakeholders on the framework.
Annex	Draft Quality Management and Assurance Framework
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Background

1. The Professional Standards Authority's (PSA) overall assessment of the GOsC at the conclusion of the 2012 Performance Review was that 'The GOsC has maintained its effectiveness as a regulator and is meeting all the Standards of Good Regulation across its regulatory functions'.

2. Despite this positive assessment, we are keen not to rest on our laurels, and wish to demonstrate a greater level of assurance about our fitness to practise and protection of title processes.

3. The aim is to develop mechanisms by which the GOsC can demonstrate to stakeholders, including the PSA, that its fitness to practise and protection of title processes are protecting the public in accordance with good regulatory practice and appropriate customer service standards.

Discussion

Draft Quality Management and Assurance Framework

4. It is proposed that a Quality Management and Assurance Framework be introduced as part of a package of regulatory tools including a refined approach to risk assessment and case management.

5. The framework will enable the regulation team to define in tangible terms, what the regulatory process is seeking to achieve; to self assess performance against key measurables and time scales; and in doing so, to provide assurances to Council.

Structure of the Framework

6. The draft Framework has three main limbs: the Framework document, which is set out in the Annex; a quality casework manual which will set out all procedures and operational matters; and a template library. Both the casework manual and the template library are in the process of being compiled.

7. The purpose of the Framework is to provide assurance to the GOsC Chief Executive and Council, the PSA, members of the public and other stakeholders, that concerns about the fitness to practise of our registrants, and improper use of titles protected by our legislation, are properly handled. In simple terms, the Framework is intended to help us demonstrate that we are doing the right things, for the right reasons, within the right timeframes.

8. After description of roles, and the legislative and regulatory context, the Framework then sets out the GOsC's approach to quality assurance and links these back to the now well established principles of better regulation and right touch regulation.

9. Section 6 of the draft Framework document sets out a proposed quality policy:

> 'The regulation department is committed to ensuring that allegations about our registrants, or persons improperly using titles protected by legislation, are investigated promptly and effectively in line with best regulatory practice.
>
> In particular, we seek to ensure that we carry out proportionate investigations in which risk is continually assessed; that meetings and hearings are run efficiently; that our staff and committee members have the right knowledge and skills for their respective roles; that complainants and witnesses are kept fully informed throughout the process; that decisions are evidence based and well reasoned; and that learning from individual cases is disseminated back to the wider profession.
>
> We aim to measure the quality of our work by undertaking periodic audits and satisfactory feedback from stakeholders, including complainants and Committee members.'

10. While the quality policy is necessarily aspirational in nature, these aspirations are linked to concrete quality objectives set out at Section 7 of the draft Framework document. Each objective is defined, and linked to a specific measure and proposed targets against which achievement of the objective can be assessed.

11. Section 8 of the draft Framework document then collates in one place, the published key performance indicators and internal timescales which relate to the work of the Regulation Department. The Framework seeks to ensure that as far as possible, all key stages of a regulatory process have built in timeframes and customer service standards.

12. Lastly, section 9 of the draft Framework document then sets the tools and mechanisms by which the Regulation Department intends to achieve the stated quality objectives.

13. The Framework is still very much in draft. The objectives, targets and timescales may have to be modified over time. Some of the proposals relating to peer review and internal audit still need to be bottomed out.

14. The Committee views are welcomed on the approach taken in the draft Framework, and on the stated quality policy, objectives, targets and timescales.

Recommendation: to consider the draft Quality Management and Quality Assurance Framework set out in the Annex.

General Osteopathic Council

Regulation Department

Quality Management and Assurance Framework

Contents

1. THE PURPOSE OF THIS FRAMEWORK

The purpose of this Framework is to provide assurance to the GOsC Chief Executive and Council, the Professional Standards Authority, members of the public and other stakeholders, that concerns about the fitness to practise of our registrants, and improper use of titles protected by our legislation, are properly handled.

In simple terms, the Framework is intended to help us demonstrate that we are doing the right things, for the right reasons, within the right timeframes.
In doing so, we have not set out to be fully complaint with all aspects of the ISO 9001: 2008 Quality Management System. However, as a matter of good practice, the Framework seeks to adopt the key requirements and criteria of ISO 9001, with appropriate modifications for the size of the organisation.

The Framework consists of:

a. this document, which sets out our quality policy and objectives, how we measure quality and the tools we use to assure ourselves that quality measures are being achieved;

b. the Regulation Department's Quality and Casework manual ; and

c. the Regulation Department's standard document template library.

2. THE ROLE OF THE REGULATION DEPARTMENT

The General Osteopathic Council (GOsC) was established under section 1 of the Osteopathy Act 1993. It has a statutory duty to develop and regulate the profession of osteopathy.

The Council of the GOsC retains ultimate responsibility for ensuring that the organisation fulfils its statutory duties.

The Regulation Department has two main functions. These are:

a. the investigation of certain allegations about the fitness to practise of osteopaths registered with the GOsC; and

b. the investigation and prosecution of persons who are not registered with the GOsC but who are holding themselves out as practising osteopaths.

3. THE LEGISLATIVE BASIS FOR OUR ROLE

Professional conduct and fitness to practise

Under s20 of the **Osteopathy Act 1993**, the GOsC (in practice the Regulation Department) has a duty to investigate certain allegations made about osteopaths registered with the GOsC. These are that:

- the osteopath has been guilty of conduct which falls short of the standard required of a registered osteopath (unacceptable professional conduct);
- the osteopath has been guilty of professional incompetence;
- the osteopath has been convicted at any time in the UK of a criminal offence which is materially relevant to the fitness of the osteopath concerned to practise osteopathy; and
- the osteopath's ability to practise as an osteopath is seriously impaired because of his/her physical or mental condition.

Following investigation, the matter must be considered by the Investigating Committee (.20(3)) which decides if there is a 'case to answer' (s.20 (11)).

In making its decision, the Investigating Committee uses the real prospect test. The proceedings of the Investigating Committee are set out in the **General Osteopathic Council (Investigation of Complaints) (Procedure) Rules 1999** (SI 1999/1847).

If the Investigating Committee finds a case to answer, the allegations will be referred to the Professional Conduct Committee (PCC) or to the Health Committee (HC), for consideration (s.20 (12)). The role of the PCC and the HC is to consider whether or not the allegation is well founded, and if so, to impose the appropriate sanction (sections 22 and 23).

In considering sanction, the PCC and HC will have regard to the **Indicative Sanctions Guidance** approved by Council.

The procedures of the PCC are set out in the **General Osteopathic Council (Professional Conduct Committee) (Procedure) Rules 2000** (SI 2000/241). The procedures of the PCC are also supplemented by **Practice Notes**, which deal with issues such as adjournment.

The procedures of the HC are set out in **the General Osteopathic Council (Health Committee) (Procedure) Rules 2000** (SI 2000/242).

All three committees have the power to impose an interim suspension order. The test for doing so is that the Committee must be satisfied that it is necessary to do so in order to protect members of the public (ss.21 (2) and 24(2)).

When deciding whether or not to apply for an interim suspension order, the regulation department will use **the risk assessment framework.**

All three committees sit with an independent legal assessor who has the general function of giving advice. The role the legal assessor is set out in the **General Osteopathic Council (Legal Assessors) Rules 1999 (SI 1999/1848)**

All three committees may also sit with an independent medical assessor who has the general function of giving advice. The role of the medical assessor is set out in **the General Osteopathic Council (Medical Assessors) Rules 1999 (SI 1999/1879).**

Restricted title cases

Under section 32 of the Osteopathy Act, it is a criminal offence to describe oneself (either expressly or by implication) as an 'osteopath, osteopathic practitioner, osteopathic physician, osteopathic, osteotherapist, or any other kind of osteopath' unless registered with the GOsC.

4. THE CONTEXT IN WHICH WE REGULATE

The regulation of healthcare and healthcare professionals, remains an area of considerable public concern and media interest.

The GOsC is one of the nine statutory regulators of healthcare professionals in the UK. All these regulators have the protection of the public as their primary concern.

The GOsC is committed to developing and sharing good regulatory practice to ensure the protection of the public; the maintenance of public confidence in the osteopathy profession; and upholding proper standards for the osteopathy profession.

The GOsC is subject to oversight by the Professional Standards Authority (PSA). The PSA undertakes annual performance reviews of our organisation, and a periodic audit of cases that have been closed without being referred to our Professional Conduct or Health Committees.

The PSA also reviews all decisions of our Professional Conduct and Health Committees, and has the power to refer to the High Court for review, any decisions that it considers to be unduly lenient, or which it considers should not have been made.

5. OUR APPROACH TO QUALITY ASSURANCE

Quality assurance encompasses all the policies, standards, systems and processes directed to fulfilling and enhancing our statutory role in relation to fitness to practise and protection of title matters.

The GOsC is committed to the principles of right touch regulation as defined by the Professional Standards Authority:

'Right touch regulation is based on a proper evaluation of risk, is proportionate and outcome-focussed: it creates a framework in which professionalism can flourish and organisations can be excellent.' (Right Touch Regulation', August 2010)

In assessing quality, we adopt the five principles originally developed by the Better Regulation Executive. The framework seeks to address these principles in the following way:

PRINCIPLE	**HOW ADDRESSED**
Proportionality	Active case management and case review
Accountability	Reporting mechanisms to Council and external stakeholders
Consistency	Regular internal and external audit; post hearing wash-ups; and peer review
Transparency	Reporting mechanisms to Council and external stakeholders
Targeting	Scrutiny of charges and allegations; audit mechanisms

6. OUR QUALITY POLICY

The Regulation Department is committed to ensuring that allegations about our registrants, or persons improperly using titles protected by legislation, are investigated promptly and effectively in line with best regulatory practice.
In particular, we seek to ensure that: we carry out proportionate investigations in which risk is continually assessed; that meetings and hearings are run efficiently; that our staff and committee members have the right knowledge and skills for their respective roles; that complainants and witnesses are kept fully informed throughout the process; that decisions are evidence based and well reasoned; and that learning from individual cases is disseminated back to the wider profession.

We aim to measure the quality of our work by undertaking periodic audits and satisfactory feedback from stakeholders, including complainants and Committee members.

7. OUR QUALITY OBJECTIVES AND HOW WE MEASURE THEM

This section sets out the Regulation Department's quality objectives; the way in which these objectives are measured; and the targets we hope to achieve.

a. Case Investigation by GOsC Employees and external legal providers

In all investigations undertaken by the Regulation Department we will:

QUALITY OBJECTIVE	HOW MEASURED/ASSURED	TARGET
Continuously monitor and assess risk	Standard Risk Assessment Form reviewed at every case management meeting	Where potential interim suspension order identified: Screened within three days from receipt of formal complaint IC Chair makes decision to hold hearing one week from receipt of formal complaint ISO hearing held within three weeks from receipt of formal complaint
Ensure that all allegations are investigated	Caseworker chronology, investigation plan and evidence grid reviewed at periodic case reviews Adjournments of IC Feedback from Committees Feedback from PSA initial stages audit	Plans in all cases to be prepared within one week of receipt of formal complaint No adjournments of cases at IC because of failure to investigate an allegation No negative feedback No negative feedback

Be proportionate	Number of charges at IC and PCC Investigation plan reviewed at case reviews	Charges relating to a single registrant should not normally contain more than 20 charges
Provide all available and relevant evidence, which is sufficient for the relevant Committee to make its decision	Number of adjournments made by Committee to seek further evidence Feedback from Committee Members Feedback from PSA initial audits and S29 learning points or appeals Appeals/Judicial reviews challenging the decision of a Committee for insufficient	No adjournments specifically to obtain more evidence No negative feedback at IC (based on six meetings a year) No more than five negative feedback forms from PCC (based on 15 hearings a year) No negative feedback from PSA relating to lack of evidence No appeals/judicial reviews based purely on insufficient evidence
Have properly formulated areas of concern (IC) or charges for the relevant Committee to consider	Feedback from Committees	No more than five negative feedback from IC, based on 30 cases a year No more than five negative feedback from PCC, Based on 15 hearings a year
Be cost effective	Cost reports from external solicitors Internal cost monitoring	**(No Target set as yet. Cost modelling work is currently being undertaken within the regulation department)**
Be progressed in a timely manner	Case review and monthly reports	Monthly report on each case sent to Head of Regulation by last working day of each

		month
Ensure that complainant(s) and witnesses are kept informed	Case Management sheet/Monthly reports	Regulation team will provide an update on case progress each month. Evidence on this must be on the case file

b. The hearing process

In all meetings and hearings of the Investigation Committee, Professional Conduct Committee and Health Committee we will:

QUALITY OBJECTIVE	HOW MEASURED	TARGET
Make effective use of hearing time	Time recording hearing events Number of part-heard cases Parties compliance with time estimates and hearing timetabling	 No more than three part-heard cases (based on 15 hearings a year)
Have satisfactory administrative arrangements (room layout, bundles, microphone and recording equipment)	PCC Hearings checklist Chairs feedback form	40% of feedback forms have no negative comments about administrative arrangements
Have appropriate measures in place for witness who require Special measures	Parties feedback form Case Management sheet	No negative feedback

c. Decision making by Committees

In all decisions made by the Investigating Committee, Professional Conduct Committee we will:

QUALITY OBJECTIVE	HOW MEASURED	TARGET
Address all allegations/charges	Determination	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals

Give sufficient reason for preferring the evidence of one party over another	Determination PSA audits and learning points	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals
Give sufficient reasons for findings and sanction	Determination PSA audits and learning points	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals
Refer to any relevant Standards and guidance	Determination PSA audits and learning points	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals
Refer to any legal advice received by the Committee	Determination PSA audits and learning points	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals
In relation to sanctions, refer to Indicative Sanctions	Determination PSA audits and learning points	No more than three PSA learning points per year (based on 15 hearings a year) No s29 Appeals No Appeals
Be delivered promptly	Case Management Sheet	IC – sent to parties within two weeks of the IC meeting PCC/HC – sent to parties within two days of hearing
Notified to PSA	Case Management	PCC within two days of

	Sheet	hearing
Publicised in accordance with GOsC FTP Publications Policy	Case Management Sheet	Uploaded to website within two days

d. Feedback loops and wider learning within the profession

The Regulation Department will:

QUALITY OBJECTIVE	**HOW MEASURED**	**TARGET**
Identify common factors, root causes, drivers and trends identified	Common classification system developed with insurers Quarterly Report to Council Annual Report to policy committees FTP Annual Report FTP E-Bulletin	Annual Report and reports to Council will contain more cross-sectional analysis of data arising from complaints.
Monitor hearings data in relation to protected characteristics	Registrant Feedback Quarterly Report to Council Annual Report to policy committees FTP Annual Report	Annual Report and reports to Council will contain more cross-sectional analysis of data arising from complaints.

8. OUR PUBLISHED KEY PERFORMANCE INDICATORS AND INTERNAL TIME SCALES

Issue	**Time to be completed**	**Published KPI or internal time frame?**
Initial concern raised and complaint information provided	Two working days	Internal time frame
If statement of complaint to be taken	Within one week	Internal time frame
Complaint chased if no reply to complaint information	5-6 weeks from initial concern raised	Internal time frame
2nd chaser letter sent if no reply to complaint information and chaser letter	3-4 weeks from complaint chaser letter	Internal time frame
Case closed if no reply to complaint information and 1st and 2nd chaser letter	14 days from second chaser letter.	Internal time frame
Acknowledge complaint	Two working days if received electronically Five working days if received by post	Published KPI
Screening decision	Within three weeks of receipt of complaint	Published KPI
Notification of screening decision to parties	Within five days of decision. Except where Rule 18 applies (further investigation required)	Internal time frame
Acknowledging registrant's response	Within two working days of receipt	Internal time frame
Registrant's response sent to complainant	10 working days of receipt	Internal time frame
Acknowledging complainant's response	Within two working days of receipt	Internal time frame
IC Decision	Within four months receipt of formal complaint	Published KPI
Notify parties of IC decision	Within 10 working days of IC decision	Internal time frame
Conclusion of investigation and charges approved	Within two months of IC decision	Internal time frame
Decision of PCC/HC	Within 13 months of receipt of formal complaint	**Published KPI**

Notify parties of PCC/HC decision	Within two working days of decision	Internal time frame
Notify PSA	Within two working days of decision	Internal time frame
Publish decision in line with FTP Publications Policy	Within two working days of decision	Internal time frame

Section 32 Cases

Active monitoring	Within three weeks of receipt of list, perform internet checks of removed names received from registration determine to determine if still using protected title	Internal time frame
Acknowledging complaint	Within two working days of receipt	Internal time frame
Completion of investigation-Active monitoring cases	Within two weeks of receipt of list	Internal time frame
Completion of investigation-complaints	Within two months	Internal time frame
In cases of suspected breach, Sending of initial letter	Within two days of completion of investigation	Internal time frame

10. THE TOOLS AND MECHANISMS WE USE TO ACHIEVE OUR QUALITY OBJECTIVES

11.

The Regulation Departments uses the following tools and mechanisms to achieve the quality objectives.

Tool	**Description**	
Quality Manual	This document sets out all the procedures of the regulation department	NOT YET COMPLETED
Induction and Training programmes	Formal induction process for staff to be set out in manual Departmental training log Periodic training for staff provided by external solicitors firms (training	NOT YET COMPLETED OPERATIONAL

	needs identified during appraisal) Attendance by staff on external relevant courses On-going coaching and mentoring Annual training day for members of FTP committees (based on training needs identified by members during appraisal and committee feedback forms) FTP Committee members have access to periodic updates from external solicitor firms Learning points from PSA and initial stages audit disseminated to members	NEED TO CHECK WHAT MEMBERS ARE ACTUALLY SUBSRIBED TO/RECEIVING
Risk Assessment	Undertaken on Risk Assessment Form at defined stages of investigation and at case reviews	
Case management and Case Review	Investigation Plan and evidence grid required for all cases. Reviewed by Regulation Manager at case management meetings. Case Management Sheet records all actions and dates on case. All cases reviewed by Regulation Manager every two weeks and by Head of Regulation every month All draft charges approved	OPERATIONAL FROM 31 JULY

	by Head of Regulation	OPERATIONAL FROM 31b July
Monitoring of external providers of legal services	• Approval of investigation plan by GOsC caseworkers • On-going monitoring of investigation plan and review at 2 weekly case review by Regulation Manager • Monthly case report from external solicitors	
Experts	• Established criteria for appointment • Guidance for experts who are instructed by regulation team	NOT YET OPERATIONAL
Inter-party case management	Practice Notes are in place to assist the parties and Committee members on issues such as service of bundles, adjournments and postponements FTP stakeholders forum consisting of regulation team and registrant representatives established to facilitate case management issues.	NOT YET OPERATIONAL
Hearing monitoring	Regulation staff record key hearing events to assist audits of effective use of hearing times Feedback forms from PCC chair provide feedback on administrative arrangements	
Peer Review	Arrangements in place with GOC to allow GOC staff to review GOsC case files and investigation plans (and vice-versa) using the PSA initial stages audit criteria	THIS NEEDS TO BE SET UP WITH GOC
Feedback loops	Panel Chair report form	

	post meeting/hearing reviewed by Head of Regulation and Regulation Manager Parties Research received [ ] from Moulton Hall and reviewed annually by Head of Regulation and Regulation Manager. Quarterly meeting between Chair, Chief Executive and Chairs of IC and PCC Annual discussion of themes emerging from cases with Professional Standards Department Quarterly e-bulletin to profession	Operational from September 2013 NOT YET OPERATIONAL
Internal audit mechanisms	For section 32 Cases and rule 8 procedure: Audit Committee undertakes periodic internal audits Six-monthly review of Section 32 and rule 8 cases undertaken by Registration/Professional Standards	NOT YET OPERATIONAL NOT YET OPERATIONAL
External audit mechanisms	PSA initial stages audit and review of final decisions Committee observing undertaken by external firms	NOT YET OPERATIONAL
Reporting mechanisms	Regulation Department prepare/feed into: • FTP Annual Report for publication	

	• Annual case analysis report to policy committees • Quarterly statistical report to CEO • Quarterly FTP report to Council • PSA Performance Review These reports will all include information on statistics, themes emerging from cases and compliance with quality measures.	
Post IC case review	Six-monthly review of all IC decisions to develop threshold criteria for discussion with IC and Council and future external consultation	NOT YET OPERATIONAL
Post ISO review	Six-monthly review of chairs decision not to hold ISO hearing, and ISO outcome decisions against the risk criteria to be undertaken by Professional Standards Department	NOT YET OPERATIONAL
Post PCC Case review	Post PCC wash up meeting with case worker/external solicitor, Regulation Manager and Head of Regulation Review Group consisting of two members of Audit Committee (Lay and Registrant member) meeting annually) to review a sample of cases (including cases found proved and not proved;	NOT YET OPERATIONAL NOT YET OPERATIONAL

	and Rule 8 procedure cases); and analysis of all PCC decisions To review evidence bundles, transcripts and decision notices against agreed criteria	
Dissemination of good regulatory practice	Attendance by regulation staff at different fitness to practise fora	

Annex to 8

VERSION CONTROL

DOCUMENT TITLE	DOCUMENT AUTHOR	DATE CREATED	DATE AMENDED	DETAIL OF AMENDMENTS
Regulation Department Quality Assurance Framework	DAVID GOMEZ	16/7/13	n/a	n/a