



Osteopathic Practice Committee

19 September 2013

Notification of Fitness to Practise Investigations and Outcomes

Classification	Public
Purpose	For decision
Issue	<p>This paper sets out proposals to formalise the process for seeking information about a registrant's employers, or any person with whom the registrant has a contractual or other arrangement to provide osteopathic services, as part of the fitness to practise process.</p> <p>The paper also sets out proposals to routinely notify a registrant's employer; any person with whom the registrant has a contractual or other arrangement to provide osteopathic services; and other healthcare regulators of the fact that the registrant is under investigation and the outcome of the fitness to practise process.</p>
Recommendation	To agree the policy set out in paragraph 19 of the paper.
Financial and resourcing implications	None.
Equality and diversity implications	None identified. Equality monitoring in relation to FTP cases is part of the draft Quality Management and Assurance framework.
Communications implications	None.
Annexes	None
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Background

1. The GOsC does not routinely collect information about whether registrants:
 - a. are employed (and if so, the details of their employers);
 - b. have in place contractual or other arrangements to provide osteopathic services (and if so, the details of those arrangements); or.
 - c. are registered with another health care regulator (and if so, the details of that other regulator).
2. In March 2011, the KPMG Report A: 'How do osteopaths practise?' contained the following findings:

'The unsupervised nature of osteopathy also means that responsibility for patient safety rests firmly with individual osteopaths:

- More than half of osteopaths normally practise alone, meaning they are frequently alone with patients; and
- Circa 20% of practising osteopaths spend more than 50% of their time practising in their own home.
- 15% of osteopaths regularly practise in managed environments such as hospitals or clinics which may be subject to NHS standards of clinical governance.'

'We found that 30% of osteopaths normally (at least often) work with other osteopaths across multiple practices and 38% normally (at least often) work with other healthcare professionals.'

'We also found that 13.5% of those surveyed acted as locum osteopaths, mostly infrequently.'

3. The KPMG Report also noted that :

'4.8% (n=10) of respondents to our survey are registered also with the General Medical Council, and 5.3% of all respondents (n=11) with the Health Professions Council. 2.4% of all respondents cited registration with overseas regulators of osteopathy, 1.0% of all respondents are registered with the General Council and Register of Naturopaths and 0.5% of all respondents with the Complementary and Natural Healthcare Council. A number of respondents also cited the British Medical Acupuncture Society, although this is not a regulatory body.'

4. The GOsC does not put into the public domain, information about cases which are being investigated or under consideration by the Investigating Committee; or forthcoming hearings to consider the imposition of interim suspension orders.
5. Notices of Hearing before the Professional Conduct Committee are published on the GosC website 28 days before the hearing. However, Notices of Hearing before the Health Committee are not published.
6. In accordance with the GOsC Fitness to Practise Publication Policy, the decisions of the Professional Conduct Committee are published on the GOsC website. Where the Health Committee has imposed a sanction of conditions or suspension, a short form decision is published on the GOsC website. Decisions of all three fitness to practise committees to impose an interim suspension order are also published on the GOsC website.
7. When an osteopath is suspended or removed from the Register, the GOsC routinely inform a number of organisations, including the following :
 - a. all osteopathic educational institutions;
 - b. all osteopathic insurance companies;
 - c. the British Osteopathic Association;
 - d. the Osteopathic Council of New Zealand;
 - e. Aviva;
 - f. BUPA;
 - g. AXA-PPP;
 - h. the Allied Health Professions Council of South Africa;
 - i. the Osteopathy Board of Australia;
 - j. the Sutherland Cranial College;
 - k. the National Supervisory Authority for Welfare and Health (Finland); and
 - l. the Office federal de la formation professionnelle et de la technologie (Switzerland)
8. However, the organisations identified above are merely informed of the fact of the suspension or removal. No reasons are given for the suspension or removal, although the email alerting the organisations will contain a link to the determination on the GOsC website (where this is available).

Discussion

9. The legislation governing most of the other healthcare regulators sets out an explicit duty to notify prescribed categories of person about the fact of an investigation, and the outcomes of the fitness to practise process.
10. For example, the HPC is required to notify: employers and any person with whom the registrant has an arrangement to provide services; other health and social care regulators; the Secretary of State for Health and the devolved administrations, of the fact of a referral to the Investigating Committee, or to the Professional Conduct or Health Committees (see for example, rule 5 of the

HPC (Investigating Committee) (Procedure) Rules 2003). In addition, the HPC has a general power to disclose any information relating to fitness to practise, if it considers it to be in the public interest to do so (Article 22(10) of the Health Professions Order 2001).

11. The legislation of the other healthcare regulators also sets out an explicit power for the regulator to require information from the registrant about his or employer, any persons with whom there is in place an arrangement to provide services; and details of other regulatory bodies with which the registrant is authorised to practice a health or social care profession (see for example, Article 25(2) of the Health Professions Order 2001).
12. In recent discussions with the PSA and other regulators arising out of the Francis Report recommendations, there has been a greater emphasis on informing other regulators of the fact of an investigation at an early stage.
13. The Osteopathy Act 1993 and the rules made under that act do not contain explicit powers and duties, such as those set out in the legislation of other healthcare regulators.
14. However, paragraph 1D(1)(b) of the Schedule to the Osteopaths Act 1993 provides that

‘In exercising its functions, the General Council shall-

 - (b) co-operate, in so far as is appropriate and reasonably practicable, with public bodies or other persons concerned with-
 - (i) the employment (whether or not under a contract of service) of registered osteopaths,
 - (ii) the education or training of osteopaths or other health care professionals,
 - (iii) the regulation of, or the co-ordination of the regulation of, other health or social care professionals,
 - (iv) the regulation of health services, and
 - (v) the provision, supervision or management of health services.’
15. Paragraph D7 (7) of the Osteopathic Practice Standards requires registrants to ‘cooperate fully with any external investigation.’
16. The view of the executive is that the requirement for registrants to co-operate with an investigation enables the GOsC to ask registrants who are under investigation to provide details about their employment or any arrangements which they have in place to provide osteopathic services.

17. Similarly, the Executive considers that the requirement on the GOsC to co-operate with employers, educational institutions, other healthcare regulators and providers of healthcare (which is set out in the schedule to the Act) enables the GOsC to share information about fitness to practise investigations and outcomes with persons with whom it has a statutory duty to co-operate.
18. It is desirable that the GOsC should have in place a formal policy about when information about employment and arrangements to provide osteopathic services is requested from registrants; and exactly what information about fitness to practise investigations and outcomes should be shared with those persons with whom the GOsC has a statutory duty to co-operate.
19. The policy proposed is as follows:

At the time a registrant is informed of the complaint/allegation made against them, the Regulation Department should routinely ask the registrant to provide details about:

- a. their employment and any other contractual or other arrangements to provide osteopathic services; and
- b. whether or not they are registered with another health care regulatory body.

The Regulation Department should routinely inform a registrant's employers and any persons with whom he may have a contractual or other arrangement to provide services (where known), and any other health care regulator that he or she may be registered with (where known), of:

- a. the fact that an investigation has been opened;
- b. the nature of the allegations that are under investigation;
- b. the fact that a registrant has been referred to the Professional Conduct Committee or the Health Committee;
- c. the allegation that has been referred to the Professional Conduct Committee or the Health Committee;
- d. any adverse findings made by the Professional Conduct Committee or Health Committee;
- e. any sanctions (including interim suspension orders) imposed by the Professional Conduct Committee of the Health Committee.

Recommendation: to agree the policy set out in paragraph 19 of the paper.