

Response to the General Osteopathic Council consultation: Continuing Professional Development, proposals for assuring the continuing fitness to practise of osteopaths

June 2015

1. Introduction

- 1.1 The Professional Standards Authority for Health and Social Care promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.
- 1.2 As part of our work we oversee nine health and care professional regulators¹ and report annually to Parliament on their performance. We also appeal fitness to practise cases to the courts if outcomes are unduly lenient and it is in the public interest. More information about our work and the approach we take is available at www.professionalstandards.org.uk.
- 1.3 We welcome the opportunity to respond to this General Osteopathic Council (GOsC) consultation. We published *An approach to assuring continuing fitness to practise based on right-touch regulation principles* in November 2012.² The report sets out a number of guiding principles for regulators developing policy in this area, and we have used it to inform our response to this consultation.

2. General comments

- 2.1 Overall, we find that the GOsC's approach fits with the core principles set out in our continuing fitness to practise report.
- 2.2 The design of the scheme has been informed by assessments of the risks posed by osteopaths, and the finding that osteopathy is a relatively low-risk occupation for patients. This, along with the small size of the register compared to most other statutory regulators in health, has given the GOsC an opportunity to be innovative with its proposals. The resulting Continuing Professional Development (CPD) model appears to us to be proportionate to the risks identified.
- 2.3 We also welcome the fact that the GOsC has tried to address the risks presented by osteopathy in the design of the framework itself. The finding that communication and consent are most problematic in osteopathic practice has resulted in the inclusion of a mandatory activity (activity 3) in this area. The

¹ General Chiropractic Council, General Dental Council, General Medical Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council, Health and Care Professions Council, Nursing and Midwifery Council, Pharmaceutical Society of Northern Ireland.

² Available here: <http://www.professionalstandards.org.uk/library/document-detail?id=69393f02-d5a3-4ae0-a1bb-a7b437dc3485>

framework also tackles the problem of professional isolation by bringing practitioners together in the peer discussion review scheme (activity 4).

- 2.4 We were also pleased to note the requirement for CPD activities to cover all four parts of the Osteopathic Standards, which means that CPD will focus on conduct as well as competence. We welcome this broad focus, as we know from our own report that conduct failings represent a high proportion of fitness to practise issues.³ We note that the GOsC's evidence also found that complaints about osteopaths related to a wide variety of issues.
- 2.5 We would be interested to know how the GOsC plans to monitor the impact of the scheme and measure its success. As it is tailored to address specific risks, it will be important for the organisation to ensure that it can identify and adapt to any new risks that emerge over time.
- 2.6 We trust that these CPD proposals will not require any legislative changes before they can be implemented.

3. Detailed answers

- 3.1 We only have comments on a few of the questions as follows.

Question 13: This is a scheme that is likely to help osteopaths to enhance patient care.

- 3.2 **Agree.**
- 3.3 In our view, the GOsC has designed a scheme that addresses the key risks while maintaining the necessary focus on the full range of standards required of osteopaths.
- 3.4 The decision to use safe spaces and a formative approach appears to be based on sound evidence that this will encourage greater compliance and raise standards more effectively than a summative pass/fail model. As we stressed in the previous section it will be important for the GOsC to ensure it can measure the impact and review the success of this approach.

Question 26: The guidance about when a standard is not met is appropriate.

- 3.5 **Disagree.**
- 3.6 We are concerned that part of the guidance on '*What to do if during a review I become concerned about an osteopath's practice?*' (FAQ no. 17) is not strong enough – in particular the section on how to deal with '*concerns that may cause harm to patients*'. It is our view that any concerns suggesting that harm may come to patients through an osteopath's poor practice or conduct should be reported to the regulator. This should be explained in the guidance and the criteria for reporting a concern should be made clearer. We would also expect to see something in the Osteopathic Practice Standards highlighting a

³ See pages 7 and 8 of *An approach to assuring continuing fitness to practise based on right-touch regulation principles*. Available at: <http://www.professionalstandards.org.uk/library/document-detail?id=69393f02-d5a3-4ae0-a1bb-a7b437dc3485>

registrant's duty to report concerns to the GOsC where there is a risk to patients.

- 3.7 We found the wording '*concerns that may cause harm to patients*' unhelpful: it is not the concerns in themselves that cause harm to patients, rather it is the practice or conduct of a registrant.

Question 32: The Peer Discussion Review could contribute to safer and more effective practice.

- 3.8 **Agree.**

- 3.9 The GOsC has identified isolated practice as a risk factor in osteopathy. It therefore seems likely that bringing osteopaths together to discuss good practice and practice challenges in peer discussion reviews will address this. It should help registrants to identify and respond to risky or ineffectual approaches in their own and others' practice, and report serious issues to the regulator (provided the guidance is amended as we suggest in our response to question 26).

Question 38: Is a targeted audit strategy, as proposed above, appropriate?

- 3.10 We support the proposal to use the audit to address any disparities in the quality of peer reviewers. We suggest that the audit could also be used to target groups of practitioners who might be considered to present a greater risk than others.

Question 43: What further advice and guidance about raising concerns is required?

- 3.11 See our response to question 26.

4. Further information

- 4.1 Please get in touch if you would like to discuss any aspect of this response in further detail. You can contact us at:

Professional Standards Authority for Health and Social Care
157-197 Buckingham Palace Road
London SW1W 9SP
Email: dinah.godfree@professionalstandards.org.uk
Website: www.professionalstandards.org.uk
Telephone: 020 7389 8030