

Speaker 1 ([00:08](#)):

[inaudible]

Speaker 2 ([00:10](#)):

Good afternoon, thank you for joining us for this special broadcast. 45 minutes to talk to our governing bodies and the IO, the representative body for the osteopaths watching, as you know, we're doing as much as we can to try and help people, through the current coronavirus crisis. And I thought it was a good opportunity to get those governing organizations together so that they can explain to you just how they are helping us to get through the crisis. so you don't want to hear from me. I know you need to hear what they have to say and could I welcome all three of our guests this evening. We have Matthew Redford from the general osteopathic council, acting chief executive at the moment, Nick Jones from the general chiropractic council and Morris Chang from the Institute of osteopathy. Matthew, can I start with you? Can you, would you like to give us a quick opening statement on what's happening from the GRSC point of view?

Speaker 3 ([01:02](#)):

Thank you Steven and, and thank you for the opportunity to speak today. I think as a starting point, it's, it's fair to say that, we find ourselves in completely uncharted waters. and frankly, there are no easy answers to the circumstances that we're in. the spread of COVID 19 presents a constantly changing and challenging situation. And you're right to say that we all got our roles to play and I think is helpful today to have the opportunity to assess out what our respective roles are. And it's unprecedented, not just for the UK and not just for the osteopathic profession, but with this being sort of a global pandemic. COVID-19 presents a public health emergency, sort of across the, across a number of different countries and the general osteopathic council as the regulator for the osteopathic profession and has to have public health and patient protection at the forefront of everything that we do.

Speaker 3 ([02:01](#)):

And our role in the public health emergency is to facilitate the dissemination of information issued by the governments in the four countries to the osteopathic profession. And I think it's fair to say we're not the experts in producing the advice on how to handle and manage these issues arising in this unprecedented pandemic that we're facing. The advice comes from the governments and on our websites we have signposted where that advice is available across the four countries. That particular web link is [www.osteopathy.org.uk/covid-19](http://www.osteopathy.org.uk/covid-19) and I think it's a useful, sort of source of information for registrants to be able to keep abreast of the public health information that's out there.

New Speaker ([03:05](#)):

I absolutely recognize that this is an understandably worrying period for individuals worrying about how to pay your bills, your mortgage, your rent, and understandably, I think there are questions that are being asked about the general osteopathic council registration fee. I think we have to sort of recognize those as an organization set up by statute. We have legislation that's in place and legislation that we have to follow, which sets out what we can do and what we can't do. and as we stand today, the position regarding fees is set out in legislation and it's as follows: if you're practising, so if you're in clinical contact with patients, then you have to be registered as practising and the practising fee is applicable. If you're out of clinical contact for three months or more continuously in a registration period, then you can convert your status. So that's a non-practising fee, a reduced registration fee. Now that's as we stand today and that can look back and apply for individuals in the situation if you have a

period of ill health, maternity leave, whatever the case may be, really that would be applicable in cases where individuals are unable to work because of the COVID-19 situation, we find ourselves in

Speaker 2 ([04:24](#)):

I know you are bound by statute and so we've agreed already that we're not going to take hundreds of questions about fees because it would be pointless. There's nothing you can do about it. If inland revenue can give people a VAT and a tax holiday and a pay holiday, do you think there's any prospect that the general council might be given the opportunity to give people a holiday in paying their fees so that they could delay it?

Speaker 3 ([04:49](#)):

That would be, that would, we would need that particular diktat to come from, sort of government, department of health, et cetera? I think at the moment, given what the governments have been announcing, and I think Maurice will probably touch upon this in a bit more detail when he has the opportunity to speak. And I promise I will sort of stop talking in a moment. With, with the, the sort of resources that the government laid out, so, you know, £330 billion of opportunities. I think all bets are off at the moment in terms of what may or may not do. So then maybe will be the opportunity for that. But I think importantly at the moment, as a profession across professions, and I think really helpful to have Nick here today. It's about how we can work together, how we can present that United front as we, as we sort of try and feel our way through these particular, sort of circumstances which are completely unique to the country.

Speaker 2 ([05:42](#)):

So, so with that, could I turn to you Nick Jones? I, I realized Matthew is probably said a lot of the things which overlap with what's going on at the general chiropractic council. would you like to say anything, anything in addition to, to that about how you, you're dealing with the problem?

Speaker 4 ([05:58](#)):

Yeah. Thanks Steven. Good afternoon everyone. It's a pleasure to be with colleagues today. Matthew's said much of what I might say. I think it, if I can add a few extra words that it would be fair to say that we're all facing a worrying time, a time in which we want to keep ourselves loved ones, colleagues and of course patients safe and healthy. And I can absolutely recognize that what's being sought, today and beyond that is reassurance as to what to do, how to behave. the things that take into account, what's going to happen and what's gonna happen to me, what's gonna happen to my family, et cetera. And we all want reassurance is around how we can overcome, the challenges of this very fast evolving outbreak. And we want, and we want answers to questions and often we can't always provide those, but it's great to be here so that I can say what I know, which may be of some help.

Speaker 4 ([06:57](#)):

I really want to emphasize that, that what I say is the position today. It may change. I think our challenge is to communicate clearly, well and frequently. I won't say too much about fees, but I'll, I'll happily take, say a sort of a question on fees to set out our position on that as clearly as I can. But, I'm with Matthew here. This is, this is perhaps an issue that sort of transcends fees. We absolutely recognize that's important. but there are a whole range of challenges here as well. And, as Matthew says, if we can work together in a meeting those, and I'm confident that we can all come through stronger together.

Thank you for that. Nick, did you say you wanted to make a statement about fees now or will you wait until questions come in?

See if there's a question and then we'll go from there.

Speaker 2 ([07:53](#)):

Okay. One thing I would add to that, you're right, we're all concerned about our own health, our patient's health, our family's health. But actually, for a lot of us as well, we've got our staff to think of because of course what happens in our businesses could easily affect them. And of course we have a lot of loyalty going down to them just as they have to us, which is another concern for many businesses.

Morris, can I, can I turn to you and, and I, you're the only sort of trade body that we've got on, I'm afraid if I can call you that. and I apologize that we haven't got a representative chiropractic body. And of course there are four of them instead of one. And I didn't have the chance to contact them. But I imagine that they're working in a similar way to the IO, what's going on at the IO at the moment?

Speaker 5 ([08:38](#)):

Frantic, paddling, basically. I mean, we're basically working as fast as we can in a situation which is, well, both enormous, unusual and very, very fast moving. I mean effectively the current, movement by the UK government to sort of clamp down the way that it has in factories, is actually only 48 hours old. So there's an awful lot of, very rapid sort of advice, guidance, development, pretty much on the fly because this is unprecedented. I think certainly in, the experience of the IO and I've spent many other organizations, so, we have, I think responded reasonably well. We have certainly taken great care to reflect, official advice and guidance, but also comments on how that might be applied. And certainly one of the things that's, I think we are very keen on is to see the osteopathic profession actually take its part and to play its role in the crisis management that is going on.

Speaker 5 ([09:46](#)):

I mean, at the end of the day, I am very proud that we and the chiropractors both or very well trained health professionals and we should have a part to play in an emerging crisis, not just in terms of NHS capacity, but in fact in the capacity to deal with the ongoing health of an entire nation while, while specific, strategies are put in place to deal with the most, most severe cases that could be in 19. So I think, you know, it's trying to address and understand all aspects of that as they evolve. we've certainly also been reaching out to other professional bodies. In fact this afternoon, we are hosting an online meeting with the chiropractors and podiatrists and the, the health sports rehab association to start to address issues such as actually what is good guidance around, private practice during these early stages of confinement and so on and so forth. So we are aware there are a large variety of issues which, we want to provide good advice on that and other practitioners are looking for good advice on, and we want just what doesn't work to make sure that we deliver, you know, that appropriate guidance that positions, our professions as a, as a key asset in this drive for health.

Speaker 2 ([11:16](#)):

I have got, I've got a related question to that. If we are going to become more locked down than we are already, are we chiropractors and osteopaths regarded as essential or non-essential contact because obviously from a patient who is in severe pain's, points of view, perhaps it's essential to get to the

therapist. and of course we would think that's probably quite important as well. but how would that be regarded in terms of breaking government rules on contact? Do you think that may not be one for you? It may be one for general council

Speaker 5 ([11:51](#)):

if I may kick off and, and I'm sure Matthew and Nick have viewpoints too, which is that at present I think that the way that I regard our healthcare profession is that it's the patient's calls and what's urgent and what's critical and it's our need to interpret that. That approach and that request in the way that health professionals, we should be able to tell you what are the risks in contact, how should we appropriately treat, what is appropriate treatment to make and so on. So, you know, I had no doubt that, both our professions are sufficiently well trained to do, to deal with those questions and ongoing and case by case basis. I think the issue about what's critical and noncritical, I mean, obviously the critical cases of COVID-19 are critical, but that's in the context of those people who unfortunately then suffer some of those that events.

Speaker 5 ([12:50](#)):

but at the same time actually as more and more NHS resource are dragged into dealing with those very critical cases. the shortfall that has left in the rest of the health service needs to be back-filled and if nothing else even if chiropractors and osteopaths are not trained the same way as for example, respiratory physiotherapists who would have a very much frontline engagement with the COVID-19 cases, I think we have a major role to play to ensure that when physiotherapists and those disciplines are dragged off to focus on COVID-19 patients that we can actually play our role as well.

Speaker 2 ([13:28](#)):

Before we move on to to one of the other speakers here, Morris, I have got a question from someone whose name you might recognize. Robin Lansman. he says that, his recollection is that the IO has a hardship funding programme to help osteopaths in times of hardship. Is this the time for it to be used?

Speaker 5 ([13:46](#)):

It is, it is. Basically, we are working this out of the moment. So we are looking at hardship cases on a case by case basis. And I think we're very conscious of the fact that there will be a number of osteopaths in severe need and will seek to help on that basis.

Speaker 2 ([14:06](#)):

Okay. And what do they have to do? Do they have to apply to you?

Speaker 5 ([14:09](#)):

Yes, they, they will have to write a case and they'll be considered by, you know, a subcommittee property of counsel.

Speaker 2 ([14:16](#)):

Is there, is there some guidance available to them so that they know under what circumstances they might be eligible and how much they might get?

We are working on that at this very moment.

I'm sure you are, but I have to ask. Nick, what about your view from the chiropractic council in terms of the essential or nonessential nature of our treatment? What are you advising?

Speaker 4 ([14:39](#)):

Yeah, so we're certainly not saying that chiropractors shouldn't treat patients, that, as has been said already, chiropractors can offer a much needed care to patients. And I'm sure they will. Equally, there's no specific guidance around how chiropractors should manage their contacts. And of course it depends on the individual circumstances. I am aware that some clinics have decided to, to close their practice and not treat and that's obviously for them, but we certainly don't expect that. I think it's for registrants, to undertake appropriate risk assessments specific to the situation to determine the best course of action for them and the patients. I think in terms of patients who are requiring, urgent care, you may judge that it's safe to treat, provided you are satisfied, they don't present with COVID-19 symptoms. And you've explained the risks to them in terms of being in contact with others. I think again, we come back to communication being so important here. So communicating your practice, and, and so on and alternative methods, they can receive care. It's so, so important. So, you know, I think it is for, for, for each, chiropractor osteopath to determine the right course of action. Having taken the appropriate, assessment of risk and then communicating that to patients. Okay.

Speaker 2 ([16:29](#)):

I'm just going to make a, a quick statement. We've had, apparently we've had a lot of people who joined since this broadcast started. and they won't have heard what you and, Matthew Redford said about our fees. So if I can just summarize and I'm sure you'll correct me if I've misunderstood or get it wrong. the business with fees is governed by statute, so there isn't any flexibility at the moment for the general councils to say they'd pay them later to cut them. Obviously there is a possibility that there might be some legislation, some opportunity, as a result of further legislation for them to give fee holidays, but that's not in place at the moment. So, we won't be dealing with the issue of fees any further on this program cause there isn't anything general councils can do about it, which I think is a fair assessment.

I've got a question specifically for you, Nick. I don't know who asked the question, but they say there's a lot of evidence that shows that chiropractic care can help improve the immune system. What's the GCC doing to promote chiropractic as part of the solution?

Speaker 4 ([17:35](#)):

Well, look, I think, this is a contentious area. I think there is some evidence that exercise, good diet and so on can help with the immune system in terms of the practice of chiropractic. I think we should be very cautious about what we're saying. So, I'll leave it at that.

Yes. I suspect we could easily fall foul of abs advertising standards if we misleadingly gave the impression that we were able to help people avoid infection from COVID-19.

Speaker 3 ([18:09](#)):

I think another important point to make is around the roles of the different sort of organizations and certainly the general osteopathic council and the general chiropractic councils position, we're not there to promote. And I think that that's quite an important point that we need to make. And that distinction. exists. But, and I think to come back to sort of the point that Morris was making, that sort of an earlier question actually, I think there's a real sort of opportunity here about how, different professions can help support colleagues within the NHS system. The NHS boards and trusts, and these are conversations

which are taking place at the moment. Maurice, the Institute of osteopathy or doing some sort of really great work around those conversations with health education England and others. And it may be perhaps, you know, during the course of the remainder of the talk today, we can tease some of that out.

Speaker 2 ([19:09](#)):

We actually had a specific question on that front, what can we be, what should we be doing? What could we be doing to help the NHS out? I hope we'll get him get more on that, particularly perhaps after tomorrow's meeting that you're having Maurice.

Yes, indeed. Yeah.

I've had a question from Joe about over seventies. What's the situation with doing home visits to the over seventies. If someone over 70 comes in for treatment and subject to their permission, is it okay to treat them?

Speaker 5 ([19:44](#)):

well I think from, from our viewpoint, it, it, it's, again, it's professional judgment. you have to be obviously, professionally cautious about, visiting a group which has been declared a, sort of, you know, a group for self-isolation. but again, it depends on need. I mean, it's down to the health professional to decide actually whether a home visit is viable. Something that we probably will start to build into that advice is that actually for, for patients moving across the, the idea of a remote consultation either by telephone or video, It is something that the NHS is obviously rapidly moving towards and may be a bit odd perhaps sounding for, you know, professionals who are essentially manual therapists. Actually, there is every reason to move across to that. And even if not for a, a whole consultation, actually the idea of a sort of a triage or telephone triage might be the sort of extra steps that we should be taking in this situation.

Speaker 2 ([21:05](#)):

We've, we've had a couple of questions about it. In fact, Maurice, one from Kerri asking, what does a telephone consultation or video consultation involve? and another about charging for those consultations. Are we justified given the scope of our therapy? Or these things that beyond your scope or the scope of the general councils to answer? Nick, I don't know, are chiropractors already doing telephone consultations?

Speaker 4 ([21:30](#)):

I believe so. Yes. and it's, it's, it's something that we certainly don't discourage. if it's effective for, for patients, then, that's not a bad thing.

Speaker 2 ([21:43](#)):

Somebody anonymous has said they are looking at offering their local NHS GP practices, free treatments for their patients with MSK issues to reduce their load. That sounds like a really nice idea. Do you know, of anybody else who's doing that?

Speaker 5 ([21:59](#)):

Yes we have examples of, other practices, other clinics that are seeking to do that. I mean, CORE Clapton for example I know is, is, is seeking to attract the attention of the local hospital trust to actually use CORE Clapton as a sort of outreach centre. so yes, I mean these pro bono bits would be fabulous to do and then may will be a good door opener for the rest of the profession. From the viewpoint of a professional body, I don't like advocating the idea of not charging and certainly if I might address the second question for a second, I think it is entirely appropriate for osteopaths and chiropractors too, I don't speak for your profession, Nick, but for fully trained health professionals to charge for their services.

Speaker 5 ([22:53](#)):

Cause at the end of the day the basket of services and systems we provide the public and patients in particular is more than just the manual therapy. you know, it is the whole experience provided by, by the professions that actually are, worth their weight in health. So there's definitely every reason to charge and carry on charging. to the question of, of how do you best go about it, we have, published certainly general guidelines about how remote consultations should take place because the insurance companies needed reassurance that such guidelines were in fact in place. On that basis, I think they are in the main, pretty agreeable to supporting remote consultations. It shouldn't have been a problem in the first place, but I think just they just need that reassurance. [inaudible]

Speaker 2 ([23:52](#)):

Are you able to reassure people, cause I've had two questions about this, that if we're doing telephone consultations our insurance will still be valid and now you can perhaps only speak for the insurers that the IO works with. But I imagine it will relate to those that I, chiropractors, osteopaths are used.

Speaker 5 ([24:07](#)):

They, they certainly on, on the conversations or discussions we've so far had with, with the insurance companies. Yes. I mean they, the remote consultations are covered because they are fully within the scope of our professional practice. I know by the way that there are a number of, other initiatives to look more deeply into precisely how one should conduct these. I think Jerry Draper-Rody at, the Oxford network is planning to run a webinar on, on this subject over the next few days as well. So there, there is advice and support from wisdom professionals coming out in them, which is great.

Speaker 2 ([24:50](#)):

Okay. For the general councils. There's clearly a lot of concern about lost income and I could read through some lengthy questions about people who for various reasons had to self isolate and close their practices and so on. Most of the government guidance that we've seen so far seems to relate to specific other industries. are you guys in a position to lobby government? I know they're very busy and don't want lobbying, but I mean to try to make arrangements which are specific to self-employed workers such as chiropractors or osteopaths, so that we can see something which directly affects us.

Speaker 3 ([25:27](#)):

So I think one of the things that was interesting just prior to this particular webinar, during the course of prime minister's questions, there were a number of questions from both sides of the house, about individuals who are self employed and what measures may, will be in place for them. Now there was a number of measures announced by the chancellor earlier in the week about businesses which we already mentioned. The, the response to the prime minister gave, to those questions was that there in

there will be over the course of the coming further announcements, rounds of employment packages. What the details of that particular package, what that looks like. I think that's, that's unknown. That wasn't necessarily answered in the questions, in responses to the questions that were asked. So I think it's probably a case of this stage of we need to see what comes over the next, over the next few days. I think that, you know, there may well be, some further announcements around extending statutory sick pay to individuals in the self employed sector. But I think we need to see what's, what, what comes

Speaker 2 ([26:41](#)):

Just to add own take on that. We have got, an HR representative coming in tomorrow to talk about issues like statutory sick pay, contracts, how they're affected, where we stand in laying off staff if we run out of money. And she's pointed out the legislation could well have changed overnight or the government guidance could well have changed overnight on that as it is on everything else.

I've got one here about French osteopaths, which perhaps isn't in your area of expertise, Matthew, but apparently, although they've got no governing body, all their professional associations have called for the closing of practices and the vast majority of osteopaths have closed. the only way to practise safely apparently would be with surgical masks and gloves of which there is already a shortage. Are you calling for there to be increased supplies? Are those available in this country so that we can carry on treating? I suppose one ought put into that mix that actually surgical gloves (should read "masks") aren't regarded as being a defence against spreading COVID-19 - they stop droplets but they don't stop incoming, virus, molecules

Speaker 3 ([27:51](#)):

I sort of set out in the opening statements our role is disseminating information that comes from the government from across the four countries and they will have the expertise in terms of sort of providing that public health information about how to sort of manage the situation of the pandemic that we face. So from our position, we're not putting out any statements that say you must have gloves, you must have, sort of masks on. That's not, that's not what we've said. And that isn't information that I'm aware that has been published by the respective organizations, across the health service. Nick, I think you probably be in a similar position to that.

Speaker 4 ([28:37](#)):

Absolutely. Matthew. I think there's, what we've attempted to do is to draw attention to the guidance from government, around practice and the associations may have, information about that, but we don't necessarily see that as well.

Speaker 2 ([28:53](#)):

Okay. I've got one specifically for you, Nick, if you wouldn't mind. From an anonymous viewer: as seminars and conferences are being cancelled, how does the GCC view the CPD requirements for learning with others if the chiropractor hasn't yet got those credit hours?

Speaker 4 ([29:12](#)):

Yes. Are we going to waive this year's CPD requirements? I think the simple answer to that is no, but of course, as with all our other, we take a proportionate view, around our requirements this year. There's still a few months left in terms of satisfying the CPD requirements. and we like others, we've

emphasized the importance of learning, learning with others, through case discussions. And so a lot of today we are learning remotely through things like webinars and telephone conferences. We've moved to a situation in the office here where, you know, we are using, we are using teleconferences, video conferences and more. There is an issue in terms of our CPD requirements in relation to the special aspect of first aid this year. and we are conscious that some of the training that people have booked on to, the sessions are being cancelled, which of course will make it a little tricky to, for people to, to, to satisfy on that regard.

I could talk about other sources of online learning, but that might be seen as self promotion. sorry about that. I can see Maurice was smiling through that. He knew that was coming. I did not plant that question. Sorry.

Matthew, did you want to say something?

Speaker 3 ([30:55](#)):

Just to, sort of answer that question but from the osteopathic perspective, cause I think that might be helpful if people have sort of concerns as well in that area. we have a three year cycle for CPD, so there's flexibility built into the system for individuals. we don't specify how many hours you need to do each year. It needs to 90 hours over your three year cycle. So during this difficult period of time, you're not able to undertake the fullest amount of CPD that you wanted to. You have the opportunity over the course of your cycle. you sort of catch up on that. So we've got that inbuilt flexibility.

Speaker 2 ([31:36](#)):

I've had two red flagged messages coming to me, which means I've got to read these out. First of all, I've we have got hundreds and hundreds and hundreds of questions coming in and there's no way we will have a chance to answer or ask all of them. but, I need to reassure people that we are trying to put them together in topics. So if their specific details don't go out, then that's the reason for that.

And several people apparently have mentioned that the general councils are, and I'm quoting, there to protect the public and promote public safety. Do they feel that there is more guidance that they can give us in order to do that right now? And I'm told yes, we know what the answer is probably going to be, but we have to ask the question because it's been put to us.

Speaker 3 ([32:19](#)):

I'm happy to kick off on that one. the information is published by the governments across the four countries and it's our role to disseminate that information to the profession.

Speaker 4 ([32:30](#)):

Just to say a quick word or from, from our perspective. we've certainly heard calls for, for, us to provide a bit more guidance. Yesterday, the general chiropractic council,met, we discussed this very issue and as we speak, consulting with, with the associations, to ensure that the guidance we are hoping to, issue this afternoon, which will be, I suppose the first since it escalated will be produced this afternoon. So hopefully that will be of some help.

Speaker 2 ([33:14](#)):

Pippa Slack has sent in a question, about, COVID-19 testing. Poor Pippa has been off work for a long time without any income due to various cases of having to self isolate in the family. And she's asked whether you're in a position to put pressure on the government to make testing available so that people can find out whether they are a risk to the public. because obviously people could just have a normal cough for a normal cold and it could be nothing, nothing dangerous. Is that something that you can help with do you think, either you or the general osteopathic council?

Speaker 4 ([33:47](#)):

no. I think this, this comes under the category of it being there's a single source here of information and, the public health England and chief scientific advisor and the chief medical officer along with the government would making those sorts of decisions and it's not something to really intervene on

Speaker 2 ([34:08](#)):

I presume that the Matthew, the same thing applies from the GOsC's perspective.

Speaker 3 ([34:14](#)):

Indeed. And again, I would refer back to just prior to this particular webinar, I'm aware that governments have sort of said that they're looking to sort of increase the number of tests from about 5,000 a day to 25,000 a day with a focus for health care. But again, the details and specifics of that would be coming from a different source. And so I, I do agree with what Nick has just said that

Speaker 2 ([34:36](#)):

kind of related to that business of testing, somebody sent in quite an important question. they want to know how we assess the risk that we pose to patients of being asymptomatic and, and unwittingly becoming a super spreader. And obviously we can't test ourselves. We don't know. And I guess your answer is still relevant. We can't put pressure on the government, but, any guidance at all?

Speaker 4 ([35:05](#)):

No,

Speaker 2 ([35:07](#)):

I'm sorry. I mean

Maybe I'm, maybe I can leap in there because the speaker we had last night, Mr Bajekal who is a, consultant orthoped, was saying that, you know, there is, there's probably a limited period before you become symptomatic when you are actually contagious. But it is a very short period. I think it's something like 12 hours, 24 hours less than we might imagine. Of course that doesn't help if you are treating patients in that 12-24 hours.

Speaker 3 ([35:35](#)):

We're not the expert in that particular field. And I think it's, it's difficult for us to be able to give a definitive response to that.

Speaker 2 ([35:54](#)):

Do you have anything to add on guidance on how long you have to stay off work if you think you're symptomatic? it has been perhaps slightly confusing that it was 14 days and now I believe it's widely thought to be just seven days that people must self isolate.

Speaker 3 ([36:12](#)):

So my understanding from the information that's been issued by the governments is that if you're in a household of one, so such as myself and I believe I have the symptoms, I should self isolate for seven days. If I was to be living with somebody else and one of us was to go down with the symptoms, then it should be 14 days. That's my understanding. But as I say, I would come back to the fact that, you know, refer back to the information that's been published and keep abreast of the developments because they are changing on a regular basis.

Speaker 2 ([36:46](#)):

A simple one for you Maurice. The iO road shows - people are asking whether the road shows have been cancelled and if not, are they going to be cancelled. Cause it seems like quite likely that most shows will

Speaker 5 ([37:01](#)):

We have indeed postponed the ones occurring in the next couple of months. The event in June is still going ahead. As of now who we're keeping watching brief. We fully intend to run them but at a time appropriate,

Speaker 2 ([37:22](#)):

Matthew Davis has a long question here: given that the GOsC directs us to external resources for advice and how to deal with the COVID-19 crisis, could they say now what they would have wanted to see us do to demonstrate compliance? Should they decide to take regulatory action against individuals down the line due to any possible later accusation of possible negligence? For instance, would they later decide to want us to have a written policy?

Speaker 3 ([37:50](#)):

I think with, with, with any situation in any sort of question along those lines, it would be case-specific. I think it would be completely wrong of me to sort of try and sit here and give any form of sort of blanket statements without knowing the individuals specifics of the case. So I don't actually think that's a question that, if we had the general medical council or nursing and midwifery council here, we would be able to actually give them an answer to that question if I'm being frank,

Speaker 2 ([38:20](#)):

have the professional conduct committees in keeping with jury trial, suspended their operations for the time being?

Speaker 3 ([38:27](#)):

There are certain activities which can be undertaken online using online resources. There are other activities such as hearings which will need to be delayed and deferred and that pervades across all the professions. Again, that's not just an osteopathic or a chiropractic specific issue. There's actually a meeting on Monday and afternoon where Nick and I will be participating with the other chief executives and I'm sure these live conversations and live discussions will be taking place.

Speaker 2 ([38:53](#)):

Turning back to is probably what is most people's biggest concern, which is income. And I think we've addressed this to a certain extent, somebody has asked about how we as self-employed practitioners best make ourselves visible to the government to receive financial support for the loss of income. And this particular person's had to cancel all their patients in London for the next four weeks, possibly longer. And you can only imagine how difficult that must be making life.

Speaker 3 ([39:26](#)):

Maurice, you want to kick off on that one from a business support perspective?

Speaker 5 ([39:31](#)):

Yes, we all going to be facing a difficult financial period for all practitioners. I think what we are focusing on is a trying to unravel what the government's support packages are in some form. And yes, actually going back and seeking to try to influence support certainly for self-employed, practitioners. the other side of it I think is, I think positioning the profession as part of the crisis management move by the national health system will also be beneficial and will be a source of work in, in that respect as well. So I think, you know, we, we are, we're trying to work both ends against the middle basically, by providing support, by seeking what support can be found, but also by seeing what opportunities we can to open up at this moment of crisis. Actually opportunities for in our case osteopaths to to engage with the overall move.

Speaker 2 ([40:39](#)):

Just to let everybody know, we've had lots of questions in about telehealth consultations and many osteopaths will be aware that the university college of osteopathy is running a video training event on that subject. I don't have the full details to hand, but we'll publish those through our website, Facebook and all the other links that we've got, in due course. and also the Oxford osteopaths network is running training online for osteopaths who are stuck at home and which is certainly free to their members. It may be free to others and so we'll make those details available as well. As soon as we get those.

Somebody asked about how they know when they can go back to work, when they're in family isolation. And I think we probably answered that with the question about social isolation.

An anonymous viewer has asked about insurance, Have any professional indemnity insurance underwriters made any comments on the continuation of cover for clinicians who are operating at the moment? I can't imagine that it would change, would it? insurers will allow you to be insured as long as you're still meeting the requirements of the general council?

Absolutely. Yeah. Yeah.

Speaker 2 ([41:56](#)):

Do you know of anybody who is actually offering loss of income cover. For osteopaths particularly particularly, but also chiropractors?

Speaker 5 ([42:06](#)):

Well loss of earnings cover is available now. It's been in the market for quite a long time. I certainly Unfortunately, an awful lot of practitioners have not taken out those bits of cover. So, you obviously have had to do that before all this happened. I mean, schemes do exist.

Speaker 2 ([42:37](#)):

Okay. I'm just trying to make my way through as many of these questions as I possibly can at the moment.

Speaker 2 ([42:44](#)):

How do we lobby the government to reduce the GOSc registration fees? I'm so sorry. I said we wouldn't come back to fees. I didn't see that before I got into that one. Again, I mentioned that the general councils, both of the councils will be looking at. We'll have to wait and see.

More about family isolation and the lack of testing - Lee masters has been told by a GP that they keep their consultations for 15 minutes or less due to a lower risk of exposure and perhaps that is an option we should be exploring. I'm not entirely sure to what extent that it reduces our exposure since presumably that increases the number of people we see. But, I suppose there's a balance to be struck there.

Speaker 5 ([43:36](#)):

It seems rather curious on the basis that I believe there is an infection happens in the first few minutes anyway. So

Speaker 2 ([43:43](#)):

I don't know, it was a comment about what the GPS in that particular area were doing.

Gentleman, we actually, we've come to two o'clock and while I have, I'm a very busy sheet on my iPad here about the questions I said we would finish at 2, If I can distill what's on my sheet, would you be happy for me to pass the relevant questions to you after this call is over?

thank you very much for your time, Nick. Thank you very much for coming at such short notice because I only let you know about this yesterday largely because we haven't really confirmed it until a little well before that. But I think you've had a meeting online at the general council today, which presumably you've had to interrupt. Matthew, so it's great to see you. I mean, we haven't had you on the program before, but I hope you'll become a regular attendee rather like your predecessor at GOSc.

And of course Maurice, you're still jet lagged from your trip back from Denver. It's great to get some reassurance from the Institute of osteopathy.

We will continue to put as much information as we can up on the Academy of physical medicine website. We've got links to the government's, regularly updated information for employers, for staff and for businesses and we are adding as much as we possibly can on every other subject.

I'm interviewing HR consultant tomorrow in this same format. If you've got concerns about how this affects you dealing with your staff or other employed people, then do join him with that because there are significant issues that you might want to take into account. Other than that, we will keep you informed through all the usual channels. But when we're next broadcasting what we're doing and we hope to see you then that's it for this lunchtime. Thank you for joining us. And do keep in touch, keep your questions flowing and I'll keep feeding them to the poor buggers at the Helms of the GOsC and the GCC so that they can get their answers back to you.

That's it for today.