

GOsC under the Spotlight – Ref 242

Steven Bruce

Good evening and welcome to the Academy for another of our evening specials. This one is obviously very osteopathy oriented, but I imagine that much of what we discuss will be relevant to others, particularly chiropractors since the Acts of Parliament are all but identical, even if the rules under which we operate differ slightly. However, we are going out on a bit of a limb this evening because this is the first time that we'll be taking live questions by video link. Now, that might not sound very complicated to you, but I can assure you that just in my producer in general tech wizard, has been testing and tweaking and generally running around like a blue asked fly trying to cure all the problems with the Echo and the connection and the video shots and who knows what else. Hopefully, it's all going to work seamlessly. But as we're fond of saying, What could possibly go wrong. Anyway, the purpose of all of this is of course to give you an even better opportunity to grill our regulator, the general osteopathic counsel. We've got the senior management team at your disposal for the next 90 minutes and I'm hoping that you'll take full advantage of this chance to clear up any concerns that you might have about CPD fitness. To practice and perhaps the future of the profession generally, in the hot seat in here in the studio with me this evening, I've got the chief executive Matthew Redford. He formally took over the post in somewhat mysterious circumstances about two years ago, having been in the position as Acting Chief Executive for eight months. Matthew, thank you for taking the trouble to come up and see us this evening. It's been a bit of a drive for you, but we will appreciate it. Hopefully it will be useful to you and to the GRC and also useful to all the people watching this evening. We also have two other members of the senior management team. They're joining us by video link, Fiona Brown, who's director of education standards and development, and that of course includes CPD but also encompasses informing and engaging with both osteopath and with patients. Fiona Good to see you again. Thank you for joining us this evening. And finally, we've got Schilling McCormack, who is the gos, he's director of fitness to practice. Chalene is herself a barrister, and has appeared on the show before when we were specifically talking about fitness to practice issues. And basically, if it involves legal stuff, then Chalene has the answers. Most important is of course, that she effectively oversees the complaints process and has responsibility for issues regarding protection of the title osteopath. Surely thank you for joining us. And I'm I knew you're not responsible for all the complaints that come through. But I think people know what I mean that you're the person who's you understand all that stuff. I'm also very grateful that you're joining us even though apparently you've got COVID This evening, and you're gonna have to leave us at about 10 past eight, because it's hitting you quite hard. So doubly grateful that you've taken the time out to be here. Before we get properly underway, just one polite request from me. Very often, when we start discussing grsc related issues, voices get raised and toys get thrown out of the pram and stuff like that.

And I'd like to think that we're all working towards a common goal here. So it'd be really helpful if we can keep things nice and polite and even tempered. Of course, I'm here to hold Matthew's feet to the fire. But it's a nice gentle fires. Hopefully, it'll just be a nice toasty warmth that he endures for the rest of the show. Matthew, how do you think you're doing at GRC? How is it getting on these days?

Matthew Redford

Steven, I think well, first of all, can I just say thank you for the invitation for myself for Chalene. And Fiona? It's a pleasure to be here are you think that they are at the moment? Let's hope it stays that way all the way through. And but it's a pleasure to be here. And it's great to be able to sort of have a conversation with you and to engage with the profession as well. So it really appreciate that, you know, how are things going? I think things have been they've been interesting over the last few years, haven't they? Let's be honest,

Steven Bruce

you took over a really good time, didn't you? You took over the way I knew you were in post from September, the year before. But effectively, you were confirmed in post just as COVID was about to strike.

Matthew Redford

Absolutely. And I've said to colleagues in the office as well, I think I sort of take probably, you know, full responsibility for the pandemic happening. So started in September, we had our sort of, you know, Christmas sort of drinks in the office just before people were partying. And I remember sort of, you know, sitting around, looking at people's with engaging and sort of smiling and having some fun and sort of sitting back thinking, I think we're going to be okay. And then the pandemic comes along afterwards. So I think I'd probably take full responsibility for, you know, for the pandemic happening and the and the effects afterwards.

Steven Bruce

It's been, we allowed to know what happened to your predecessor, who lasted about 30 seconds in post?

Matthew Redford

Well, as our press release, said, at the time, Stephen Leone was with us, she wants you to explore other opportunities, and she moved on to do that. So sounds

Steven Bruce

like a politician saying want to spend more time with my family? I mean, I don't, it's not important, is it? But we've got we've got to register also.

Matthew Redford

Well, I mean, at that particular stage, you know, the council asked me to sort of step in and to, you know, become the Acting Chief Executive registrar, which is, which is what happened. And then that sort of evolved, and counsel asked me to become the permanent Chief Exec. In June of 2020. As you say, at that particular stage, the pandemic was, was well underway, it was a really difficult and challenging time for individuals, for osteopaths and for organisations as well. So it's been a it's been a rapid time, I think, here we are now, you know, almost approaching sort of three years since since taking the chair in initially in an acting capacity, that time has gone past in an absolute blink of an eye. But but having been with the Organisation for the length of time I've I've been there, I think that's that sort of enabled, that sort of transition to sort of work quite smoothly. It was interesting, you use the

word sort of seamless in your, in your introduction, and that I have to confess that always puts me slightly on slightly on edge. And it was actually an osteopath, who, who was experiencing some challenges transitioning from one bank to another, with their direct debits and they said to me, that their bank had told them that the process would be seamless. What they didn't realise by seeing this was the fact that that means everything would crash to the floor, and debits across so whenever I hear the word seamless if I twitched slightly, it's not personal. It's just that it reminds me of that particular anecdote that an osteopath told me many years ago.

Steven Bruce

Well, before we came on air, I did warn you that we've already had quite a lot of questions come through from this evening's audience, some of whom aren't actually watching live but they wanted to get their questions in anyway. and some of those are many of them perhaps are going to be fairly predictable to you. But I should also I should mention that and maybe it's just mentioned for the audience that if you want to ask questions through the website, you can still do that, of course, those will come through to me on my screen here. And I will ask those, and I'm going to break with my normal practice in that this evening. I'm probably not going to mention anybody's name when I asked the questions, because several people have asked us to preserve their anonymity when I ask questions, because they're worried that in some way, it might come back to bite them if the God knows who grsc knows who they are. Don't say Don't say gos. grsc, what are we? I forgot what we agreed,

Matthew Redford

I say GEOSS. All right. Just sort of pick up on that point savings. I think that's a really, really important point. And, and it's a message that I would like to sort of get across to the profession is that, you know, we absolutely want to hear registrants voices, we want to hear, you know, questions that come through, we want to engage, and we're not going to sort of put somebody onto a list because maybe they ask a difficult question that I asked something which, you know, perhaps we sort of disagree with, I think, in many ways, as an organisation, we share very similar values actually, with osteopaths, you know, we, we want to, you know, have that grown up conversation, it's about sort of honesty, integrity, responsiveness. And so, you know, I really would sort of say to profession, please don't worry about sort of asking those questions or, or raising those concerns and anxieties, they're absolutely valid. And, you know, we're not as a staff team getting up each day thinking, how can we make the lives of Boston has more difficult, so we're certainly not, you know, going to be sort of, you know, taking action against anybody that asked a challenging question far from it. So I hope people do feel feel assured by that and, and due to engage with this particular session that we've got,

Steven Bruce

I just realised that after all my splendid preparation for this evening, I've left that list of questions in my office. So what I'm hoping now is that she's listening and Anna is going to take the list which I know she's got, and she's going to put them over onto this screen here. So I can ask them I can remember what most of them are, because I've condensed them all in certain there's a little groups, but we'll try and get questions to Charlene out away out of the way first of all, of course, because she poor thing is struggling with COVID needs to leave any shilling, Aye. Aye All when people tell complained to me about the fitness to practice process, I kind of liken it to the magistrate's court. Because everyone says that the geoscape is paying a barrister to prosecute osteopaths and so on. But that surely is no difference to the three person board that you'll get in a magistrate's court with our taxes paying for the person who carries out the Crown Prosecution Service. It doesn't actually

mean the Crown Prosecution Service hates the people who are important appearing in the court anymore than the GEOSS case, people who happen to end up in front of the PCC is that fair?

Sheleen McCormack

I'm not sure it is fair, Steve, for the reasons, the purpose behind fitness to practice investigations and also the outcomes. So we don't act as the prosecution. What we do is we conduct an investigation off a case of concern that's raised with us. concerns, as you know, can come from a variety of sources, but most commonly from patients who raise concerns with us. We don't. The reason that we undergo the investigation, as I said is for the public protection, which is the overriding objective. The public interest also encompasses the reputation of the profession, upholding the proper standards of conduct and behaviour. The prosecution of an individual, the purpose behind that is punitive. Fitness practice is not meant to be punitive, albeit, if a sanction is imposed at the final hearing, it can have a punitive effect. So I think it's probably not helpful to try to draw across from a magistrate's court or from a criminal court to fitness to practice process.

Steven Bruce

Because the fact remains the fact remains that when somebody appears in front of the PCC, there is a barrister, a highly paid and highly experienced lawyer who is funded by the gos see, to put the case of the complainant. And that is an exceptionally stressful situation for the registrant to be in. And this is the reason they feel that G Oski is actually persecuting osteopaths. And of course, you're not you're simply providing the mechanism for that fitness to practice examination to take place.

Sheleen McCormack

Yes, that's right. And if I may also add, we recognise that any investigation into a professionals that needs to practice is, of course, going to be quite stressful. So I think it might be a good opportunity for me quite early on in the process, because I don't know if I'm going to get that opportunity later on to say that we do have an independent support service. And that independent support service is available for both witnesses. So the patient for example, if there's a patient giving evidence, it's a clinical case, but also for the registrant, so the registrant who's under investigation can also access, the independent support service is independent, which means that whilst we funded through the victim support, we have nothing to do with it. We don't know, what kind of support is offered its emotional support. It's for it's right there from the inception of the concern through to the conclusion. So that conclusion can be before an investigating committee or before the hearing. Because I think it's also important to note the distinction between criminal courts, that is to practice processes, which is about half of our concerns don't actually go to hearing to be determined before Professional Conduct Committee. So those matters can be closed under the threshold criteria, or under the initial privilege or procedure.

Steven Bruce

One, again, perennial question that does come up there is why does it take so long for the process to be completed, because I can speak of experience of two registrants who have gone through a process which has lasted the better part of two years before they've got to their final conclusion. And throughout that whole process, both of them were worried that they were going to lose their jobs. Now, of course, they could practice afterwards in a different capacity not calling themselves an osteopath. But as far as they were concerned, it would mean the end of their professional life. And, of course, I can proudly state that I was

the subject of a complaint as well by fellow registrant and the process with me, which was dismissed by the investigating committee, even that took several months to get through.

Sheleen McCormack

So we set ourselves performance targets, and our performance targets for concerns from whether received to conclusion at a final hearing is about 52 weeks. That is the target that we set ourselves. Currently, our target taking into account the fact that we are holding hearings and meetings and events of broadly remotely because of the pandemic. And also, other matters to do with panellists health and the health of witnesses, the median time for the conclusion of a case that goes to final hearings around 65 weeks. That is lengthy, but one does need to compare it to fitness to practice processes before other healthcare regulators, where it's probably fair to say that the length of time for dealing with those cases is much longer than before the general osteopathic counsel. That's not to say that the weight is for individuals is not stressful, we recognise that. And as I said, that's why we provide that support mechanism, the emotional support mechanism through that independent service that's available for all registrants facing the the investigation. And if half the concerns are closed at the investigating committee stage, then the median time from the receipt of the concern to the IC, which is what we call the investigating committee is actually 27 weeks. So we can always have examples that fall outside that median. But that is the kind of basis upon which we're looking at. I think that's, that's quite a good performance target that we're trying to achieve. And we are achieving.

Steven Bruce

I guess the registrants would still say, Why does it take so long? I think you have 46, you had 46 cases that went as far as the PCC last year, was it? 46? It

Sheleen McCormack

was around that? Yes.

Matthew Redford

Yeah. So we've received 75, sort of sort of concerns in total, are these

Steven Bruce

ones that got passed the screener or no,

Matthew Redford

these were These were, these were concerns that come through, there were 49 of so 49 cases that were sort of referred from taken through to the investigating to the committee, committee stage, and then sort of things that are considered I think, you know, what's she leaned sort of articulating is that those those medium times, they're quite, they're quite challenging. Now we could, and this isn't something that either as a senior management team or or counsel, we could extend those median times and say, well, aren't we doing fantastic? Well, actually, that 26 week period is actually quite sort of a difficult time to and target to meet for the team. There's a number of different things that the team would have to sort of collect in terms of investigating the evidence that would have to go forward in order for the investigating committee to make an informed decision, and right decision whether to either close that particular case, or refer that case on so I think the other thing that I would also sort of flag up and this can be sort of a misconception that can sometimes sort of happen. There were 26 members of staff within the grsc as a whole, I think sometimes there's a sort of an expectation that actually we're much larger than we actually are in comparison to to some of the others. So, again, you know, we have to balance out our sort

of level of resource time capacity, as well that's that's, that's that's a factor that has To come into play,

Steven Bruce

there's a lengthy observation that's been sent in here Chalene. And I'll try and cut this down. It's about an osteopath who had to go to a five day hearing in depth gr SC. It was very stressful. He'd been accused by someone he'd known for a long time of treating him without his consent and injuring him months and months past and so on, and all the rest, and eventually it was thrown out. But I guess his his concern here and mine would be that the complaints process offers a very nice avenue for someone who either wants to test the waters of the legal system, possibly with a view to getting financial compensation through the civil courts, or it's a potential avenue for someone to make vexatious complaints for somebody who they've fallen out with. And there's no come back afterwards. Is there for people who take either of those routes?

Sheleen McCormack

There is no comeback. In terms of the G Oscar taking action. Do you mean against the witness who's brought the concern to our attention?

Steven Bruce

Is that Is there any Avenue at all for the registrant? If someone makes a vexatious complaint? What can you do about it, you'd have to sit back and suck it up?

Sheleen McCormack

Well, if I can just address the wider concern from your question, which is about vexatious patients, or those who are seeking to bring some kind of negligence action in the civil courts, and think that a fitness to practice concern can assist with that. There are important distinctions between a case of negligence and that for unacceptable professional conduct, which is the majority of cases that are brought against registrants, unacceptable professional conduct is called UPC for short, and it equates to serious misconduct. So misconduct in the GMC, the GDC, as elucidated in some case law, and notably Spencer and the general osteopathic counsel, what that says is that the misconduct in order to be serious must fall far short of the standards expected of the profession. The behaviour must be egregious, in order to a mind to serious misconduct. And so therefore, that's quite different to negligence, which could be a falling short of the standard, but not falling far short of the standard. So there is quite a distinction. If an individual is vexatious, then there is it's likely, and I can't comment on individual cases I'm sure you'll you'll understand. But it's likely that the case will not meet the standard for a case to answer to be referred by the investigating committee. So what we do is we frontload cases so that so that sort of goes back to one of your earlier questions, why does it takes so long while we actually do all of the investigations ourself, because osteopaths are broadly working in practice, they're not working, although some are within an NHS setting, with managers and other investigators, we start the investigation from that stage, we take witness statements, we may get expert reports, we may get the clinical records, etc. And that all takes time. If that does not support the nature of the concern advanced by the individual who brings it to our attention that complainant, then the matter would be likely to be closed by the investigating committee rather than referred, those matters that are referred and to which you've, you've also mentioned in your example, may actually be fine, not proved or discontinued at the Conduct Committee stage. So at the hearing stage as well. So the mechanism is inbuilt throughout the whole process, so that only those cases that go to a hearing, that there's actually a case to answer. And even in

those situations if they're not far improved, and the case will be fine, not approved, and will be closed without any effect on the Osteopath, the registrant involved.

Steven Bruce

Understand that understand that there's no disciplinary, there's no discipline, exactly. There's no disciplinary consequence. But certainly, another person who sent in an observation yesterday or earlier today, was saying that so they'd have to take time off after this whole process, because they were just so blown up by the whole affair that they couldn't work,

Matthew Redford

if I may, at that stage, and I think that's where, you know, Chalene sort of touched upon the independent support service, that mechanism that we've sort of introduced. I think that's really I think that is really sort of critical to

Steven Bruce

and we've had several people have commented that they had no idea there was an independent support service.

Matthew Redford

And I think around sort of, you know, fitness to practice, but also around other aspects of our work. One of the things that we're, we're keen to do, and we're looking to do is to sort of mythbuster in many ways, and actually sort of raise awareness of these particular sort of systems that we have in place. I think it's really important to recognise that when we talk about fitness to practice process, you know, it's a legal process. We're not talking about widgets going through a system. We're talking about real people here. We're talking about real osteopaths. We're talking about real patients. And everybody has a difficult and stressful time all the way through that. So by providing that independent support service providing that mechanism for people to get some help to talk to people that separate from us, we as a Schilling said, we're not involved in terms of those sort of conversations. So anything that said is completely confidential, separate from us as an organisation. That has to be the right thing. The other the other point I'd like to sort of raise and it's something which we've sort of picked up through sort of our equality, diversity and inclusion, sort of work that we've been doing over the last few years, is actually to sort of raise awareness of mental health and resilience because that's also particularly important and that touches very directly to the point that you were just raising. So we're looking and we've done this through our sort of communications, e bulletins to actually sort of signpost and raise awareness of where individuals can access sort of mental health is a fact

Steven Bruce

of life isn't that most osteopaths like most other healthcare practitioners are a soft and compassionate bunch of people. It's not the SCS we're dealing with here. And this sort of stuff can be very challenging for them. Some questions come in from the website. And I'd love to read them as they are. Should the GRC be accountable for taking forward cases that they ought not to have? What recourse does an osteopath have? Or should they have when such cases are taken up by gr SC? Who police's, the police in this case, it appears that the PSA only have a role to play only for patients who feel a regulator has not performed their role adequately. What about the registrants? Where can they go? Okay, that's quite a convoluted statement or in question there. Isn't that.

Matthew Redford

So shedding light kick off, and then he wants you to sort of come in, please do so. So I think in, in in terms of, you know, in terms of cases that go forward, you know, we have a responsibility, we've got a statutory responsibility for public and patient protection. So if a concern is raised with us, we have to take that through the appropriate channels in the appropriate process. We were not in a position where we can just dismiss that I

Steven Bruce

think that is a really important point because I sometimes wonder that people don't understand that if someone complains formally, you have no alternative but to take it seriously and first, but unlike the general chiropractic Council, it does go to a screener, which they don't they can't do because they didn't write their rules. This in the same way that we wrote ours. Is that the case?

Matthew Redford

So in terms of you know, in terms of that process, you're right, it goes to a screen at the screen, and we'll sort of look as to whether that should be on that screen a Caribbean osteopath or layperson. shilling that says screener is a start off as a lay individual, or an osteopath. an osteopath, there we go,

Steven Bruce

oh, there's a list of thought of screeners on the annual annual report. I thought some of them are lay people, but they are some

Sheleen McCormack

of them are late lay people, Stephen. And the process is if a osteopath recommends the closure of a case under the threshold criteria, the osteopathic screener, then the matter needs to go and be approved by the lay screener as well, to to ensure that sort of quality assurance mechanism, the cases aren't being closed early in the process, and inappropriately. So that's the sort of mechanism to ensure that they both agree, it matters just

Steven Bruce

give me those Shaleen. As I understand it, having looked through this in some detail myself, for obvious reasons, when someone complained about me, the screener has relatively little scope, all they have to do is determine whether the allegation as it stands would be something which is under the aegis of the general osteopathic Council and would meet the criteria which could lead to disciplinary action, if it were proven, is that correct?

Sheleen McCormack

Yes, so the threshold is quite low. And the screeners guidance which is available on our website, explains in detail, the screeners approach, and how they consider individual cases.

Steven Bruce

Why then that it took two years for this particular individual on my list to get a case dismissed by the screener caught me can't take that long. It's simple, isn't it?

Sheleen McCormack

I can't comment on a case that I'm not aware of. I can only comment on our principles and how we approach investigations.

Steven Bruce

Time around on screening, then the average nine weeks, nine weeks that might be that's That sounds much more reasonable, doesn't it? I mean, as I said, it's not a complicated process to go through. And it's not as if they're having to pass a judgement of any sort other than does it meet those thresholds, criteria that you mentioned. Thank you for that.

Matthew Redford

Steve anything so so just in terms of the sort of the second part, there's lots and lots of instruments? There was a question about sort of the Professional Standards Authority and

Steven Bruce

their particular role. So now you better explain who they are because I suspect some people don't know of course

Matthew Redford

the Professional Standards Authority, our body that set up by a government to and effectively sort of oversee the performance of the regulators. So the Professional Standards Authority have the opportunity to sort of step in if they think of Professional Conduct Committee has been too lenient in terms of a particular decision that's been that's been issued or the other way around. Indeed, if they've got concerns, they will, they will sort of look at those, they will look at decisions that have been made by the professional conduct committees, and they will send learning points to regulators if they think that there are particular issues of concern that we need to be aware of. So the approach that we would take in terms of if we were to receive learning points, from the professional, sort of Standards Authority, is we will take that through our governance structure. So it's not just a conversation that would happen internally within, you know, the staff team, and the learning points never see the light of day. That's not the approach we take. We've moved that through our audit committee, and we have an open and frank conversation in terms of these are the learning points that have been identified? This is what we're going to do to sort of step in, and sort of correct that. So, again, I think the point I'm trying to sort of sort of Express here is that actually, what we ask osteopaths to think about in terms of the way that they think about their CPD in terms of, you know, looking reflecting, taking steps and action, we absolutely adopt that approach ourselves. So we're not asking people to do things that we don't do. You know, as I say, if learning points are received, what do we need to do in order to try and prevent things from happening again, in the future? How can we be a better organisation tomorrow than we are today?

Steven Bruce

Well, and I think you've answered one question there, which came in earlier, which is who how do we complain about the general counsel if that's what we wanted to do? And this comment here is that this process seems to damage an awful lot of osteopaths sometimes ruining careers compared to the number of guilty findings at the end of the process. That doesn't seem reasonable. How could it be improved?

Matthew Redford

So I think there's a couple of points that I'd just like to try and sort of extract from that if I'm a sort of state. And so I take the second point first, and in terms of how can the process be improved. We would love regulatory reform. We would love to be able to modernise and change the legislation that we've got. We are the first people to say that we have old legislation, it's very prescriptive. It's it binds our hands in many ways. And it shows we're

going to changing the act or the rules. We would like to change the the underpinning rules. Okay. So,

Steven Bruce

again, perhaps you might just explain what the difference between the Act and the rule does. The act of chiropractors and osteopaths act, both identical in wording apart from the title itself, the rules are

Matthew Redford

the Undercity underpinning rules effectively sort of set out how we how we operate across a range of different areas. So they were underpinning sort of rules relating to registration. What does the registration process look like for new applicants? What does the registration process look like for individuals who wants to apply for overseas etc,

Steven Bruce

are any changes have to be approved by parliament? Absolutely. So

Matthew Redford

that's, that is an incredibly long and arduous sort of process. Now, given everything that sort of Parliament's are dealing with at the moment, you know, the chances of quick reform is is, is not likely, we would love to be able to change our legislation in order to modernise our processes to streamline what we do. And if we were able to do that, and other regulators are in exactly the same position as we are in on this particular points, it would identify and recognise the fact that we've got individuals going through this. And actually, if we can streamline the process, and recognise the impact it's having on people, then it's a better process overall, we're not in that place, unfortunately. So that's one point I would make the first point was around sort of this impact on a large number of people. And I just want to just sort of just sort of take a step back a second and just sort of just sort of think about that, because I think I'm not sort of downplaying the impact this has on people. I'm not doing that in slices, because we absolutely recognise that there is a significant impersonal impact of somebody going through a fitness to practice process. The number of complaints that we receive, equates to less than 1% of the professional year. And I think we also need to set that in context, not just in terms of the level of concerns or complaints that we receive, but also in terms of what's taking place within the wider osteopathic community as well. So there's a piece of work, which we fund, and that is funded by the OIG that is undertaken by the National Council for osteopathic research. And that's a body which is sort of charged with enhancing the evidence base for osteopathy. And they look at the aggregate number of concerns and complaints that are received by us as the regulator that have received into the Institute of osteopathy as the professional membership body, and also the insurers as well. Now the most recent report that was produced shows over sort of the last seven years, and this covers the period 2013 to 2020. That actually the level of concerns and complaints against osteopaths has been steadily decreasing. Now, potentially in 2020, there may have been, you know, pandemic impact, we have to recognise that. But even before that there was a reduction in the concerns and complaints such as

Steven Bruce

that, and just leafing through your annual report, obviously, this is 2020 2020, only one that didn't win, the next one comes out. But at the time, it said there was a significant increase in sexual impropriety concerns, which always staggers me, but

Matthew Redford

that is, that is, that is a concern. That is something that we've that we've seen. So overall, we've seen the number of concerns videos, I think it was 103 against a sort of seven year mean of 153. So we've seen that come down, which is, which is a positive and a good news story. But you're absolutely right. There are areas of concerns in amongst that, in terms of some concerns increasing around subsection impropriety. And so what we've done is that there are a number of actions that we've taken as a team in order to try and sort of address that there's some immediate actions and hopefully, many of your viewers will be aware of the scenarios that were written, produced and publicised in terms of ethical sort of concerns and within a range of different clinical settings. They were produced by Stephen Bettles, and Fiona as well. And those particular sort of scenarios were publicised communicated, and we've had lots of really interesting conversations with osteopath and regional groups about those particular areas. The other activity that we've undertaken is to engage with osteopaths to engage with individuals within osteopathic education to feed into a thematic review around boundary cases. And we think that's a particularly sort of interesting sort of piece of work. And there'll be a report which will be sort of published a little bit later on this year.

Steven Bruce

We've got a few minutes more or schillings times, a little bit more fitness to practice before we move on. I'm just I finally found the chart that I was looking for in the Annual Report, which is, this is the year where we're 78 concerns raised of which 46 were made formal. And all those 18 were referred to the Professional Conduct Committee. So that's they've been taken seriously by the investigating committee. So I'm trying to explain this to you. I know you know, this process. And all of those 16 people had some sanction of some sort. Five of them were removed from the register, that's quite a high proportion of those that gets a PCC and also it means that 16 out of 18 cases at the PCC actually did lead to some sort of sanction. So if you find yourself in front of the PCC, you're on dodgy ground. Well, I don't know if there's other to actually were resolved or whether they were still under maybe at the time.

Matthew Redford

So with the with the nature of the process that's going through, because at the time that things take, there's not always so that linear, if something started in this year includes in that year, I think with you know, those most serious cases where removal is the sanction that's imposed, that's not something that the Professional Conduct Committee will sort of take, you know, will take lightly. So we are talking about the most serious cases, we potentially talking about sort of cases where there have been those sort of crossing the boundaries and an inappropriate behaviour that's taken place. I think the point that I would also sort of flag up is that the Professional Conduct Committee and the Investigative Committee and you did allude to this a little bit early on. That's those are independent sort of committees from the from the council made up of osteopaths and lay members. So you've got that sort of mix of skills, looking at these particular cases, and then forming decisions and judgments that are made.

Steven Bruce

Is it always the case that there's only one osteopath on the Professional Conduct Committee? Or can the chair also be an osteopath? So the you know, there's always one lay member isn't

Matthew Redford

dead? So the three answer the person panel, it's sort of too late one last

Steven Bruce

road. Okay. I've got a lengthy question, which is probably for another occasion on that whole process. But I had a question here again, for you, Charlene. And it's there. I said, it's about complaining against the the, the general osteopathic Council. What is the process for making a complaint against the GR sc. And what are the grounds on which one might make that complaint? provee? Presumably, so the PSA? We get that right. And could you outline how one would make a freedom of information requests to GRC? And on what grounds? Would you withhold information?

Matthew Redford

So I'm happy to kick off on on that. If, if, if I may, because I think that's, you know, in terms of in terms of sort of corporate complaints effectively, I think there's, there's, there's, there's two, there's two elements to that. So in terms of a corporate complaint that an individual wanted to make about any aspect of our work, it doesn't, you know, it doesn't just have to be sort of fitness to practice. It can be any, any aspect of our work. There's a corporate complaints, part of our websites, an individual can make an online sort of submission, and that will come through Alternatively, they can sort of email or write in and those corporate complaints come through to me. So as the chief executive and registrar, I take you know, all of those really seriously and look at the look at the sort of the Corporate complaints that we receive. If an individual is not happy with the response that I make, they can refer that to the Chair of Council. And so that's that's one particular bill. That's Dr. Bill Gagnon. Graham. So Dr. Gagnon. He's also a General Medical Council of registrants as well. So he absolutely sort of sees and recognises the impact of regulation on healthcare professionals. So that one particular Avenue to the corporate compliance process, would you say, Who's independent? Oh, absolutely.

Steven Bruce

But you pay him 27,000 A year,

Matthew Redford

what every regulator pays their council members, annual honorariums. They, those individuals are providing their time to the organisation, I think it's absolutely right and appropriate that individuals are are paid for their for their time. In terms of the fees that we pay, we do benchmark those against the, you know, the other healthcare regulators, we are not at the higher end of the scale in slices. So I think we are using British and so the fees really sort of carefully improved at the end in that respect. With regards to sort of complaints of the professional standards or authority, an individual can reach out to the, to the PSA directly, they don't need to come through the general osteopathic Council in order to access that the PSA, an individual can reach out to them directly. And the PSA seek feedback on all regulators performance as part of their performance review process. So that's those are sort of two particular parts that the individual, if they wanted to raise a complaint, they can follow

Steven Bruce

some of the criticisms that I've saw, I'm sorry to interrupt, you just said that anyone can reach out to the POC, some of the criticisms that I have received over the last week or so about gr sc. And sadly, most of the feedback one gets when when running a show like this is is people criticising that's just the nature of the world. But some of them have been less than coherent. And a part of the question was, what are the grounds on which people could complain to the PSA? And I suppose you mean, what would be sensible grounds to complain to the PSA, your failure to apply the Act

Matthew Redford

It could be an individual unhappy with the decision, it could be, you know, an individual not thinking we followed sort of due process or that we've taken an unreasonable decision. Again, I wouldn't want to just narrow this towards sort of fitness to practice because this could be this either I think that's it's a wider

Steven Bruce

Chalene, she either needs to leave the room or she has

Sheleen McCormack

both actually. So if I may, I am conscious that I do need to leave. And but I would like to step in and say that if an individual is unhappy with the outcome of a hearing, that they were involved in an allegation made against them, then they can follow the appropriate court process. And they can appeal the decision to the High Court. So there's that mechanism that is provided within the act itself. And I'd also like to, for completeness, answer the question about freedom of information, I do manage the freedom of information requests that come to me. And our approach, as I think Matthew has articulated throughout is how can we give you that information, because we have a publication scheme. And we look at of course, we look at every request individually, but we tried to be transparent. So we show already, we actually already have publicly available a lot of information that you're looking for. But if you're looking for something that isn't part of the publication scheme, please do make your request, you can direct it to me, or we have a dedicated inbox for those sorts of requests as well. So surely,

Steven Bruce

thank you for your time. I know you need to leave. And I'm so grateful that you've given up your time when clearly it's not the best situation for you at the moment. I'm sure there will be more questions and if they relate to fitness to practice. I hope Matthew will pass them on later.

Sheleen McCormack

Thank you very much. Thank you for having me.

Steven Bruce

Now we put Fiona on the spot, I guess. I personally my own experience a fitness to practice was the first of all, I mean, you've got no choice but to respond. It's a legal responsibility to respond to fitness to practice request, and you have to do it within 30 days. There's a there's a time there's a time limit. But of course you don't have to, you don't have to do very much if that if the material is publicly available anyway. Because people can find it on your website or whatever resources are available. And of course, I imagine that you're not you certainly aren't required to breach GDPR regulations about people's identity and privacy and so on. Something you mentioned earlier on you said this you've osteopathy is our professional body. And the only reason I mentioned this is because I know there is somebody out there possibly more who will say well, they're only our professional body because they're the only organisation that has set itself up to represent osteopath. Do they have any legal status as being the professional body for osteopathic

Matthew Redford

selling look into, I think what's what's helpful here, Steven, I think also as well as to sort of try and sort articulate what the differences between sort of the two organisations. So in terms of in terms of the Institute of osteopathy, as you say they are the single professional

membership sort of body within the osteopathic sort of community. If I and other group of individuals wanted to set up their own different body, then they would absolutely, you know, be able to what I would say is I think actually benefits the profession by only having one single representative Association

Steven Bruce

by I feel for the cultural practices for different bodies ages just can't be helping them at all. No.

Matthew Redford

And I think being able to have one sort of central organisation that is able to act as that professional membership body and speak on behalf of the profession and do the things that professional membership bodies do. I think makes makes an awful lot of sense. So I think one of the things that we have have identified is that there is sometimes a misunderstanding in terms of our role and what the Institute of osteopathy are there to do. And I think, you know, it's always helpful to sort of try and sort of just separate those, those two things out. So we are a statutory healthcare regulator, were set up under the Osteopath act. It's a requirements, as you will know, and I'm sure your viewers will also understand as well, it's a requirement to be registered with us to use the title osteopath. Whereas will we've got some questions around with the with the professional membership association is obviously sort of voluntary on that particular occasion. And

Steven Bruce

of course, one is not a member of generosity, whether you're registering.

Matthew Redford

Absolutely, and there is there is a difference there. So in terms of in terms of our role, you know, as we've said, Our overarching statutory responsibility is public protection and protection of patients. We have to act within the best interests of patients and the public. For the Institute of osteopathy. They can act in the best interests of the Osteopath and the profession. So where we are not in a position to promote the profession lobby on behalf of the profession, the Institute of osteopathy are so they can push for sort of changes that the profession may want such as prescribing as an example. That's not something that we promote.

Steven Bruce

The second line of the Osteopath act on page three specifically says that you are there to promote the profession. And that comes ahead of the bit that says that your overriding responsibility is protecting the public. So that's

Matthew Redford

been removed safe. And so the on your website, so the osteopaths act, they're also been amendments that will be contained within within the legislation page as well. So the workers responsible for taking that out. The government removed the word promote from our Act back in 2008. So so if we take that step, step back in time, if we and I'm going to use the the pharmacist as an example here, they had one body that was set up solely to regulate time promotes the production and as a result of promote being removed from the acts of all of the health care regulators that had the had the word contained with all the regulators, not just the Austrian but not just the US. And so the pharmacists were actually split. So you that you had the general pharmaceutical Council created as a result of that particular sort of

separation that happened. So it's not within our role to play out the profession, but it is it is for us to promote high standards of regulate Yes.

Steven Bruce

And I'm now going to turn to your strategic plan for my next question on that because riveting read 12 pages four of which are blank, basically. But you have part of your strategic plan, if I remember correctly, promote safe environment. You are promoting patient safety and wellbeing through modern regulation which supports and develops osteopaths What do you mean by developing osteopaths.

Matthew Redford

So, within our statutory our overarching statutory remits, we are required to develop the profession. So that is that is contained within within our overarching remit as well. So, protect the public and develop the profession. So that was taken out. Know the word promote.

Steven Bruce

Alright, okay,

Matthew Redford

so sorry, I

Steven Bruce

missed you. I misused the word yes, promote, I beg your pardon is the wrong word, but develop Okay, so what's your interpretation of the word develop?

Matthew Redford

So develop what we what we do in terms of development, there's a range of different activities that we that we undertake in terms of development developments of the profession. So we would sort of refer to the osteopathic practice standards that we have and the associated guidance, working with the profession in terms of applying to clinical professional judgments. And I'm sure Fiona might want to say a little bit more around sort of that a bit later, a bit later on. I think also as well, we would talk about the continuing professional development scheme. And if you want to consider

Steven Bruce

oral Fiona's gonna sit here saying nothing, be very great waste of her time.

Matthew Redford

Now we'll say a few words about that. And I think I think around When we talk about CPD, I think it'd be helpful to just remind ourselves of what we wanted to try and achieve by moving away from the the annual cycle towards a three year towards a three year cycle. And we funded the National Council for osteopathic research, and also the International Journal of osteopathic medicine. Now, that corporate subscription that we should have taken out on behalf of the profession, that's quite unusual for a healthcare regulator to do that. But I think, again, let's take that sort of step back and think about the context, it would be incredibly prohibitive in terms of cost for an individual to be able to access those range of different research journals pain, and the lancet and all of the others. So actually providing that benefit for the profession to aid its development aid, its ability to have access to research evidence is really important. I think in terms of development, we would also talk about our communications and engagement activities. And the fact that we we are increasing what we do in terms of our sort of engagement with the profession through conversations with sort of

regional groups to understand what the concerns are for the profession on the ground. And I think it's important that we do understand the, you know, those concerns what's, what's the registrant voice telling us? And how can we then either put additional resources into place like we've done around sort of the CPD scheme, or whether we then need to bring the Institute of osteopathy into those conversations to take things forward. If it's outside of our scope, such as around the issue of promotion.

Steven Bruce

There's some questions that have come in, which really, possibly officially, but I'm sure you you'll know the answer largely about the protection of the title, osteopathy and use of the words osteopathic in people's marketing and literature. And so on. The gist of it and I'm sorry, there are there are lots of questions which have come in and I'm sorry if I don't ask each and each question individually, but there's too many for the time that we have remaining. There are questions about people running courses in osteopathic manipulative technique. How do they get away with that? And another specific question is Can someone practice saying that they have trained as an osteopath even they make it clear that they're not registered as an osteopath?

Matthew Redford

So one of the things that we have on our website at the moment, and we've just taken this through Council, and this will be published very soon, as is our enforcement policy around section 32. And one of the enhanced section 32 is the breach of title within the within the osteopaths act, one of the things that we particularly wanted to do was to draw out some case studies, case examples of private prosecutions that we have taken under that part of our act in order to sort of bring that to life and to help sort of demonstrate and articulate to individuals, you know, what is acceptable and what's not acceptable now, within the prosecution policy that we have, we would need to understand whether there is a public protection issue, is there a patient protection issue? We need to think about it's appropriate if we take out a particular case, is this likely to deter others from potentially using the title illegally? Is it proportionate? And so I think the question that you were just asking, you know, and if somebody is saying, they had previously trained as an osteopath, but they're making it very clear that, you know, they are not currently working as an osteopath, that would all be considered by the fitness to practice team when they were looking at a potential breach of title. Now, one of the things that I think it's worth sort of drawing out here is that we don't jump straight from has there been a breach to prosecution, there are a number of sort of stages in between. And some of those particular steps include what we refer to as cease and desist letters. So in the last 12 months, we've sent out around 30, cease and desist letters, which have closed around 36 concerns that have cropped up. So I think a number of of cases, we can

Steven Bruce

deal with a local fewer letters, and there were concerned. And

Matthew Redford

there were there were some concerns are sort of more than one, you know, range, but more than one individual in some different places. That's why they're slightly different. But what I think the key point is, is that we try and deal with things that that sort of local level, deal with them sort of quickly and proportionately again, so we're not sort of incurring of costs in that particular area, and only where there were those cases where we think that there's a public protection issue, and where we think that it's right to take that forward to prosecution will we do so. Now in terms of the the earlier point that you were raising in terms of use of

Osteopathic technique and how that fits together? That is something which is on our radar, and we've got some conversations like ended up with the Institute of osteopathy to talk specifically about that particular about that particular matter because we we recognise it's it's something which is, you know, causing some concern within the profession and some anxiety there.

Steven Bruce

But surely it's a legal issue. It's either illegal to call it to say you're practising osteopathic technique or teaching it? Well, it isn't. It's not really for the audio was.

Matthew Redford

So in terms of the in terms of the the the act, osteopathic technique is not a protected title. And I think part of the conversation that we want to have is whether or not there are other ways that we can engage potentially with individuals who may be providing those courses, which is why we think potentially a conversation with the Institute of osteopathy is a starting point. And I think joystick and I think it's about that. It's about that collective regulation. And I think sometimes there's that sort of misconception that's GEOSS has got all of the answers. We don't,

Steven Bruce

but also the point I was about to make is and I, I genuinely feel that a lot of people don't realise is, if it's not written in the act, you have no legal power to intervene. So if it's not, it's not the case that you might not be concerned that someone's practising osteopathic technique or whatever it may be. But if the if the Act doesn't give you the power to intervene, you can't.

Matthew Redford

Exactly and when we were talking earlier about sort of the Act being prescriptive in some ways, you know, that that's, that's, that's, that's one example. And again, I think this this sometimes does cause confusion. And, and quite understandably, so. And, you know, even even at our end, you know, we have to sometimes check ourselves and the different acts of the different healthcare regulators are written in different ways. And so, you know, for example, the healthcare professions Council, their sort of breach of title talks about intent to deceive, we don't have that within hours, hours talks about whether there's a breach expressly or by implication. And so there's, you've got all of these subtleties that sort of come into come into play, which I think are just unhelpful and confusing for members of the public and and to for our registrants, as well.

Steven Bruce

We better bring Fiona into the conversation, haven't we had served feminists or you've been sitting there silent for so long? There are a lot of people who have asked how the new CPD process is going in your view.

Fiona Browne

Thank you, Steve. And thank you very much for inviting me on today. I really appreciate the opportunity to hear the questions of your your audience today. So the new CPD scheme, why did why did we do it? We did it because we were required to by government, and initially we were required to do and quite a laborious assessment scheme akin to revalidation, but we were able to demonstrate that that wasn't very proportionate. So we moved on to a CPD scheme that was actually based on engagement and support and community. And at the time that we develop that scheme. What we found was that many osteopaths were on their

own. They were very fearful. They felt very professionally isolated. And actually we wanted to move to a scheme that was much more profession led and and profession sort of centred. And so that's what we did. We had a CPD scheme that instead of being an annual form that people needed to submit to Jr SCA for a year. We went to a three year cycle, where osteopaths could do CPD across that three year period and link up with a peer so that they could talk shop. That's what the osteopaths that helped us to develop it called it talking shop, talking about osteopathy and practice with their colleagues and getting that support and engagement and building community. And so we had a scheme which looked at the full themes of the osteopathic practice standards, doing an objective activity because there's tourists the if people try and self assess, they either get overestimate themselves or really severely underestimate themselves. So actually getting that feedback from practice as well. And we also wanted CPD in the area of communication and consent, specifically because what we found was lots of people were declaring CPD and courses and doing techniques. But actually most of our concerns were coming through in the area of communication and consent. And you can see that in the National Council for osteopathic research data that Matthew referred to. So how's it going? And overall, what we're finding is that, you know, more than 80% Now of osteopaths had been declaring CPD across those four themes, doing CPD in the area of communication and consent doing a variety of objective activities, getting particularly good feedback around the case based discussion. Actually osteopaths find, and I've seen this in webinars that I've done in sessions that I've done, and actually osteopaths tell it to us themselves, you know, often they'll start off with a hypothetical study, and actually, they'll say, Oh, actually, you know, I had a case like that, or I had a case like this and, and actually, that whole sort of sharing of cases and challenges and getting feedback has been, you know, really, really helpful. But that's that search. So overall, my my sense is that people are doing it, and many, many people are coming out with positive experiences and actually feeling like they've connected with people meeting new people. That said, though, it's not perfect. I know that there are a number of osteopaths out there who've had a very traumatic time, they've had a hard time anyway, they find it difficult to do the CPD scheme, they've been unable to access the information on their website, they've been not been able to find a peer, you know, all of those sorts of things. And for those people who are struggling, I've would always say, you know, contact us, we have a lovely team of colleagues, Stacy, Rachel, Sonya, your give us a ring, drop us an email that gets, you know, let us give you a ring back and actually help you help you through that CPD scheme. It's designed to support and encourage practice

Steven Bruce

without wishing to put a damper on this because I actually I quite like most aspects of the new CPD scheme. I think there are lots of benefits of in these over the previous scheme. One of the questions which came in is why the hell does no one ever get an answer from the GR SC when they phone or email other than the automated response which says we've received your email and we'll get back to you shortly. It's really hard to talk to people that you ask.

Fiona Browne

I completely appreciate that. That has that has been the case. You know, I think, I think if I looked back on the pandemic, and thought, you know, what might we do differently, what we've done differently, I think looking at our infrastructure, for sure, might have been one of those things. And, you know, I'm genuinely sorry that people have found it difficult to get through to us. I've done it myself,

Steven Bruce

I was specifically told not to accept an answer that blames COVID. Because it was exactly the same before COVID. These are the words of the person sending in the observation, not my

Fiona Browne

well, so I was, I was just gonna, I was just going to sort of finish that off just by saying that we've had a recent upgrade to our telephone system. So people should find it much easier, in fact, to get in touch now, but you know, I've had calls three from people to my mobile saying, you know, I can't get through, on on on on the main line. And all I can say is that sometimes if I'm, if I'm not like next to my phone or not at my laptop, sometimes, you know, we don't get the call. And sometimes people don't feel confident to leave a message, we do want to talk to you. So if you're having problems, you know, email or say, please call me at this time, or, you know, contact another colleague to ask us to get in touch, you know, leave a message on our social on, you know, Facebook or, or Twitter, and we will get back to you who really wants to hear from you. So,

Steven Bruce

we're gonna find that really reassuring. And, as I say, I'm only I'm only bringing up what has been sent through to me on the questions I've been asked to, to emphasise re emphasise what you said about case based discussions, we run live ones virtually every other week here at the academy at lunchtimes. And the feedback we get from those case based discussions is just massive. It's there people really, really like them. You know, it's not they might just be listening to other people's cases. But you know, we learn something from all of that. But it leads me on to me like melee error, a personal gripe, Fiona. Under the under the old system, I always hated filling in that silly little box on the ozone that said, You've got to write 100 characters about this, see this piece of CPD that you're claiming for your your record? Nowadays, people have to write a statement of reflection, and virtually every osteopath would say, this is barking mad if I do a course, let's say with Laurie Hartman on manipulation, it's bloody obvious how it's going to affect my practice. Why have I got to think up a clever statement of reflection?

Fiona Browne

In those sort of circumstances, we do that ourselves when we when we do CPD, sometimes, you know, we, sometimes your reflection doesn't need to be very detailed. And in fact, I often refer osteopaths to a blog that was done by one of our council members, and Deborah Smith around, you know, simple little questions that you can ask yourself, just do a simple sentence and do each of those, you know, what did I do? So what, what's the implication of it? And what will I do next, you know, and in some of those cases, it can literally be just a just a bullet. We're not after necessarily 100 characters, what we're after is just, just just helping the Osteopath to think through actively that they have done something. Why did they do it? And, you know, what difference is it made? So it doesn't need to be?

Steven Bruce

Do you think writing that statement makes any difference to their learning?

Fiona Browne

I think that's a really interesting question, Steve, you know, if you were to say, you know, where, where are the journals that sort of say that I think

Steven Bruce

I think you're anticipated my next line.

Fiona Browne

Yeah, it you know, I agree that the evidence base around reflection is relatively limited. But we say and we've seen this, if I if I may, in the previous sort of iterations of the CPD scheme, what we've what we used to see was people going on to courses, you know, it If they're manual, great if they were sort of stuck at sat at the back, not interacting and not doing anything that wasn't really giving that person, any real benefit, it is a tick box. And we've tried to move to a CPD scheme that is worth it. It's, you know, genuinely believe that this is the CPD scheme about supporting osteopaths and supporting practice. And part of that is actually doing that active thinking it's difficult. You know, I find that difficult when I'm doing my own learning sometimes, to think well, we'll sort of what What exactly have I learned? What difference is it going to make? And actually, sometimes I find talking through that with a colleague, and actually having that discussion really illuminates new learnings for me that perhaps I wouldn't have done if I hadn't have gone through that active process.

Matthew Redford

And I think, Steven, that I would agree with what Sophia was saying there. And I think it's different horses for different courses sometimes. So, you know, I'm, I'm an accountant by background, and I apologise to everybody for that straightaway. But I have to undertake my own CPD for, you know, the professional bodies that I'm registered with, and actually having that sort of opportunity to sort of sit back and think and sort of challenge myself in that way in terms of Well, as we understand, you know, the so watts, I think that that that I personally, I find that quite, I find that quite helpful.

Steven Bruce

Can I just if this is a comment for the gallery, we've just had a warning that my monitor is going to be turned off in five minutes. And I need to make sure it doesn't go off in five minutes time. Well, so it's coming

Matthew Redford

Knology always happens. And now I recall being at the student presentation, and we had a break partway through. And we we started, we started the second half of the presentation by saying this is always the sort of the quicker half, press the slide button, and it jumped straight to the end and said, Thank you for coming. So there we go. It's definitely faster, we're not gonna move on. No, we're not gonna do that. That's for sure. But But I think, you know, in terms of, you know, in terms of that sort of reflection piece, you know, I think there are benefits for for having, you know, taking that time to think about that. And also as well, if you're having that conversation, then with your peer, you know, two and a half years down the line, you being able to sort of look back and sort of, you know, think about that particular course, you know, recall what what that particular learning was at that stage. That's helpful also for that sort of conversation. That's taking place as well. So I think there are benefits there.

Steven Bruce

If you asked me to justify my claims on my website about my osteopathic treatment, you'd say where's the evidence and me saying I think there are benefits wouldn't be good enough. But we'll we'll leave it at that. Because I understand that the evidence base doesn't exist necessarily for educational policies or practices. So to the same extent, I think there was one question came in here earlier on, somebody asked, Are we going to review the current CPD system at some point and will it change?

Fiona Browne

Yeah, thanks very much. And that's a good question. And we've been asked that before. So for the time being, no, the CPD scheme will stay as it is. And the only thing I would say in relation to that, though, is that we are getting as Matthew has already indicated, the proportion of concerns that we are getting around breaches of sexual boundaries is a persistent and a concern. It has a real impact on patients. Those those kinds of those kinds of concerns, they can cause real harm both for patients and also for osteopath, who did not intend the patient to feel that their boundaries were breached when they did a particular gait assessment, for example. So actually, boundaries is really, really key. So I think what you might start to see as we move through the CPD scheme is us really encouraging osteopaths as part of their CPD to really think about the standard D two and read it in relation to establishing and maintaining safe boundaries. Keep an ear out this year, as we come to disseminate Julie stones, report around breaches of boundaries, keep an ear out for that, and just keep an eye on that. Because as I say those kinds of concerns are persistent. It's easy for patients to misconstrue osteopathy, and we see that and we really want to support osteopath to support patients to establish and maintain safe boundaries. So there'll be a lot on that this year, boundaries comes under theme D and professionalism, but it's also an integral part of communication and consent is

Steven Bruce

incident incident. Coincidentally, somebody called me yesterday, I think, on PSpice on just that issue. A patient had complained to the principal that a practice that complaint had observed to the principal of the practice that they hadn't felt felt comfortable with another osteopath, and didn't want to see that osteopath again. And it turns out that they felt that whatever it was, was slightly inappropriate, but they didn't want to make a complaint. And the person who spoke to me said, Well, we know what should we do about this and more My answer to them was, well, you need to have an internal investigation as to what went wrong because if that person has caused that reaction in one patient, it's possible that inadvertently, they could cause it in another. What would be your guidance to the practice concerned about that?

Matthew Redford

So I think on that, Sophie no place

Fiona Browne

I was just I was just going to say in relation to that, Steve, absolutely. You know, support what you what you said there and that's exactly what the osteopathic practice standards say, you know, if something's gone wrong, osteopath should take action, but doesn't mean necessarily report to Dr. SC. And in fact, we would really encourage him especially in aspects of miscommunication for osteopath to feel comfortable to give that feedback to others and for osteopath to feel comfortable to receive that feedback. When it is really hard. And actually, that's one of the bits of feedback that we've had around the CPD scheme. I find giving and receiving feedback really hard. We've and in fact, in response to that my colleagues, Stacy and Rachel have done a really good video showing some models around giving and and receiving feedback. But if those concerns remain, you know, if there is a concern that an osteopath is behaving inappropriately towards a patient, particularly around breaches of boundaries, that sexually motivated, that is a real concern for us, and we would want to hear about those kinds of concerns.

Steven Bruce

Okay. I've got a yellow flagged question here. And I've been asked, Are you happy to receive all the CPD hours done through APM? And no other source? I will I have a personal interest in this question. There are lots of people who are part of members of my academy who might do all our CPD through through us. I tell people when they asked me this question, if you cover all of the things that are set out in the CPD regulations, uh, you don't care where they get their CPD from, but I'm biased What do you say?

Fiona Browne

That's a really good question. Thank you very much. So So actually, it's it's not us that would make that determination. It's for the Osteopath to have that conversation with their peer. And you know, what we're looking for and what the CPD scheme looks for is for CPD to be done across the depth and range of somebody's practice. So for example, if someone is an educator as well, as a clinician, we would expect that their pa would be saying, okay, so you're an educator for, you know, 20% of your time, what CPD have you done in education, you know, as well as in your clinical work. But you're absolutely right, as long as they've covered all of those those aspects. And, you know, that would be okay, from our perspective, but it would be about the conversation with the pier and actually justifying that with its appear and getting back from that period.

Steven Bruce

But that said, you're going to randomly review a percentage of those peer reviews and all the ones that you randomly reviewed your select some of them for more detailed audit. And when the peer who's also a member of my academy review, someone who is a member of my academy and says your CPD was great, because we all did it in the same format. Are you going to turn around and say, No, we're not having that.

Fiona Browne

You can briefly lost my mouse there, and I couldn't see it on the screen. But I found it again. There's absolutely no problem with two peers reviewing each other at this stage, we're not it's not an exam to be partners,

Steven Bruce

I wasn't there wasn't a request. It was just, it was just that if the pier was also a member of my academy, they might decide that they're perfectly happy with the CPD provided by the Academy. But you might not on review.

Fiona Browne

There is no review. There is no rule that says you can't have CPD or from one source Steve just duration.

Steven Bruce

I tell it, I tell you what, I mean, we go to extraordinary lengths here to find really diverse very CPD and to meet everything we can in the osteopathic practice standards, it's in our interest to do that and in the chiropractic code as well, for the same reason. And you know, I I'd be delighted if you if you thought there was some flaw in what we were offering, I'd be delighted if you get in touch and say no, you can't do this. You shouldn't do that. Do something else.

Matthew Redford

I think Steven sorry. That's okay. I was just say the point that I was sort of making in terms of the the example you were providing, you know, we've osteopaths are professionals. Eames, you know, I'm absolutely convinced that osteopaths are not going to try and defraud or sort

of cook up, CPD in order to in order to sort of satisfy this. So in terms of that sort of example, you know, I know that there would be an honest conversation between a member of your academy who has undertaken the CPD, you know, their peer reviewer who happens to be a member of the Academy, it wouldn't just be a tick box exercise, there would be an honest conversation that would happen there, because you've got two professionals in the room, you know, looking at the at the CPD and as Fiona said, you know, there wouldn't be that, you know, there wouldn't be isn't a problem or concern, we wouldn't come knocking on somebody's door saying, well, actually, yes, you've, you've met all of the CPD requirements that you were meant to meet. But actually, we expected you to go and find it that from four different sources that that that wouldn't be a conversation we'd be having with people

Steven Bruce

effectively. I mean, the sources aren't different. I happen to host the conversation, but it's not it's not the same person sitting on the other side of the room here or at the treatment table or wherever else so they are different sources. A question did occur to me a moment ago and it's gone straight up my mind because I was talking about there is a concerning CBD male have to come back to that one. Could we just move away from see we're not gonna get along left in here. But one thing which has come through to me from many, many people asking questions, if I can encapsulate it in one simple question is, how are we getting value for money?

Matthew Redford

So I think, you know, fees is always a perennial sort of question that that that crops up. And my sort of response to sort of value for money is to say that we've we've sort of tried to articulate our sort of value for money under what we refer to as a sort of a value proposition. And there were sort of three sort of strands to that one strand is around ensuring public protection, the other strand around developing the profession. And then underpinning both of those has to be an ensuring that we had robust governance in place. So in many ways that sort of aligns and plays to the, to our overarching sort of statutory sort of responsibilities. And in terms of the level of the registration fee, and the proportions in terms of where that gets spent, approximately, in terms of the last financial year, that's just concluded, around sort of 60% of our resources are spent on protecting the public, around sort of a fifth of our resources 20% Or just over 20% are spent on developing the profession, which is through in core and gain level, I John, our communication activities, research that's undertaken through a range of different sort of resources to the continuing professional development scheme, that that would sort of fall under that particular sort of heading. And then the balance is spent on sort of the governance and sort of infrastructure costs. So it that type of thing. Now, in terms of the level of the registration fee, I have absolutely recognised that that is, and has always been throughout the length of time I've been within the organisation, you know, a question that sort of arises and crops up. And again, I think it's worth just sort of taking that sort of step back and thinking where we are in terms of sort of context. So the registration fee used to be 750 pounds, it has reduced to its current level of 570. And that reduced backings over a three year period 2012 to HCPC. So the HCPC is a lower registration fee, I believe it's around 120 pounds. But in relation to some of the other regulatory bodies, the gym chiropractic Council, the registration fee is 800 pounds, the dental Council, the registration fee is 680 pounds. So there are differences. And I think that in terms of fee levels, the expenditure budget is sort of set based on the activities that we have to undertake in order to deliver our statutory objectives of protecting the public and developing the profession with a small number of registrants. That will also ultimately mean a slightly higher registration fee. But that doesn't always necessarily sort of apply. Because if you look at the dentists, they're paying a higher registration fee than osteopaths are at the moment. The

General Medical Council doctors are paying I think it's 420 pounds in that region. So councils act absolutely recognises the cost of regulation and the fact that we need to ensure that we're getting the sort of the biggest bang for the buck, in terms of in terms of fees. And that's why registration fees haven't increased over the last eight year period. I think in real terms, registration fees had been increased in line with inflation would be around the 650 pounds mark. We've got no sort of plans to increase sort of registration fees in the in the current year, and we would certainly not want to sort of pass on any inflationary costs to the profession, you know, we're really keen to ensure that, you know, the cost of regulation is as low as it can be on the on the osteopathic profession.

Steven Bruce

Yeah. I only have the accounts for 2020 to 2021, because you haven't published the latest annual report yet. But it's soon you said in trios to our council in July, your income went down to a total of roughly six registrants fees, I think so it didn't go down hugely. But your debtors when it almost doubled from 378 to 612,000 pounds. What's all that for when were these debtors?

Matthew Redford

So what that is that's a it's ultimately a it's a boring accounting accounting concept, but actually, what this relates to is so back in the day when the pandemic happened The Council took the decision to switch the way that direct debits were collected from registrants. So a 12 month registration period, direct debits were collected 10 Out of the 12 months. And normally it's the last two months of a registration year where there's no fee collected now during the pandemic, because we were not able to reduce registration fees, or waive fees, because our legislation, you simply doesn't allow for that to to happen. It

Steven Bruce

was an extraordinary period where all sorts of extraordinary things happened. Did you was there not any approach to Parliament say Look, can we because I mean, most of the all of the people registered with you were not working for a significant period of time, so they weren't allowed to.

Matthew Redford

So there was there was no prohibition placed on osteopathic practice during the course of the the pandemic, what I would say in terms of the decision that the council members had to make. So we've got 10, council members, five osteopaths, five Lane members, the organisation is also a charity. So they've got a trustee responsibilities as well. And with our overarching responsibility being sort of patients and public protection, the trustees effectively the board needed to look at the financial impact on the organisation, and look at the issue of sustainability. Now, at the very beginning, when we started to talk, Steve and I sort of said, I think we share, you know, as an organisation and the profession, we share sort of the same values around sort of honesty, I think, you know, I have to be honest and say that the council looked at sort of fees hard and carefully, but they had to balance that sort of tension in terms of making sure the organisation was sustainable, and making sure there were resources to

Steven Bruce

open our feet closer to the fire here, because actually, there are a lot of people out there earning considerably less than the three highest salary earners at the gos, see, who also had to pay their bills. And effectively, it sounds as though no attempt at all was made to get anyone to waive the rules or legislation to allow them to have a break in their fees. I knew that I have a greater flexibility. And if we didn't give people a break in there for us, we reduce

them to virtually nothing. We didn't ask them to pay when they weren't earning money. They had no money coming in, but you still had to pay your salaries? Well, they won't be very sympathetic to that.

Matthew Redford

I absolutely get that. Stephen Absolutely. Sort of, you know, appreciate that. It was an incredibly tough time for that for everybody mental health has suffered as a result. Indeed, across across all professions, I think it's worth reflecting that, you know, God didn't act in isolation, you know, in relation to registration fees, no other health care regulator, reduced registration fees for their registrants during this period. In fact, the gentleman care about, I suspect that that is probably the case. But I think, you know, part of that sort of honest conversation has to be sort of set in that context. And, you know, setting that particular sort of position, the council had to ensure the ongoing financial sustainability of the organisation. And unfortunately, that means no reduction in registration fees. So bringing it back to your question around why is the debtor figure sort of So, so, so, so, so different? We don't have a single point in time where everybody renews their registration by switching the direct debit scheme around so that there was sort of two months, no payments at the beginning of the year. That meant there was a technical increase in debtors, which is why in that particular financial period, it looks as though debtors have spiked when the financial reporting accounts are published a little bit later this year, you'll see that revert to more sort of traditional levels. It happens

Steven Bruce

more on that in a minute, but I'm really pleased that we've got our first video call a Peter is in the room waiting to ask his question in person he is somebody brave enough to raise his head above the parapet. Peter. Good evening. Hello, Peter. Can you unmute yourself Peter? Nope, we've still not got any audio from you. Oh, I love teams on Zoom and things like that. I don't know if anyone in the gallery can help him must have had audio from your moment ago.

Fiona Browne

Well, Peter is a meeting if I'm if I might just start with regards to the financial difficulties. And I suppose I just wanted to highlight that we did work closely alongside the Institute of osteopathy around the US either around them, signposting government support that wasn't obviously working and appropriate for many osteopaths. But there was that aim of signposting the support that government was providing to to osteopaths as well in recognition of the you know, extremely hard and challenging circumstances that arose at that time.

Steven Bruce

Of course, that government support was great if you had your own premises and you weren't renting because you got a grant if you were within a certain reasonable value. It wasn't terribly helpful for us To paths who were associates because they couldn't claim a massive amount of the grants that were available from from government directors couldn't claim very much because directors typically don't earn a salary of any great value. So, understand that they did do that. But you know, the the IO didn't reduce their fees either. They might have waived him for a bit, but they still said you're gonna pay us for the period you weren't earning money. And there's a lot of the professional will say, Well, no hang we were stopped from practising for a considerable period of time. We weren't allowed to practice in our clinics.

Matthew Redford

There was there was never a prohibition that was placed on osteopathic practice. I'm

Steven Bruce

not entirely sure that's how the osteopathic profession perceived the guidance that they got.

Fiona Browne

We actually if I may, and had had had quite a lot of pressure on us to put a prohibition out there. We had we had some we had correspondence saying that we were we were killing patients because we did not ban osteopaths from practice. And we were very clear that we did not ban osteopaths from practice government permitted osteopathic practice, we said, We urged consideration about practice in light of infection control. But we did not ban it because we recognised that there would have been particular situations and circumstances where patient need would require an osteopath to consider to consider consider practice. And that was why we didn't put a prohibition in the face of some strong campaigning against it. But it was a very difficult time, it was a very difficult decision to make. And you know, many osteopaths did not practice because obviously, at that time, the the, you know, we had the pandemic, we had the hospital numbers, we had no vaccines, it was very, very difficult time. And I do absolutely acknowledge that, you know, a significant proportion of osteoporosis ceased to practice as did the osteopathic education, institution clinics and so forth.

Steven Bruce

And that brings brings us on to one of the other questions asked by many, many people is how many voluntary D registrations have there been other than people retiring? You know,

Matthew Redford

it's actually a very small number, we were concerned that there potentially may be sort of a walk away from the profession in the sense that, you know, is the pandemic going to act as a catalyst for individuals maybe to change their, their plans and to and to, and to do different things we saw, if we look at the sort of 2020 to 21 figures, a very small decrease in the total population of of osteopath on the register. And we've seen a small increase in the most recent year as well. So there wasn't that sort of an up and walk away from the profession. So it didn't happen. It was a risk, it was a concern.

Steven Bruce

We come out, we can't actually get the figures from the GRC websites. I mean, we can look at the accounts and see how many how much your income has decreased. But that doesn't really tell us how many people deregistered me there are fewer registrants than they were the year before. There is a perception, it seems that there have been lots of people walking away from registration to become whatever they can to call themselves and not go through the expense and the hassle of being regulated.

Matthew Redford

So in terms of our registration numbers, we, we provide a report, which is in the public domain on the council papers every six months that goes to council. And in terms of the in terms of the numbers that we have seen sort of step away from the register, that's not been significantly different to the sort of the previous sort of reports that we provided. So we've heard that as well. We've heard that sort of anecdotally, that that, you know, there's going to be that sort of walkway people have, sort of changing their plans and going. That's not to say that some individuals haven't, but we've not seen that, sort of the scale that seems to be suggested is going to happen. So we are keen to ensure that, you know, we're providing the

level of support that we can provide as a regulator within the scope of of our remit, in order to support the profession. So that that that doesn't happen. And we've done that, as Fiona was talking earlier about sort of CPD resources that we provided, etc, to support individuals to practice in that way.

Steven Bruce

Possibly the last two questions because we're running out of time. But a lot of people have talked about the possibility of the GR ceasing to exist within the next five years of us being swept up into the HCPC, the healthcare Health and Care Professionals Council, given the government's desire to get health care regulation, reformed, reviewed, changed. Will you be out of a job in five years time?

Matthew Redford

So I've been at GRC. Now for closing in on 22 years. I've heard the possibility of merger on a number of different occasions through the course of that time, and here we are 22 years later. And again, you know, that that conversation is is is emerging? You know, will there be merger within the next five years? There may be but I, you know, from my perspective and from the perspective of the team at GRC perspective of counsel, you know, our focus is on delivering our statutory objectives and if government wants to reconfirm Get the sector and do things differently, then government will, will do. So I think what's important is that, you know, does this benefit patients in a better way than it currently does? Now? I think that's absolutely the key question. It's not about self interest. It's not about what we've not. There's no proposals that have come forward. We've not seen if there are proposals, we'd need to look at what the evidence was for any sort of reconfiguration of the sector. Currently, there are no proposals on the table for that.

Steven Bruce

I suppose the other side of the question, the second part of this question is what is the value to a person who is trained as an osteopath registering other than the fact they can call themselves an osteopath? Which lots of them want to do? Because that's why they went into training in the first place.

Matthew Redford

So I think what what I would sort of say to that, is that there is that sort of there is the use of the times where there is that sort of recognition and status. I think, you know, we know from the patients and sort of surveys that we undertake, we normally undertake a patient survey every four years, and we're planning to undertake our next patient survey this year, is that that's the the credibility of an individual using a registered professional healthcare title is is really valued by patients. And so actually, there is a real value to an individual using a title where the patient knows that that that that individual is regulated, therefore, they can. They can sense is is holds professional indemnity insurance is committed to continuous learning and development.

Steven Bruce

That is interesting that it's your perspective, because the prospective perspective of many of the professionals that patients don't care and underwear about registered legislation and registered registration. Well, that's

Matthew Redford

interesting. So in terms of the patient survey that was conducted in 2018, and as I say, we'll be following that up with our next patient survey in 2022 95%. Of of patients that were sort of

surveyed and responded to that said that they had great confidence in the, in the Osteopath, they nine entertain individual said that they were very satisfied, you know, excellent care from their osteopath. And they said that the fact that the Osteopath was registered with a regulatory body was important to them now, in terms of, you know, the wider general public, you know, wanting to Austrian and wanting to members of the general public based on the survey aware that osteopaths are regulated. So the flip side is that wanting to dance that moves us into the question of promotion of the profession. But that's outside of our remit. And that again, comes back to the Institute of osteopathy.

Steven Bruce

We're gonna, we're going to run over time, I'm afraid, but not by long, but Peter is back in the room again with this question. And so we're gonna see if the technology works this time. Peter, can we hear you now?

Peter

Well, I don't know. Let's do a test.

Steven Bruce

Can you hear we can hear you. Good evening.

Peter

Right, Matthew, first of all, thank you very much for joining us today. And yeah, it's been interesting in inverted commas listening to what you've been saying. The thing that struck me is looking at all of the comments is the strength of feeling that everyone has in relation to GOSC or SC and what a poor reputation you actually seem to have. Now, this isn't

Steven Bruce

your Peter, you're ahead of the game here, because we can't see those comments. But as I said earlier on, people are much more likely to send their negative views than those people to send their positive.

Peter

I realise that but when I see comments, like, you know, people feeling bullied, bully boys, no understanding of profession, answering like a politician. And a lot of this stuff I have a lot of empathy with, and I didn't realise everyone else felt as strongly as I do. And I just wonder if it will be worth making these comments available to Matthew. And if that's possible, Matthew, I really would like you to taking some words from from GRC, I'd like you to reflect on those comments. You know what, read them, first of all, read them and digest them. Be aware of the strength of feeling and reflect on the comments as to what they indicate to you. Maybe do a bit of internal brainstorming as a team and what you can actually do to change GEOSS reputation with which I can only describe from seeing the comment is quite appalling.

Steven Bruce

Thank you, Peter. We have to stop we'll have to stop you there so that Matthew has a chance to respond because we're out of time for the broadcast. And I'm sorry, it took us a while to get you back in. Okay.

Peter

Please look at the comments.

Matthew Redford

First of all, can I just say Peter, thank you for the for the question that you posed and for the for the challenge that you've thrown out, and that's one that I'm happy to absolutely, sort of accept and I know that sort of strategic plans will be reflective regular Yeah, absolutely. And so one of the things that I wanted to sort of flag up is that actually, within our business plan for the year ahead, we want to undertake a registrants perception survey. And so in terms of the work that we undertake, you know, it's important that we've got all of the the patient's voice, the registrants voice feeding into that, but specifically, we want to undertake a registrant perception survey in order to really sort of get under the skin of some of these particular issues. So, you know, I absolutely thank Peter for that, that question. If, if it's possible, if you're able to sort of share some of those effects, definitely, then very happy to receive that. And, and will absolutely respond to that.

Steven Bruce

And I'm very sorry that I've got sheets of questions here and more coming in on this thing here. And we're not going to have time to answer ask them. But can we Fiona? Would you like to have the last word before we close?

Fiona Browne

Thank you so much, Steve, I just want to say that we have heard that feedback. And I'm very grateful for every osteopath, who feels confident and strong enough to tell us how they're feeling about that we do. We we genuinely do not want you to feel bullied. And I would ask anyone that feels that way to get in touch with either Matthew or myself directly. And tell us why. And let us help to try and sorted out, I know that there is a big, you know, kind of cool to, you know, pile in on various social media about all of those things. You know, we've heard that, you know, somebody said something on social media, and then suddenly they've been, you know, verified and insured on the CPD process, I can assure you, it is a random computer generated thing that is not what happens. Come and talk to me. And you know, let me help. If you're feeling bullied, we want to make things better. We're not out to bully you. We're we're out like you to support practice. Thank you

Steven Bruce

very much. Thank you so much for joining us. And it's really nice to see to see if I may say so a genuinely friendly face. Then you You are a very friendly face. And you're here you are representing the GLC you're a very friendly face. It's I do think there is a misperception of GRC out there but sometimes perhaps yours cuz earned that misperception I think

Matthew Redford

that's I think that's absolutely fair. And one of the things that we're looking to do in terms of our communications engagement strategy, is to put that human face on the organisation, through events such as this, what I would also say Steven is in terms of the questions or the kind of I will send them through to us, we're happy to sort of respond to respond to those, we don't want to let those questions just disappear into the and I'll

Steven Bruce

try and weave them down so that I'm not sending you the same question from different positions, slightly different formats. But really, both of you, thank you so much for your time, Fiona, for being virtually with us and Matthew, for driving up here from London. It's been a

pleasure talking to you. And I'm hoping that everyone else has got as much out of it as hopefully kiosk itself

Matthew Redford

will get it's been a really interesting, really interesting conversation. I'd say genuinely, thank you for having us on the show today.

Steven Bruce

Brilliant. That's all we got time for this evening. We are over time already. But many thanks to you for joining us.

DRAFT TRANSCRIPT