



GOsC Under the Spotlight – Ref 242

*with Matthew Redford, Fiona Browne
& Sheleen McCormack*

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TRANSCRIPT

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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 Justin, my producer and general tech wizard, has been testing and tweaking and generally running around like a blue-arsed 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 Council. 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 practise 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. I know it's been a bit of a drive for you, but we all appreciate it. Hopefully it will be useful to you and to the GOsC 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, she's Director of Education Standards and Development, and that of course includes CPD but also encompasses informing and engaging with both osteopaths and with patients. Fiona, good to see you again, thank you for joining us this evening. And finally, we've got Sheleen McCormack, who is the GosC's Director of Fitness to Practise. Sheleen is herself a barrister and has appeared on the show before when we were specifically talking about fitness to practise issues and basically, if it involves legal stuff, then Sheleen 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. Sheleen, thank you for joining us. And I know 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 understands 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 GOsC 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 fire so 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 GOsC? How is it getting on these days?

Matthew Redford

Steven, well, first of all, can I just say thank you for the invitation for myself, for Sheleen and Fiona. It's a pleasure to be here.

Steven Bruce

Are your feet nice and warm?

Matthew Redford

They are at the moment. Let's hope it stays that way all the way through. But as I say, 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 we really appreciate that. 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

Well, you took over at a really good time, didn't you? You took over, I know 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 full responsibility for the pandemic happening. So started in September, we had our Christmas drinks in the office just before people were parting. And I remember sitting around, looking at people, engaging and smiling and having some fun and 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 effects afterwards.

Steven Bruce

Are 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, Steven, Leonie was with us, she wanted to explore other opportunities and she moved on to do that.

Steven Bruce

Sounds like a politician saying "I want to spend more time with my family." I mean, it's not important, is it? We've got to a registrar, so...

Matthew Redford

Well, I mean, at that particular stage the council asked me to step in and to become the Acting Chief Executive and Registrar, which is what happened, and then that sort of evolved and the Council asked me to become the permanent Chief Exec in June of 2020. As you say, at that particular stage, the pandemic 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 rapid time, I think, here we are now almost approaching three years since taking the chair initially in an acting capacity, that time has gone past in an absolute blink of an eye.

Steven Bruce

Yeah, I bet it has.

Matthew Redford

But having been with the organisation for the length of time I've been there, I think that enabled that transition to work quite smoothly. It was interesting, you used the word "seamless" in your introduction, and that I have to confess that always puts me slightly on edge. And it was actually an osteopath, 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 seamless was the fact that that meant everything would crash to the floor, and that none of the direct debits would transfer across. So whenever I hear the word "seamless" if I twitch 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, many of them perhaps, are going to be fairly predictable to you. But I should also mention that, and maybe just mention 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 ask 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 GOsC knows who they are. What do we say, jeeosk, GOSC? I forgot what we agreed?

Matthew Redford

I say GOsC. Can I just pick up on that point, Steven, because I think that's a really, really important point and it's a message that I would like to get across to the profession is that, we absolutely want to hear registrants voices, we want to hear 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 or they ask something which perhaps we disagree with. I think, in many ways, as an organisation, we share very similar values actually with osteopaths, you know, we, we want to have that grown up conversation, it's about honesty, integrity, responsiveness. And so I really would say to the profession, please don't worry about asking those questions or raising those concerns and anxieties, they're absolutely valid. And we're not a staff team getting up each day thinking, how can we make the lives of osteopaths more difficult? So we're certainly not going to be taking action against anybody that asks a challenging question, far from it. So I hope people do feel assured by that and do 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 Ana 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 into little groups. We'll try and get questions to Sheleen out away out of the way first of all, of course, because she, poor thing, is struggling with COVID and needs to leave early. Sheleen, when people complain to me about the fitness to practise process, I kind of liken it to the magistrate's court. Because everyone says that the GOsC is paying a barrister to prosecute osteopaths and so on. But that surely is no different 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 appearing in the court any more than the GOsC hates 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 practise are 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. 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 to practise 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 practise process.

Steven Bruce

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 GOsC 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 GOsC is actually persecuting osteopaths. And of course, you're not, you're simply providing the mechanism for that fitness to practise examination to take place.

Sheleen McCormack

Yes, that's right. And if I may also add, we recognise that any investigation into a professional's fitness to practise 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 and it's a clinical case, but also for the registrant, so the registrant who's under investigation can also access the independent support service. It's independent, which means that whilst we fund it 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 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 and fitness to practise processes, which is about half of our concerns don't actually go to hearing to be determined before the Professional Conduct Committee. So those matters can be closed under the threshold criteria or under the initial 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 a 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 when they're 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 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 hearing is around 65 weeks. That is lengthy, but one does need to compare it to fitness to practise 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 Council. That's not to say that the wait 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 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 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 had 46 cases that went as far as the PCC last year. Was it 46?

Sheleen McCormack

It was around that, yes.

Matthew Redford

Yeah. So we received 75 concerns in total.

Steven Bruce

Are these ones that got past the screener?

Matthew Redford

No, these were concerns that come through. There were 49 cases that were taken through to the Investigating Committee stage, and then things that are considered. I think, what Sheleen's articulating is that those median times, they're quite challenging. Now we could, and this isn't something that either us a senior management team or council, we could extend those median times and say, well, aren't we doing fantastic? But actually, that 26-week period is actually quite a difficult time and target to meet for the team. There's a number of different things that the team would have to 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 a 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 a misconception that can sometimes

happen. There are 26 members of staff within the GOsC as a whole. I think sometimes there's an expectation that actually we're much larger than we actually are in comparison to some of the others. So, again, we have to balance out our level of resource, time capacity, as well that's a factor that has to come into play.

Steven Bruce

There's a lengthy observation that's been sent in here, Sheleen, and I'll try and cut this down. It's about an osteopath who had to go to a five-day hearing at GOsC. 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 passed and so on and all the rest, and eventually it was thrown out. But I guess 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 GOsC taking action, so you mean, against the witness who's brought the concern to our attention? Is that what you're saying?

Steven Bruce

Is there any Avenue at all for the registrant? If someone makes a vexatious complaint, what can you do about it? You just 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 practise 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 Council, 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 it's likely, and I can't comment on individual cases I'm sure 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 sort of goes back to one of your earlier questions, why does it takes so long? Well, we actually do all of the investigations ourselves. 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, the 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 also mentioned in your example, may actually be found 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 found proved, then the case will be found not proved, and will be closed without any effect on the osteopath, the registrant involved.

Steven Bruce

I understand that there's no disciplinary consequence, but certainly, another person who sent in an observation yesterday or earlier today, was saying that actually they'd had to take time off after this whole process, because they were just so blown out by the whole affair that they couldn't work.

Matthew Redford

If I may, at that stage, and I think that's where Sheleen sort of touched upon the independent support service, that mechanism that we've sort of introduced. I think that's really critical to...

Steven Bruce

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

Matthew Redford

And I think around fitness to practise, but also around other aspects of our work, one of the things that we're keen to do and we're looking to do is to mythbust in many ways, and actually raise awareness of these particular systems that we have in place. I think it's really important to recognise that when we talk about fitness to practise process, 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 are separate from us, as a Sheleen said, we're not involved in terms of those sort of conversations. So anything that's said is completely confidential, separate from us as an organisation. That has to be the right thing. The other point I'd like to raise and it's something which we've picked up through our equality, diversity and inclusion work that we've been doing over the last few years, is actually to 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 communications, e-bulletins, to actually signpost and raise awareness of where individuals can access mental health support.

Steven Bruce

It's a fact of life, isn't it, that most osteopaths, like most other healthcare practitioners, are a soft and compassionate bunch of people. It's not the SAS 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'll have to read them as they are. Should the GOsC 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 GOsC? Who polices the police in this case? It appears that the PSA only have a role to play only for patients who feel

the regulator has not performed their role adequately. What about the registrants, where can they go? That's quite a convoluted statement or question there, isn't it?

Matthew Redford

So Sheleen, shall I kick off and then if you want you to come in, please do so. So I think in terms of cases that go forward, 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.

Steven Bruce

I 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 at first, but unlike the General Chiropractic Council, it does go to a screener, which they can't do because they didn't write their rules in the same way that we wrote ours. Is that the case?

Matthew Redford

So in terms of that process, you're right, it goes to a screener, the screener will look as to whether that should be...

Steven Bruce

And that screener could be an osteopath or a layperson?

Matthew Redford

Sheleen, that screener starts off as a lay individual?

Sheleen McCormack

They're an osteopath.

Matthew Redford

An osteopath, there we go,

Steven Bruce

Ah, there's a list of screeners on your annual report. I thought some of them are laypeople.

Sheleen McCormack

Some of them are laypeople, Steven. And the process is if an 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 ensure that sort of quality assurance mechanism, that cases aren't being closed early in the process and inappropriately. So that's the mechanism to ensure that they both agree.

Steven Bruce

Interestingly though, Sheleen, 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 did it take two years for this particular individual on my list to get a case dismissed by the screener? It 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

What's the average turnaround on screening, then?

Sheleen McCormack

The average is nine weeks.

Steven Bruce

Nine weeks. 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

Steven, if I may, just in terms of the second part.

Steven Bruce

There's lots and lots of these coming through here.

Matthew Redford

There was a question about the Professional Standards Authority and their particular role.

Steven Bruce

Yes. Now, you better explain who they are, because I suspect some people don't know.

Matthew Redford

Of course: the Professional Standards Authority are a body that was set up by government to effectively oversee the performance of the regulators. So the Professional Standards Authority have the opportunity to step in if they think of Professional Conduct Committee has been too lenient, in terms of a particular decision that's been issued.

Steven Bruce

Or the other way around?

Matthew Redford

Indeed, if they've got concerns, they will look at those. They will look at decisions that have been made by the Professional Conduct Committee 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 Standards Authority, is we will take that through our governance structure. So it's not just a conversation that would happen internally within the staff team, and these learning points never see the light of day. That's not the approach we take. We report 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 step in and correct that. So, again, I think the point I'm trying 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, 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 Council 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 extract from that, if I may, Steven. So I'll take the second point first, 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 binds our hands in many ways.

Steven Bruce

So are you talking about changing the act or the rules?

Matthew Redford

We would like to change the the underpinning rules.

Steven Bruce

And again, perhaps you might just explain what the difference between the Act and the rules is. The Act, the Chiropractors and the Osteopaths Act, both identical in wording apart from the title itself. The rules are?

Matthew Redford

The underpinning rules effectively set out how we operate across a range of different areas. So there are underpinning 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

But any changes have to be approved by Parliament?

Matthew Redford

Absolutely.

Steven Bruce

So that's difficult?

Matthew Redford

That is an incredibly long and arduous process. Now, given everything that Parliament are dealing with at the moment, the chances of quick reform 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 point, 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 this impact on a large number of people. And I just want to just sort of take a step back a second and just think about that, because I think I'm not downplaying the impact this has on people. I'm not doing that in the slightest, because we absolutely recognise that there is a significant personal impact of somebody going through a fitness to practise process. The number of complaints that we receive, equates to less than 1% of the profession a 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 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 are 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 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 pandemic impact, we have to recognise that. But even before that there was a reduction in the concerns and complaints.

Steven Bruce

I'm just leafing through your annual report, obviously, this is 2020-2021, I don't know when 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 a concern. That is something that we've seen. So overall, we've seen the number of concerns reduce, I think it was 103 against a seven year mean of 153. So we've seen that come down, 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 sexual impropriety. And so what we've done is there are a number of actions that we've taken as a team in order to try and 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 concerns within a range of different clinical settings. They were produced by Steven Bettles and Fiona as well. And those particular scenarios were publicised, communicated, and we've had lots of really interesting conversations with osteopaths 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 interesting piece of work. And there'll be a report which will be published a little bit later on this year.

Steven Bruce

We've got a few minutes more of Sheleen's time, so I've got a little bit more fitness to practise before we move on. I finally found the chart that I was looking for in the Annual Report, which is, this is the year where there were 78 concerns raised, of which 46 were made formal. And of those 18 were referred to the Professional Conduct Committee. So that's they've been taken seriously by the Investigating Committee. Sorry, I'm not explaining this to you, I know you know this process. And 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 get to 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. I don't know if those other two actually were resolved or whether they were still under review at the time.

Matthew Redford

So with the nature of the process that's going through, because at the time that things take, there's not always that linear, if something started in this year it concludes in that year. I think with those most serious cases where removal is the sanction that's imposed, that's not something that the Professional Conduct Committee will take lightly. So we are talking about the most serious cases, we're potentially talking about sort of cases where there have been those crossing of boundaries and inappropriate behaviour that's taken place. I think the point that I would also flag up is that the Professional Conduct Committee and the Investigating Committee, and you did allude to this a little bit earlier on, those are independent committees from the council, made up of osteopaths and lay members. So you've got that 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? I know there's always one lay member, isn't there?

Matthew Redford

So the three person panel, it's two lay, one osteopath.

Steven Bruce

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, Sheleen, and it's, dare I say it, it's about complaining against the General Osteopathic Council. What is the process for making a complaint against the GOsC and what are the grounds on which one might make that complaint? Presumably, so the PSA. Did we get that right? And could you outline how one would make a freedom of information request to GOsC and on what grounds would you withhold information?

Matthew Redford

Steven, I'm happy to kick off on on that, if I may, because I think that's in terms of corporate complaints effectively, I think 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 just have to be sort of fitness to practise, it can be any aspect of our work, there's a corporate complaints part of our website, an individual can make an online submission, and that will come through. Alternatively, they can email or write in and those corporate complaints come through to me. So as the Chief Executive and Registrar, I take all of those really seriously and look at the look at 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. That's Dr. Bill Gunnyeon. He's also a General Medical Council registrant as well. So he absolutely sees and recognises the impact of regulation on healthcare professionals. So that's one particular avenue to the corporate compliance process.

Steven Bruce

Would you say he's independent?

Matthew Redford

Oh, absolutely.

Steven Bruce

But you pay him 27,000 a year.

Matthew Redford

Every regulator pays their council members annual honorariums. Those individuals are providing their time to the organisation, I think it's absolutely right and appropriate that individuals are paid for their time. In terms of the fees that we pay, we do benchmark those against the other healthcare regulators, we are not at the higher end of the scale in the slightest. So I think we are using registrants fees really carefully and prudently in that respect. With regards to complaint to the Professional Standards Authority, an individual can reach out to the PSA directly, they don't need to come through the General Osteopathic Council in order to access 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 those are sort of two particular paths that the individual, if they wanted to raise a complaint, they can follow.

Steven Bruce

I'm sorry to interrupt, you just said that anyone can reach out to the PSA. Some of the criticisms that I have received over the last week or so about GOsC, and sadly, most of the feedback one gets when

running a show like this 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 they 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 a decision, it could be an individual not thinking we followed due process or that we've taken an unreasonable decision. Again, I wouldn't want to just narrow this towards fitness to practise because this could be this either, I think it's a wider...

Steven Bruce

Sheleen has her hand up, so she either needs to leave the room or she has something to say.

Sheleen McCormack

Both actually. So if I may, I am conscious that I do need to leave, 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 try 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.

Steven Bruce

Sheleen, 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 practise, I hope Matthew will pass them on later.

Sheleen McCormack

Thank you very much, thank you for having me. Take care.

Steven Bruce

Now we put Fiona on the spot, I guess. Personally, my own experience of fitness to practise was, first of all, I mean, you've got no choice but to respond. It's a legal responsibility to respond to fitness to practise request, and you have to do it within 30 days, is it?

Matthew Redford

There's a time limit, yeah.

Steven Bruce

There's a time limit. But of course, you don't have to do very much 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 certainly aren't required to breach GDPR regulations about people's identity and privacy and so on. Something you mentioned earlier on: you said the Institute of Osteopathy is our professional body. And the only reason I mentioned this is because I know there is somebody out there, possibly more, who would say, well, they're only our professional body because they're the only organisation that has set itself up to represent osteopaths. Do they have any legal status as being the professional body for osteopathy?

Matthew Redford

I think what's helpful here, Steven, I think also as well as to try and sort articulate what the difference is between the two organisations. So in terms of the Institute of osteopathy, as you say, they are the single professional membership body within the osteopathic community. If another group of individuals wanted to set up their own different body, then they would absolutely be able to. What I would say is I think actually it benefits the profession by only having one single association.

Steven Bruce

Oh, absolutely. I feel for the chiropractors, there's four different bodies which just can't be helping them at all.

Matthew Redford

No 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 an awful lot of sense. So I think one of the things that we 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 it's always helpful to try and just separate those, those two things out. So we are a statutory healthcare regulator, we're set up under the Osteopaths Act. It's a requirement, as you well know, and as I'm sure your viewers will also understand as well, it's a requirement to be registered with us to use the title osteopath.

Steven Bruce

Oo, I've got some questions about that.

Matthew Redford

With the professional membership association, it's obviously voluntary on that particular occasion.

Steven Bruce

And of course, one is not a member of the General Osteopathic Council, you're a registrant.

Matthew Redford

Absolutely, and there is a difference there. So in terms of in terms of our role, 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 changes that the profession may want such as prescribing, as an example. That's not something that we can 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.

Matthew Redford

That's been removed, Steven.

Steven Bruce

It's on your website.

Matthew Redford

So the Osteopaths Act, there'll also be an amendment that will be contained within the legislation page as well.

Steven Bruce

Who's responsible for taking that out?

Matthew Redford

The government removed the word promote from our Act back in 2008. So if we take that step back in time, and I'm going to use the pharmacist as an example here, they had one body that was set up solely to regulate and promote the profession, and as a result of promote being removed from the Acts of all of the health care regulators that had the word contained within them...

Steven Bruce

Oh it came out of all the regulators, not just the osteopaths?

Matthew Redford

Not just the osteopaths. And so the pharmacists were actually split. So you had the General Pharmaceutical Council created as a result of that particular separation that happened. So it's not within our role to promote the profession, but it is for us to promote high standards of regulation.

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 part of your strategic plan, if I remember correctly, 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 overarching statutory remits, we are required to develop the profession. So that is contained within our overarching remit as well. So, protect the public and develop the profession.

Steven Bruce

Didn't you just say that was taken out?

Matthew Redford

No, the word promote.

Steven Bruce

Alright, okay. Sorry, 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 do in terms of development, there's a range of different activities that we undertake in terms of development of the profession. So we would 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 that a bit later on. I think also as well, we would talk about the continuing professional development scheme.

Steven Bruce

Poor old Fiona's gonna sit here saying nothing, which I think would be great waste of her time.

Matthew Redford

No, we'll say a few words about that. And I think 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 cycle. We funded the National Council for Osteopathic Research and also the International Journal of Osteopathic Medicine. Now, that corporate subscription that we 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 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, to 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 those concerns, 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 possibly are for Sheleen, but I'm sure 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 lots of questions which have come in and I'm sorry if I don't ask 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 if 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, is our enforcement policy around section 32.

Steven Bruce

Section 32 is the title?

Matthew Redford

Section 32 is the breach of title 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 demonstrate and articulate to individuals 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 is it 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, if somebody is saying, they had previously trained as an osteopath, but they're making it very clear that they are not currently working as an osteopath: that would all be considered by the fitness to practise team when they were looking at a potential breach of title. Now, one of the things that I think it's worth drawing out here is that we don't jump straight from has there been a breach to prosecution, there are a number 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 deal with at a local level.

Steven Bruce

So there were fewer letters than there were concerns?

Matthew Redford

Some concerns are more than one individual in different places. That's why the numbers are slightly different. But what I think the key point is, is that we try and deal with things at that local level, deal with them quickly and proportionately again, so we're not incurring 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 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 conversations lined up with the Institute of Osteopathy to talk specifically

about that particular matter because we recognise it's something which is causing some concern within the profession and some anxiety there.

Steven Bruce

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

Matthew Redford

So in terms of the Act, osteopathic technique is not a protected title. And 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 it's about that collective regulation and I think sometimes there's that sort of misconception that's GOsC has got all of the answers. We don't.

Steven Bruce

But also, the point I was about to make is, and 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 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 Act doesn't give you the power to intervene, you can't.

Matthew Redford

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

Steven Bruce

We better bring Fiona into the conversation, hadn't we? Fiona, sorry 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 audience today. So the new CPD scheme, why did we do it? We did it because we were required to by government, and initially we were required to do 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 developed 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 profession 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 GOsC every 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 four themes of the osteopathic practice standards, doing an objective activity, because notoriously if people try and self-assess, they either 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? Overall, what we're finding is that more than 80%, now, of osteopaths have 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, often they'll start off with a hypothetical study and actually, they'll say, oh, actually, I had a case like that or I had a case like this, and actually, that whole sort of sharing of cases and challenges and getting feedback has been really, really helpful. So overall, 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've found it difficult to do the CPD scheme, they've been unable to access the information on their website, they've not been able to find a peer, all of those sorts of things. And for those people who are struggling, I would always say, contact us, we have a lovely team of colleagues, Stacy, Rachel, Sonya. Give us a ring, drop us an email, let us give you a ring back and actually 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 actually I quite like most aspects of the new CPD scheme, I think there are lots of benefits in it over the previous scheme. One of the questions which came in is: why the hell does no one ever get an answer from the GOsC 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 GOsC.

Fiona Browne

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

Fiona Browne

I was just going to 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 I've had calls through from people to my mobile saying, I can't get through on the main line. And all I can say is that sometimes if I'm not next to my phone or not at my laptop, sometimes 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 email us, say, please call me at this time, or, contact another colleague to ask us to get in touch. Leave a message on our social, on Facebook or Twitter, and we will get back to you. We really want to hear from you.

Steven Bruce

I think people are gonna find that really reassuring. And, as I say, I'm only bringing up what has been sent through to me on the questions. I've been asked 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. People really, really like them. They might just be listening to other people's cases, but we learn something from all of that. But it leads me on to, may I air a personal gripe, Fiona?

Fiona Browne

Of course.

Steven Bruce

Under the old system, I always hated filling in that silly little box on the o zone that said, you've got to write 100 characters about this piece of CPD that you're claiming for 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 do CPD, sometimes. 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, Deborah Smith, around simple little questions that you can ask yourself, just do a simple sentence under each of those: what did I do? So what, what's the implication of it? And what will I do next? And in some of those cases, it can literally be just a bullet. We're not after necessarily 100 characters, what we're after is just helping the osteopath to think through actively that they have done something, why did they do it and what difference is it made? So it doesn't need to be an essay.

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. If you were to say, where are the journals that say that.

Steven Bruce

Damn, you anticipated my next line.

Fiona Browne

Yeah, I agree that the evidence base around reflection is relatively limited. But we say and we've seen this, if I may, in the previous iterations of the CPD scheme, what we used to see was people going on to courses, if they're manual, great, if they were sort of stuck, 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. I 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. I find that difficult when I'm doing my own learning sometimes, to think well, 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 Fiona was saying there. And I think it's different horses for different courses sometimes. So, I'm an accountant by background, and I apologise to everybody for that straightaway, but I have to undertake my own CPD for the professional bodies that I'm registered with, and actually having that opportunity to sit back and think and challenge myself in that way in terms of, well, as Fiona was saying, the so what? I think that personally, I find that quite helpful.

Steven Bruce

Can I just interrupt? 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.

Matthew Redford

Technology, it always happens. And I recall being at a student presentation, and we had a break partway through. And we started the second half of the presentation by saying this is always the the quicker half, pressed the slide button, and it jumped straight to the end and said, Thank you for coming. So there we go, it's definitely faster.

Steven Bruce

Well, we're not gonna do that.

Matthew Redford

No, we're not gonna do that. That's for sure. But I think, in terms of that reflection piece, I think there are benefits for taking that time to think about that. And also as well, if you're having that conversation then with your peer, two and a half years down the line, being able to look back and think about that particular course, recall what that particular learning was at that stage, that's helpful also for that 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 leave it at that, because I understand that the evidence base doesn't exist necessarily for educational policies or

practices to the same extent. I think, 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. 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 kinds of concerns. They can cause real harm both for patients and also for osteopaths, 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 D2 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 osteopaths, to support patients, to establish and maintain safe boundaries. So there'll be a lot on that this year. Boundaries comes under theme D, professionalism, but it's also an integral part of communication and consent.

Steven Bruce

Coincidentally, somebody called me yesterday, I think, on just that issue. A patient had complained to the principal of the practice, not complained, had observed to the principal of the practice that they hadn't 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, what should we do about this? And 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- Sorry, Fiona, please.

Fiona Browne

I was just going to say in relation to that, Steve, absolutely I support what you what you said there and that's exactly what the Osteopathic Practice Standards say. If something's gone wrong, osteopaths should take action, but doesn't mean necessarily report to GOsC and in fact, we would really encourage, especially in aspects of miscommunication, for osteopaths to feel comfortable to give that feedback to others and for osteopath to feel comfortable to receive that feedback.

Steven Bruce

It's very hard though, isn't it?

Fiona Browne

Well, 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. 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, if there is a concern that an osteopath is behaving inappropriately towards a patient, particularly around breaches of boundaries that are 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. I've been asked, are you happy to receive all the CPD hours done through APM and no other source? Oh, well I have a personal interest in this question. There are lots of people who are members of my academy, who might do all their CPD through us. I tell people when they ask me this question, if you cover all of the things that are set out in the CPD regulations, 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 actually, it's not us that would make that determination. It's for the osteopath to have that conversation with their peer. 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 peer would be saying, okay, so you're an educator for 20% of your time, what CPD have you done in education, as well as in your clinical work? But you're absolutely right, as long as they've covered all of those aspects, that would be okay from our perspective, but it would be about the conversation with the peer and actually justifying that with the peer and getting some feedback from that peer as well.

Steven Bruce

But that said, you're going to randomly review a percentage of those peer reviews and of the ones that you randomly review you'll select some of them for more detailed audit. And when the peer, who's also a member of my academy, reviews 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

Sorry I briefly lost my mouse there and I couldn't see it on the screen, but I've found it again. There's absolutely no problem with two peers reviewing each other at this stage, it's not an exam to be passed.

Steven Bruce

No, that wasn't the question. It was just if the peer 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 rule that says you can't have CPD all from one source, Steve, just to reassure you.

Steven Bruce

I tell you what, Fiona, we go to extraordinary lengths here to find really diverse, varied 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 I'd be delighted, if you thought there was some flaw in what we were offering, I'd be delighted if you'd get in touch and say no, you can't do this. You shouldn't do that. Do something else.

Fiona Browne

I think, Steven, the point that I would make in terms of the example you were providing, osteopaths are professionals. And I'm absolutely convinced that osteopaths are not going to try and defraud or sort of cook up CPD in order to sort of satisfy this. So in terms of that example, I know that there would be an honest conversation between a member of your academy, who has undertaken the CPD, 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 looking at the CPD and as Fiona said, there wouldn't be a problem or a concern. We wouldn't come knocking on somebody's door saying, well, actually, yes, you've met all of the CPD requirements that you were meant to meet, but actually, we expected you to go and find that from four different sources. That wouldn't be a conversation we'd be having with people.

Steven Bruce

Well, effectively the sources are different. I happen to host the conversation, but 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 out of my mind because I was talking about that, it was concerning CPD. I'll have to come back to that one. Could we just move away from CPD, we've not got that long 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, are we getting value for money?

Matthew Redford

So I think fees is always a perennial question that crops up. And my response to value for money is to say that we've tried to articulate our value for money under what we refer to as a value proposition, and there are three 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 ensuring that we have robust governance in place. So in many ways that aligns and plays to our overarching statutory 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 a fifth of our resources, 20% or just over 20% are spent on developing the profession.

Steven Bruce

Which is through in Encore...

Steven Bruce

How does that compare to the HCPC?

Matthew Redford

Encore, IJOM, our communication activities, research that's undertaken through a range of different resources that are continuing professional development scheme, that that would sort of fall under that particular heading. And then the balance is spent on the governance and 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 arises and crops up. And again, I think it's worth just sort of taking that step back and thinking where we are in terms 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.

Matthew Redford

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 General 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 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 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 the Council absolutely recognises the cost of regulation and the fact that we need to ensure that we're getting the biggest bang for the buck, 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 plans to increase registration fees in the current year, and we would certainly not want to pass on any inflationary costs to the profession, you know, we're really keen to ensure that the cost of regulation is as low as it can be 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.

Matthew Redford

We always do our council in July.

Steven Bruce

Your income went down to a total of roughly six registrants' fees, 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, where were these debtors?

Matthew Redford

So what that is, it's a boring accounting concept, but actually, what this relates to is, so back 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...

Steven Bruce

Did you try?

Matthew Redford

Our legislation simply doesn't allow for that to happen.

Steven Bruce

It was an extraordinary period where all sorts of extraordinary things happened.

Matthew Redford

It was.

Steven Bruce

Was there not any approach to Parliament to say, look, can we because I mean, all of the people registered with you were not working for a significant period of time, because they weren't allowed to.

Matthew Redford

So there was no prohibition placed on osteopathic practice during the course of 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 lay members, the organisation is also a charity. So they've got trustee responsibilities as well. And with our overarching responsibility being 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, Steven, I said, I think we share, you know, as an organisation and the profession, we share the same values around sort of honesty, I think, I have to be honest and say that the council looked at fees hard and carefully, but they had to balance that tension in terms of making sure the organisation was sustainable, and making sure there were resources to...

Steven Bruce

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 GOsC 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 know that I have a greater flexibility, we didn't give people a break in there for us, we reduced 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, Steven, absolutely. I appreciate that. It was an incredibly tough time for everybody.

Steven Bruce

And mental health has suffered as a result.

Matthew Redford

Indeed, across all professions, I think it's worth reflecting that, you know, GOsC didn't act in isolation in relation to registration fees, no other health care regulator reduced registration fees for their registrants during this period. In fact, the General Medical Council increased theirs.

Steven Bruce

I suspect that osteopaths don't care about that.

Matthew Redford

I suspect that that is probably the case. But I think part of that honest conversation has to be set in that context. And, you know, setting that particular 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 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 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 reverts to more sort of traditional levels.

Steven Bruce

I come back to more on that in a minute, but I'm really pleased that we've got our first video caller, 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.

Matthew Redford

Hello, Peter.

Steven Bruce

Can you unmute yourself Peter? Nope, we've still not got any audio from you. Oh, I love teams and Zoom and things like that. I don't know if anyone in the gallery can help him, we must have had audio from you a moment ago.

Fiona Browne

While Peter is unmuting, if I might just start with regards to the financial difficulties. I suppose I just wanted to highlight that we did work closely alongside the Institute of Osteopathy...

Steven Bruce

They didn't cut their fees either.

Fiona Browne

Around them, signposting government support, that wasn't obviously working and appropriate for many osteopaths. But there was that aim of signposting the support the government was providing to osteopaths as well, in recognition of the 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 ratable value. It wasn't terribly helpful for osteopaths who were associates because they couldn't claim a massive amount of the grants that were available from government. Directors couldn't claim very much because directors typically don't earn a salary of any great value. So, I understand that they did do that. But you know, 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 profession will say, well, no hang on, we were stopped from practising for a considerable period of time. We weren't allowed to practice in our clinics.

Matthew Redford

There was never a prohibition that was placed on osteopathic practice.

Steven Bruce

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

Fiona Browne

We actually, if I may, had quite a lot of pressure on us to put a prohibition out there. We had correspondence saying that 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 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 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, we had the pandemic, we had the hospital numbers, we had no vaccines, it was a very, very difficult time. And I do absolutely acknowledge that a significant proportion of osteopaths ceased to practice as did the osteopathic education institution clinics and so forth.

Steven Bruce

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

Matthew Redford

It's actually a very small number. We were concerned that there potentially may be 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 plans and to do different things, we saw, if we look at the 2020 to 21 figures, a very small decrease in the total population of osteopaths on the register. And we've seen a small increase in the

most recent year as well. So there wasn't that up and walk away from the profession. So it didn't happen. It was a risk, it was a concern.

Steven Bruce

We can't actually get the figures from the GOsC website. I mean, we can look at the accounts and see how much your income has decreased. But that doesn't really tell us how many people deregistered, only that 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 are gonna call themselves and not go through the expense and the hassle of being regulated.

Matthew Redford

So in terms of our registration numbers, 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 numbers that we have seen step away from the register, that's not been significantly different to the previous reports that we provided. So we've heard that as well. We've heard that anecdotally, that there's going to be that walkway, people changing their plans and going. That's not to say that some individuals haven't, but we've not seen that in the scale that seems to be suggested is going to happen. So we are keen to ensure that we're providing the level of support that we can provide as a regulator within the scope of our remit, in order to support the profession. So that that doesn't happen. And we've done that, as Fiona was talking earlier about the CPD resources that we provided, etc, to support individuals through 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 GOsC ceasing to exist within the next five years of us being swept up into the HCPC, the Health and Care Professions 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 GOsC 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, that conversation is emerging. Will there be merger within the next five years? There may be, but from my perspective and from the perspective of the team at GOsC and the perspective of Council, our focus is on delivering our statutory objectives and if government wants to reconfigure the sector and do things differently, then government will do. So I think what's important is that, 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.

Steven Bruce

Does it?

Matthew Redford

There's no proposals that have come forward, 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 has 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 I would say to that, is that there is the use of the times where there is that recognition and status. I think we know from the patients and 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 the credibility of an individual using a registered professional healthcare title 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 individual is regulated, therefore, they hold professional indemnity insurance, are committed to continuous learning and development.

Steven Bruce

It's interesting that it's your perspective, because the perspective of many of the professionals is that patients don't care and aren't aware about legislation and registered registration.

Matthew Redford

Well, that's 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 patients that were surveyed and responded to that said that they had great confidence in the osteopath, nine in ten individuals said that they were very satisfied, 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 the wider general public, members of the general public based on the survey are aware that osteopaths are regulated. So the flip side is that once who don't, 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 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

Yeah, 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, looking at all of the comments is the strength of feeling that everyone has in relation to GOsC and what a poor reputation you actually seem to have.

Steven Bruce

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 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 GOsC, I'd like you to reflect on those comments. You know, 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 GOsC's reputation which I can only describe from seeing the comment is quite appalling.

Steven Bruce

Thank you, Peter. 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.

Steven Bruce

Please look at the comments.

Steven Bruce

First of all, can I just say Peter, thank you for the question that you posed and for the challenge that you've thrown out, and that's one that I'm happy to absolutely accept and I know that...

Steven Bruce

It's in your strategic plan to be a reflective regulator.

Matthew Redford

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 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 question. If it's possible, if you're able to share some of those feedbacks, definitely, then very happy to receive that. 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 ask them. But 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 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 sort it out, I know that there is a big, you know, kind of pile in on various social media about all of those things. We've heard that somebody said something on social media, and then suddenly they've been verified and assured on the CPD prices, I can assure you, it is a random computer-generated thing, that is not what happens. Come and talk to me and let me help. If you're feeling bullied, we want to make things better. We're not out to bully you. We're out like you to support practice. Thank you very much.

Steven Bruce

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

Steven Bruce

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 comments, send them through to us, we're happy to respond to those, we don't want to let those questions just disappear.

Steven Bruce

I'll try and weave them down so that I'm not sending you the same question from different people in 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 GOsC itself will get.

Matthew Redford

It's been a really interesting, really interesting conversation, so 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. I hope we've got at least some way to allaying your fears and concerns about the myriad issues which fall under the GOsC's aegis. If there is anything else you'd still like cleared up, if you've already sent the questions in, I'm going to put them to Matthew and his team but sending anything else I'll get in touch and do my best to get you an answer as soon as I possibly can. And keep everyone else informed as well. Looking ahead, next Monday lunchtime I'm talking to Christina Raven in the studio here about cranial issues. We're going to be looking at joining up the dots, how one part of the body influences another and how experience influences treatment. Interesting stuff. On Wednesday evening, which is the sixth, I'm talking to Miranda Clayton, that's about neonates and their feeding difficulties. And then on the 13th, which is Wednesday at lunchtime, I've got Zoe Mundell with the third of her shows on exercises during pregnancy. Zoe was on the show a number of times during COVID, so this is a welcome return to Zoe. The evening of Tuesday, the 19th I've got a doubleheader in the studio, I've got the wonderful Claire Minshull who's joining me, along with Nikki Scott, and it's gonna be fascinating. Claire is a brilliant strength

and conditioning coach, Nikki has a huge amount of experience in postnatal fitness, amongst other things, and we're going to be talking about hypopressive breathing, which I knew nothing about until today, psychology rehab and a whole host of other issues. So do join us for that if you can. And then Thursday, the 21st of July is our last broadcast before we have a summer break here. I've got a lunchtime show dealing with communication and consent, tick the box, and that will be with the very popular Sandra Harding. One last thing, we've got two online first aid courses coming up. The first is a standard first aid in the clinic day, which is on Saturday, July the 23rd. It's online, but we will be having some people in the studio so you can join us either way, the cost is the same. The next is on the following day, which is Sunday the 24th. And we're running a four-hour mental health essentials course. We've got places available on that as well. And we're actually, as I said, including a small number of people in the studio for the first course only, not for the second one. If you're interested, check out the website under all things CPD or just drop us a line. The second course, the mental health course is not yet available online because basically I haven't had the time to write the webpage, but that'll happen soon. Anyway, that's it for this evening. I really hope you've enjoyed the show. See you next Monday. Good night.