

Interview with GOsC Chief Executive Officer Tim Walker

First broadcast on 14th January 2015

About Tim Walker:

- Previously Public Affairs and Communications at the GMC. Comms role meant involvement in many aspects of the business. Great similarities between GMC and GOsC.
- Special Adviser at The Cabinet Office, involved with “Better Regulation Unit”.
- Aim at GOsC: develop ways in which the changing profession can relate to changing society.

Governmental perception of osteopathy:

- Osteopathy perceived as complementary/alternative: makes it difficult to get voice heard.
- Changing models of healthcare delivery indicate osteopathy should have a greater influence.
- Not GOsC’s role to deliver this, but can work with the profession to achieve it.

GOsC Role

- GOsC is overseen by the Professional Standards Authority, and is accountable to parliament, not to government. PSA conducts an annual performance review of all regulators, and scrutinise fitness to practice procedures. Reports are available on their website.
- Original aims: to develop, regulate and promote osteopathy.
- “Promote” removed from the Act, as closeness between regulators and professions seen to be inappropriate.
- GOsC now acts primarily in patients interests – it cannot promote osteopathy actively but it can (and does) educate the public through its website, leaflets etc.
- When members in trouble, iO represents, GOsC takes action – but this is only a tiny proportion of osteopaths.
- Also, interests of patients and practitioners closely aligned.
- Do the public care about/are they aware of GOsC?
 - Public unlikely to have any awareness about detailed regulation
 - Likely to care a lot that regulation exists (polling supports this)
 - Do want to know that insurance is enforced, that there is a complaints mechanism etc
 - Yougov poll indicates quite high awareness of regulation
- It is possible that in future (possibly next parliament) Osteopaths Act will be repealed and replaced with a single act governing multiple professions – but the individual councils will remain. Aim would be to achieve greater consistency.

CPD

- **Is online training acceptable?**

- GOsC unwilling to go down route of CPD accreditation (as some bodies do)
- Accreditation restricts practitioners to “course-based” CPD
- Profession is small, unevenly spread – burden would therefore be unequal
- Courses would undermine role of regional groups, informal learning, book/reflective learning
- Would also discourage innovation (such as online learning)
- CPD should not be about GOsC prescribing – should be about osteopaths applying their professional judgement: time spent listening to and interacting with, speakers online is acceptable “Learning With Others”, but the critical thing is: did you get anything useful from it?

- **Quality Control:**

- 20% online submissions are audited annually (random selection, unless concerns remain from previous year). Feedback is provided – aim is to be helpful.
- From that 20%, 100 folders are selected for closer scrutiny
- Evidence is that compliance is high
- If an individual is unable to comply (personal crisis, perhaps) or fails to meet the requirement for other reasons, action will depend on circumstances.
- For future structure of CPD, auditing will continue, aim will remain to find evidence of compliance, not to suspend osteopaths from the register.
- Refreshing skills can be acceptable, even if the skills are not new – needs critical “self-awareness”.
- Perfectly acceptable to call the council in advance to check that a planned activity meets their CPD requirements.

- **Future Developments in CPD (aka “Revalidation”):**

- 2011 GOsC was directed to find a mechanism of CPD which contributed to the *quality and safety of practice*
- GMC uses the term “Revalidation”
- Revalidation scheme was piloted in 2011 and gave useful results, but the model was too complicated.
- New model is simply called “CPD”, and is the result of extensive work with 4 separate groups of osteopaths
- Consultation document to be presented Feb 2015. Likely to be in place in 2016 with early-adopters, then rolled out more generally. Not intended to be onerous. In outline:
 - * Core remains unchanged: 30 hours annually (15 “Learning With Others”)
 - * Extend CPD cycle from 1 year to 3, with some element of “carry-over”.
 - * Expect to see a breadth of CPD across the 4 standards areas:

➤ Communication and Patient Partnership – evident that there is a

problem for many osteopaths in this area. Skills here can degrade – practitioners can become blasé. Consent issues can be simply about poor communication. GOsC does NOT advise having consent forms for general consultations (except invasive techniques), because while they can be helpful, they are not sufficient in a consenting process. It's a continuous process – a conversation.

- Knowledge, Skills and Performance – the traditionally popular CPD (courses)
- Safety and Quality in Practice
- Professionalism

* Significant Changes:

- Requirement to conduct a form of “Objective Feedback Activity”: could be patient questionnaire, clinical audit, observation by/of others with objective feedback. What's critical is how you make use of the information. Eg one group has found that patients have reported that they did not feel sufficiently in control of what was being done. Patient feedback forms are already available from the website.
- Sign-off mechanism: peer discussion/review (probably about 60 – 90 minutes over the 3 year period). Osteopaths will consult with a colleague (could be any healthcare professional) to evaluate their CPD, and work out how they have changed practice. Can be done 1-1 or as a group. Aim is not to be a pass/fail system. Example feedback forms will be downloadable.

The Complaints Process

- Processes are in place to protect the public and are quite legalistic – can appear quite scary
- Numbers involved are small: 35 complaints to GOsC is the most in any single year
- Of the 35, 27 went to hearing. Only 3 osteopaths removed from register – serious criminal offences or completely inappropriate behavior.
- Mostly, practitioners are not suspended automatically, unless concerns around protection of the public exist. Severe mental health problems, sexual allegations are among the possibilities.
- If subject to an interim suspension order, process may take up to 12 months. Currently much quicker.
- GOsC are not the decision makers at hearings – panel is independent, albeit appointed by Council.
- In the event that a complaint is received, GOsC contacts both practitioner (immediately) and complainant. GOsC has a legal duty then to investigate.
- A complaint raised to the NHS regarding a treatment within that system would lead to communication between NHS and GOsC. Precise handling of complaint would depend on circumstances.

Grievances Against GOsC

- A procedure is in place
- No staff in GOsC are osteopaths, but they are well aware of nature of the profession.

- Complaints can be made to GOsC directly, or to Professional Standards Authority.

Fees

- Would it be cheaper if Osteopathy House were outside the M25? Is it vanity to be in central London? Building is owned by GOsC, may be more difficult to recruit quality staff. Cost of moving would be high. Cost of hearings would increase.
- But fees have anyway decreased by 25% over last 3 years (only regulator to do so).

Other Issues Covered

- Marketing: what do we do about other professions advertising within the Osteopaths section of Yell, for example?
 - Should not be happening – merits a complaint to Yell, possibly involving the iO.
 - But Yell is largely insignificant these days, so it may not be worth the effort
 - GOsC has raised concerns at other professions using osteopathy as a key word for Google searches
- Describing oneself: when asked what we do, perhaps it is useful to describe just that, rather than say “I’m an osteopath”. Saying that we help people in pain is a conversation-starter.