



Council
4 February 2016
International Activities

Classification	Public
Purpose	For decision
Issue	A review of the strategic rationale for the GOsC's international activities.
Recommendation	To agree the future approach to international activities set out at paragraph 37 of the paper.
Financial and resourcing implications	There will be a small cost saving to the relinquishment of the FORE secretariat which will release additional resource for other communication and engagement activities.
Equality and diversity implications	None
Communications implications	Discussions with FORE members about the future of the secretariat have already commenced.
Annex	Countries around the world where UK osteopaths practise
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Background

1. Since its establishment the GOsC has been active in international fora and has been involved in a wide range of international activities, which have both contributed to our own work and supported the development of osteopathic regulation more widely.
2. In the early days of the GOsC this was seen as an integral part of a mission to promote osteopathy and osteopathic regulation, particularly in Europe, and each year Council has received an update on international activities. However, there has been little discussion more recently about the strategic or operational purpose behind these activities.
3. This paper outlines what the Executive considers should be the rationale for our international activities, provides an overview of current activities and outlines the proposed future direction of these activities.

Discussion

What should be the rationale for our international activity?

4. It is important that our international activities reflect our corporate priorities, which in summary are:

'To fulfil our statutory duty to protect public and patient safety through targeted and effective regulation, working actively and in partnership with others to ensure a high quality of patient experience and of osteopathic practice.

 - a. To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity
 - b. To encourage and facilitate continuous improvement in the quality of osteopathic healthcare
 - c. To use our resources efficiently and effectively, while adapting and responding to change in the external environment.'
5. This would suggest that in relation to international activities, our priorities should be:
 - a. Ensuring that our registration and fitness to practise processes are effective in protecting the public, including anticipating and responding to relevant legal and social changes in the UK and overseas.
 - b. Learning from best practice in regulation (both osteopathic and non-osteopathic) from around the world to support the GOsC's work.
 - c. Providing information (or signposting information) of relevance for encouraging the quality of osteopathy in the UK.

d. Ensuring that any international-related activity is proportionate and cost-effective.

6. Current activities in each of these areas are considered in more detail below.

Non-UK qualified registrants

7. The GOsC registers a small number of non-UK graduates each year and the number on the Register (at 31 December 2015) was 41. The numbers are contained in the table below.

Country	Number of registrants	
France	13	Statutorily regulated
Australia	13	Statutorily regulated
Italy	8	
Portugal	3	Statutorily regulated
New Zealand	2	Statutorily regulated
Republic of Ireland	1	
Spain	1	
Total	41	

8. However, of those 41 registrants only 24 have a current practising address in the UK meaning that as at 31 December 2015 just 0.5% of UK-based registrants hold overseas qualifications.

9. Registration assessment activity for both EEA and non-EEA applicants is an increasing and disproportionately expensive aspect of our work and our expenditure. The non-staff budget in 2015-16 for registration assessments is approximately £60k (2.1% of total expenditure) which includes the costs of maintaining the pool of registration assessors (including training and appraisal) as well as the assessments themselves. There is also provision for any appeals against registration decisions.

10. Aspects of the registration assessment processes for EEA applicants have been reviewed and streamlined recently as a requirement of the amended European Directive on the recognition of professional qualifications (2013/55/EU), which came into force on 18 January 2016.

11. We have arrangements in place to exchange information in relation to registration and fitness to practise matters with other regulators around the world. This includes the new 'IMI' system mandated by the European Directive.

12. In 2010 the GOsC signed a memorandum of understanding with the Osteopathy Board of Australia (OBA) and the Osteopathic Council of New Zealand (OCNZ) with a view to developing a more streamlined model for registration with the GOsC for graduates in these countries which have regulation. While the OBA and OCNZ have implemented such an approach, to date the GOsC has not.

GOsC registrants practising outside the UK

13. There is a significant number of GOsC registrants practising overseas. At 31 December 2015 we had 437 registrants based overseas (8.6% of the total). The table at the Annex shows the 58 countries and other territories where UK registrants practise or are based.
14. While this is an important source of income for the GOsC, there is no other practical benefit for us in them being on the Register. A proportion of the individuals on the Register who are overseas appear to maintain registration as a badge of professional standing. But their presence could generate serious practical difficulties for the GOsC should a complaint be made against any of them. However, our legislation requires us to register anyone who is appropriately qualified and seeks registration, and the registration rules make specific reference to an overseas list.
15. The development of regulation in some of these countries might be expected to reduce the number of overseas-based GOsC registrants (and the risks outlined above) but this is by no means certain given the numbers of individuals who retain their GOsC registration despite their being statutory regulation in the countries where they practise.
16. In the last two years we have concluded memoranda of understanding with the Gibraltar and Isle of Man governments who now, as a result of their own domestic legislation, require osteopaths within their jurisdiction to be registered with the GOsC.

Learning from best practice/collaborative working – UK-based activities

Alliance of UK Health Regulators on Europe (AURE)

17. AURE is comprised of nine of the UK health and social care regulators. It is a network that facilitates cross-regulator collaboration to discuss European developments, develop common positions, and jointly respond to EU proposals and consultations. The General Medical Council (GMC) maintains the secretariat of AURE and covers its running costs.
18. AURE meets regularly and the GOsC is active in its discussions and activities. It is both a useful and influential body which enjoys close contact with Department of Health (England) and Department Business Innovation and Skills officials and works well as a conduit to government on European issues. Costs to the GOsC comprise staff preparation and attendance time.

Healthcare Professionals Crossing Borders (HPCB)

19. HPCB is a GMC initiative, which is an informal partnership of professional healthcare regulators from within Europe that works collaboratively on a range of regulatory issues.
20. HPCB is relatively inactive at present (although a major conference is planned in late 2016); it publishes a regular newsletter but has not held a meeting since 2013. The secretariat is held by the GMC and there is no cost for our involvement other than staff preparation and attendance time.

Learning from best practice/collaborative working – international activities

Forum for Osteopathic Regulation in Europe (FORE)

21. The GOsC initiated FORE in 2005 as a means of building a dialogue with our European colleagues and encouraging the spread of regulation within Europe. FORE has members from 18 countries all of whom, with the exception of the GOsC, are voluntary registers or professional associations rather than competent authorities.
22. FORE tends to meet twice yearly in different parts of the EU. The secretariat for FORE is provided by the GOsC. While in its early days this was paid for by the GOsC, since 2012 the costs of the secretariat have been paid for by FORE members.
23. FORE has enjoyed some success with collective activities, including the development of two sets of European standards, the latest being those agreed using the CEN process. FORE made a significant contribution to identifying and promoting the CEN project as a means to develop pan-European standards. While regulation has advanced in some countries it is more difficult to determine the level of influence of FORE in this, although undoubtedly FORE has been able to provide valuable advice and assistance to some of those involved.
24. The GOsC has had a long-held position that there should be a merger between FORE and the European Federation of Osteopaths (EFO) into a new unified European osteopathic organisation. EFO consists mainly of professional associations and there are a number of organisations that are members of both FORE and EFO. Merger has been subject to a number of discussions within and between FORE and EFO but these have not yet borne fruit.
25. The GOsC pays the largest contribution to the costs of FORE at around €8,500 per annum.

Osteopathic International Alliance (OIA)

26. The GOsC has been a member of the OIA since at least 2008. The OIA is the only global body that brings together osteopathic organisations in a single forum, whether regulators, schools or professional associations. The OIA also encompasses osteopathic physicians (the secretariat is run by the American

Osteopathic Association). The OIA is our primary point of contact with the global osteopathic community and an important forum for keeping in touch with a wide range of professional activities.

27. Initially the GOsC was a full member of the OIA, but once the Institute of Osteopathy (iO) joined it was felt more appropriate that the GOsC should be a partner member as we are not a representative body for osteopaths. At the same time the GOsC relinquished its place on the OIA Board. Other UK involvement includes Charles Hunt (BSO) and Stephen Hartshorn (iO) sitting on the OIA Board and Professor Dawn Carnes (NCOR) chairing the OIA's research forum.
28. We have made a significant contribution to the OIA in recent years including through the establishment of a regulation forum, contributing to the production of a report on global osteopathy and by brokering a subscription deal for the International Journal of Osteopathic Medicine for OIA members.
29. Our subscription to OIA is \$500 US although attendance at the annual conference, particularly when this is outside Europe, adds significantly to the cost of involvement.

Australasia

30. We enjoy good relations with the Australasian Osteopathic Accreditation Council (AOAC), Osteopathic Board of Australia (OBA) and the Osteopathic Council of New Zealand and have had informal meetings with them in the margins of OIA meetings and also when their staff members have visited the UK.
31. More recently we have sought to make our relationships more formal including seeking to agree a new, wider MoU and holding bi-annual telephone conference calls, the most recent of which was on 20 January 2016.

Other countries

32. We have sporadic contact with osteopaths in other countries, for example Brazilian osteopaths visited us to discuss involvement in the Olympics following London 2012 and in advance of Rio 2016, and we have also met with government representatives from Nigeria, Malaysia and elsewhere.

Other international organisations

33. There are a number of other international organisations with whom we have had more sporadic contact – mainly through attending or speaking at conferences – without holding formal membership. These include the International Association of Medical Regulatory Authorities, the Council on Licensure, Enforcement and Regulation and the Association for Medical Education in Europe. The benefits of this level of participation enables us to ensure that we keep an outward focus on our policy development and thinking based on cross-profession approaches to regulation, patient safety, behaviour and cultural change.

Providing information for osteopaths

34. The GOsC receives regular requests for information from registrants about practising overseas and we provide some information in this regard on our website and the **o** zone. However, this activity is peripheral to any of our statutory duties.
35. We have been leading an Osteopathic Development Group (ODG) project (comprising all the key osteopathic organisations) which has assembled a wider web-based resource for UK osteopaths to be able to easily access information about osteopathy around the world, including education and training, regulation and research.
36. The website is now live and can be found at: <http://www.osteopathic-development-group.org.uk/>. It is intended that this resource will be kept up to date by the ODG partners with less reliance on the GOsC as the primary source of information for the profession about osteopathy internationally.

Future direction

37. Having reviewed the activities in which we are involved and considering the priorities set out at paragraph 5, the Executive's proposed future approach is set out as follows:
 - a. Our priority should be ensuring that our international activities around registration, information sharing and fitness to practise are focused on the protection of the public.
 - b. We should seek to develop more formal links with other EEA competent authorities to ensure that there is effective joint working where required as well as exchange of information. Based on the information the table at paragraph 7, our priorities should be France and Portugal as the two regulated countries with which the UK has the largest movement of practitioners.
 - c. Now that the competent authority model for UK applicants for registration is well established in Australia and New Zealand, we should consider further whether to introduce a reciprocal arrangement. First steps in this approach are included in the 2016-17 Business Plan.
 - d. There is a need for a more comprehensive review of our international registration activities to ensure that they are proportionate, fit for purpose and cost effective. This work will commence in 2016-17 and will consider first a review of costs and charges made, followed by a review of barriers to registration and then options around a proportionate registration process including potential for outsourcing.
 - e. While we should continue to participate in a full range of international fora where appropriate, there is no compelling reason why we should continue to

hold the secretariat of FORE. Having held the secretariat for 10 years and made significant investment in its establishment, it is timely for the organisation to consider its future independent to the GOsC (including through further discussions with the EFO on merger). We should commence this process by serving notice on FORE that we will relinquish its secretariat within the next twelve months.

- f. We should continue to support the development of the ODG's new website as the core resource for osteopaths seeking to keep themselves abreast of international developments in education, regulation and practice.

Recommendation: to agree the future approach to international activities set out at paragraph 37 of the paper.

Countries around the world where UK osteopaths practise

Country	Number of registrants	Note
Republic of Ireland	57	
France	42	Statutory regulation in place
Canada	41	Statutory regulation in place in one province only (Quebec)
Australia	35	Statutory regulation in place
Spain	25	
Singapore	23	
Italy	20	
Channel Islands	16	GOSc registration mandatory
New Zealand	15	Statutory regulation in place
Portugal	14	Statutory regulation in place
USA	13	
Cyprus	12	
Germany	12	
Norway	9	
Switzerland	9	Statutory regulation in place
UAE	8	
Israel	7	
Gibraltar	6	GOSc registration mandatory
Hong Kong	6	
Isle of Man	6	GOSc registration mandatory
Malaysia	5	
Barbados	4	
Belgium	3	
Brazil	3	
Kenya	3	
Netherlands	3	
Austria	2	
Bahrain	2	
Indonesia	2	
Malta	2	Statutory regulation in place
Mauritius	2	
Qatar	2	
Sweden	2	
Thailand	2	
Argentina	1	
Brunei	1	
Bulgaria	1	
Czech Republic	1	
Denmark	1	
Egypt	1	

Annex to 11

French Polynesia	1	
Georgia	1	
Greece	1	
India	1	
Japan	1	
Latvia	1	
Liechtenstein	1	Statutory regulation in place
Mexico	1	
Nigeria	1	
Philippines	1	
Poland	1	
Saint Lucia	1	
South Africa	1	Statutory regulation in place
Sri Lanka	1	
Tasmania	1	Statutory regulation in place
Trinidad and Tobago	1	
Tunisia	1	
Uganda	1	
Total	437	