



**Council**  
**4 February 2016**  
**Corporate Strategy 2016-19**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	Agreement of the draft Corporate Strategy 2016-19
<b>Recommendation</b>	To agree the Corporate Strategy 2016-19 at the Annex.
<b>Financial and resourcing implications</b>	The Corporate Strategy will be supplemented by annual business plans which will be mapped against the resources available.
<b>Equality and diversity implications</b>	The final strategy will be mapped against our equality and diversity plan to identify areas which require detailed consideration of equality and diversity.
<b>Communications implications</b>	The Corporate Strategy will be published on the GOsC website
<b>Annex</b>	Corporate Strategy 2016-19
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## Background

1. The current Corporate Plan will come to an end in March 2016, thus a new three-year plan for 2016-19 is required.
2. Council held a strategy day on 15 April 2015 to consider the potential major themes for 2016-19. This had been preceded by a Senior Management Team away-day on 25 February 2015, which informed discussions. Council had an opportunity to discuss initial themes and activities at its meeting on 16 July 2015.
3. In addition the Education and Registration Standards Committee and Osteopathic Practice Committee considered the initial themes and activities at their meetings on 13 October 2015. An informal discussion of the same paper took place at a regular meeting with osteopathic educational institutions on 16 September 2015.
4. Council considered a draft Corporate Strategy at its meeting on 13 November 2015, the main comments on the draft were:
  - a. The need to increase professionalism in education, incorporate external best practice and increase the emphasis on research informed practice.
  - b. Further thought should be given to the order of items in the draft.
  - c. The new Council would need to take ownership of the Strategy.
  - d. The need to strengthen the role of feedback in relation to evidence/data.
  - e. The importance of stress-testing the subsequent business plan with respect to available resources.
  - f. Ensuring there was an adequate focus on patients in business plans.
  - g. It was also agreed to provide further detail of the evaluation methods in a paper to Council either in February or May.

These comments are reflected where possible where possible in the revised draft.

5. In addition the Audit Committee considered the draft at its meeting on 25 November 2015, the main comments on the draft were:
  - a. Recognition of the precision of the new Corporate Strategy, noting it targeted key areas and wanted to demonstrate change in the profession.
  - b. The importance of ensuring staff were engaged with the strategy, particularly as there had been a considerable turnover of staff in recent years.
6. In addition to the discussions outlined above, the draft strategy was circulated to the Institute of Osteopathy, the Osteopathic Alliance, the Council of Osteopathic

Educational Institutions and NCOR for any comments they might have on the draft.

7. There were no formal responses received in advance of Council. This suggests that our key stakeholders are comfortable with the direction of travel of our work and probably reasonably assured that we will continue to involve them or work in partnership with them on relevant activities where appropriate.

### **Conclusion**

8. This Corporate Strategy has gone through a considerable period of development with input from Council, its committees and from stakeholders. It builds on the work of the Corporate Plan 2013-16 and is commended to Council for approval.

**Recommendation:** to agree the draft Corporate Strategy 2016-19 at the Annex.

### Corporate Strategy 2016–2019

#### Introduction

This document sets out the strategic priorities of the General Osteopathic Council (GOsC) over the next three years, and has three main purposes:

1. It describes what Council wishes the organisation to achieve
2. It provides a mandate for the organisation's work programme, led by the Chief Executive and staff team
3. It provides a framework for the monitoring of the organisation's performance by Council.

The Strategy describes our goals and key activities against three main objectives. It also describes how we will measure our performance, and how assurance is provided that the organisation is operating effectively.

Each year we will publish a detailed Business Plan setting out the work we will undertake in order to meet our goals. Council will receive at each meeting a report of progress against the annual Business Plan.

#### Our aim as a regulator

The statutory duty of the GOsC is to 'develop and regulate the profession of osteopathy' in order to ensure public protection.

Our aim as a regulator is: *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.'*

#### Our strategic objectives 2016-19

To meet this aim, in 2016-19 we will be working towards three high-level strategic objectives, which are:

1. To promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity
2. To encourage and facilitate continuous improvement in the quality of osteopathic healthcare
3. To use our resources efficiently and effectively, while adapting and responding to change in the external environment.

Partnership is at the heart of delivering our objectives; a regulator is not synonymous with the profession it regulates and we believe strongly that, where appropriate, we should work with others to achieve them.

### Goals and activities 2016-19

**Strategic objective 1:** to promote public and patient safety through patient-centred, proportionate, targeted and effective regulatory activity

Our goals	How we will achieve them
<ul style="list-style-type: none"> <li>• To ensure that osteopaths keep their knowledge and skills up to date, and continually enhance and improve their practice</li> </ul>	<ol style="list-style-type: none"> <li>1. We will implement a new CPD scheme that supports and encourages practitioner reflection, peer learning and peer review</li> <li>2. We will provide resources to support learning in key areas such as communication and consent</li> <li>3. We will monitor implementation and impact of our new CPD scheme using a proportionate and risk-based approach</li> </ol>
<ul style="list-style-type: none"> <li>• To ensure that osteopathic education is of high quality and continues to evolve to reflect changes in education and healthcare</li> </ul>	<ul style="list-style-type: none"> <li>• We will work with Quality Assurance Authority for Higher Education to maintain the quality of osteopathic education and training</li> <li>• We will work with the QAA and osteopathic educational institutions to develop and implement a more risk-based and effective approach to quality assurance</li> <li>• We will work with osteopathic educational institutions to support high standards of professionalism among students</li> <li>• We will work with osteopathic educational institutions to identify and disseminate best practice in teaching, learning and assessment</li> <li>• We will work with the Council of Osteopathic Educational Institutions to support the development of osteopathic educators</li> <li>• We will continue to update and embed relevant GOsC guidance within education</li> </ul>
<ul style="list-style-type: none"> <li>• To ensure patient safety by taking effective, timely and proportionate action on complaints about osteopaths</li> </ul>	<ol style="list-style-type: none"> <li>1. We will investigate allegations made against osteopaths that meet our threshold for consideration and manage the adjudication process for complaints where a case to answer has been found</li> <li>2. We will seek to identify improvements in our fitness to practise processes and where necessary seeking changes to our rules to implement these</li> </ol>

	<ol style="list-style-type: none"> <li>3. We will continue to improve our service to complainants and witnesses to ensure high levels of confidence in our processes</li> <li>4. We will work with the Institute of Osteopathy to ensure that registrants receive appropriate support when they are subject to complaints against them</li> <li>5. We will seek to use the findings from complaints to identify ways to improve standards and reduce the risk of complaints being made</li> </ol>
<ul style="list-style-type: none"> <li>• To ensure that only those eligible to do so practise as osteopaths in the UK and to increase understanding, awareness and use of the register</li> </ul>	<ol style="list-style-type: none"> <li>1. We develop and implement improved assessment processes for EU and other international applicants</li> <li>2. We will work with other international competent authorities to develop mutual recognition of qualifications, and simplify registration processes</li> <li>3. We will continue to promote the use of the GOsC registration mark within the osteopathic profession</li> <li>4. We will seek to develop greater awareness of the register and our regulatory role with other regulated professions, regulators, patients and the public</li> <li>5. We will continue to foster links and share best practice within the international osteopathic community</li> </ol>
<ul style="list-style-type: none"> <li>• To put patients, patient-centred regulation and patient-centred healthcare at the heart of our work</li> </ul>	<ul style="list-style-type: none"> <li>• We will continue to improve our service to complainants and witnesses to ensure high levels of confidence in our processes</li> <li>• We will continue to seek input to all our policy development and projects from our Patient Partnership Group, and forge links with patient groups across the UK</li> <li>• We will continue to promote enhanced patient involvement in osteopathic education</li> <li>• We will encourage the use of patient feedback by osteopaths within our new CPD scheme</li> <li>• We will work with the National Council for Osteopathic Research and the Institute of Osteopathy to promote the use of Patient Reported Outcome Measures (PROMs) to support high quality osteopathic care</li> </ul>

**Strategic objective 2:** to encourage and facilitate continuous improvement in the quality of osteopathic healthcare

<b>Our goals</b>	<b>How we will achieve them</b>
<p>1. To promote high standards of practice and professionalism in the osteopathic profession</p>	<ol style="list-style-type: none"> <li>1. We will revise and update the <i>Osteopathic Practice Standards</i> and improve the guidance to support osteopaths in practice</li> <li>2. We will work with the Institute of Osteopaths and others to develop a shared understanding of professional values and promote greater ownership of standards within the profession</li> <li>3. We will develop supplementary guidance and new learning materials to support greater understanding and effective use of the <i>Osteopathic Practice Standards</i></li> </ol>
<p>2. To ensure that the osteopathic profession continues to develop its capacity to improve patient experience and high quality care</p>	<ol style="list-style-type: none"> <li>1. We will make strategic investment in development projects led by the profession where these meet our criteria for catalysing improvements in quality or safety of osteopathic practice</li> <li>2. We will continue to support existing development initiatives including those around:               <ul style="list-style-type: none"> <li>- Mentoring and the transition into practice</li> <li>- Accreditation of advanced clinical practice</li> <li>- Leadership development</li> <li>- Implementation of service standards</li> </ul> </li> <li>3. With the Institute of Osteopathy we will support capacity building within local osteopathic groups to contribute to the development of the profession and the new CPD scheme</li> <li>4. We will contribute to the NHS England Medicines Scoping Project exploring the extension of prescribing rights to new professions</li> </ol>
<p>3. To use evidence from data collection, risk analysis and research to inform the development of osteopathic regulation and practice</p>	<ol style="list-style-type: none"> <li>1. We will continue to track complaints and claims made against osteopaths to identify areas for improvement within practice</li> <li>2. We will improve the analysis of data held by the GOsC to gain understanding of those osteopaths who are at greater risk of underperforming practice</li> <li>3. We will continue to support the National Council for Osteopathic Research as a means to increase research awareness and research activity within the osteopathic</li> </ol>

	<p>profession</p> <p>4. We will use the findings from all of these activities, other research and opinion surveys to provide feedback to the osteopathic profession for the improvement of education and practice</p>
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**Strategic objective 3:** to use our resources efficiently and effectively, while adapting and responding to change in the external environment.

<b>Our goals</b>	<b>How we will achieve them</b>
<p>1. To enhance the quality of service that we provide to patients and the public, registrants and our other stakeholders</p>	<p>1. We will continue to strive to provide high quality and responsive service to all our customers</p> <p>2. We will ensure that all our communications are diverse, targeted, informative and effective, working with others to increase our impact whenever we can</p> <p>3. We will use a range of survey and feedback mechanisms to enhance all our activities</p>
<p>2. To operate efficient, economic and effective operational systems and processes</p>	<p>1. We will review our information technology requirements and prepare a new medium-term IT strategy</p> <p>2. We will seek to ensure that our transactions are paper free wherever possible</p> <p>3. We will continue to identify value for money savings in all our operations</p> <p>4. We will continue to embed high standards of information governance within the GOSc</p>
<p>3. To operate with high standards of corporate governance and respond effectively to changes in the external environment</p>	<p>1. We will build the capacity of the new Council to ensure that it provides appropriate scrutiny and assurance of the GOSc's activities</p> <p>2. We will create a new policy advisory forum to ensure that a wide range of stakeholders can contribute to our policy development</p> <p>3. We will ensure that our appointments meet PSA best practice standards</p> <p>4. We will continue to meet our duties under the Equality Act and embed good practice in equality and diversity in all our work</p> <p>5. We will continue to work with the Department of Health (England) and our fellow regulators in preparing for legislative change</p>



### Performance measurement, assurance and risk management

We will use a number of means to measure our effectiveness as a regulator. These will be balanced across three main areas:

- Ensuring that our statutory duties are met and that we have the confidence of the public and registrants for what we do
- Providing demonstrable public value from the outcome of our work, both internal activity and that delivered in partnership with others
- Operating effectively as an organisation, including making effective use of resources to achieve our objectives'

The way in which we will measure our success across these areas is set out in the table below.

Area of performance	Measures of success
1. Meeting our statutory duties and maintaining confidence	1. The public and registrants continue to have confidence in our work Continuing to meet the PSA's standards of good regulation 2. Privy Council and Department of Health intervention remain unnecessary 3. Appeals against statutory decisions are not upheld
2. Providing demonstrable public value	1. Stakeholders – including patients, registrants and partners – are satisfied with our performance 2. Maintenance/improvement of standards measured through: <ul style="list-style-type: none"> <li>- Outcomes of fitness to practice complaints</li> <li>- Volume/types of complaints</li> <li>- Engagement in new CPD activities and processes</li> <li>- Implementation/outcomes of development projects</li> <li>- Reduction in conditions imposed on Recognised Qualifications</li> <li>- Successful s32 activity (including prosecutions)</li> </ul>

<p>3. Using our resources to operate effectively</p>	<p>1. Meeting a range of KPIs including:</p> <ul style="list-style-type: none"> <li>- Registration applications processing</li> <li>- Fitness to practise complaint handling</li> <li>- Auditing of CPD returns</li> <li>- Performance against customer service standards</li> </ul> <p>2. Implementing improvements identified from audit and other feedback</p>
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*Assurance and risk management*

Council holds the Chief Executive to account for the delivery of the Corporate Strategy, annual Business Plan, budget, risk mitigation and organisational performance. It also ensures that the appropriate audit, control and assurance systems are in place.

Council has agreed its level of tolerance of risk across the breadth of the GOsC's functions and it considers regularly the organisation's key risks and the mitigating actions. Council is supported in this function by the Audit Committee.

The Audit Committee also agrees an annual programme of internal audit and the scope of the annual financial audit. It reviews the findings from these activities and the Executive's response and makes recommendations to Council, including providing an opinion annually on the systems and processes that it has in place.

External accountability includes an annual Performance Review and other audit activity carried out by the Professional Standards Authority for Health and Social Care, and an Annual report which is laid before Parliament.

### **Principles that underpin the work of the GOsC**

The GOsC is committed to conducting all its activities as a regulator and an employer based on a number of key principles:

#### **Proportionality**

We will ensure that the regulatory burden is no greater than it needs to be to deliver our statutory duty, focusing our resources on areas of risk to public protection and where there is scope to achieve the most in terms of improving standards of osteopathic practice.

#### **Fairness**

We will be consistent in the development and application of our policies and procedures in order to ensure fairness, with the aims of promoting equality, valuing diversity and removing any unfair discrimination.

#### **Accountability**

We will publicise our actions and decisions, wherever possible, ensuring that the information is clearly explained and easily accessible. We will explain how we have taken our stakeholders views into consideration in developing policy and in improving our performance. Council will seek to exemplify high standards of governance.

#### **Anticipation**

We will monitor trends in healthcare, regulation, osteopathic practice and education, in order to respond effectively to change and to support the osteopathic profession to respond accordingly.

#### **Inclusivity**

We will respond to the needs of patients, the public, registrants and other stakeholders, taking their views into account in deciding the most effective way to carry out our regulatory functions and working in partnership with others, where appropriate, to achieve our goals.

#### **Efficiency**

We will foster a culture of innovation and continuous improvement, taking steps to benchmark our performance periodically and setting targets to achieve best practice.

We will use our resources efficiently, seeking to achieve further efficiencies without compromising the quality of our work.