



General
Osteopathic
Council

Corporate Plan

2010–2013

Statutory duty

The statutory duty of the General Osteopathic Council (GOsC) is to 'develop and regulate the profession of osteopathy' in order to ensure public protection. To help it fulfil this duty the GOsC engages closely with the osteopathic profession, with patients, the public and other key stakeholders. It aims to identify areas of risk to patients and the public and to address those risks through well targeted professional rules and strategies designed to promote the highest standards of osteopathic practice.



Values to underpin the work of the GOsC

The GOsC is committed to conducting all its activities as a regulator and an employer based on the following values:

Proportionate

We will ensure that the regulatory burden is no greater than it needs to be to deliver our statutory function of regulating and developing the profession of osteopathy in order to ensure public protection.

Accountable

We will build trust by accounting honestly to all our stakeholders. We will explain how we have taken their views into consideration in developing policy and in improving our performance. We will take responsibility for the consequences of our actions.

Consistent

We will be consistent in the application of our policies and procedures in order to ensure fairness.

Transparent

We will publicise our actions and decisions, wherever possible, ensuring that the information is clearly explained and easily accessible.

Targeted

We will identify and focus our resources on areas of risk to public protection and where there is scope to achieve the most in terms of improving the standards of healthcare provided.

Responsive

We will respond to the needs of patients and the public and to the legitimate concerns of all other stakeholders, keeping bureaucracy to a minimum. We will take the views of our stakeholders into account in deciding the most effective way to carry out our regulatory functions.

Continuous improvement

We will foster a culture of continuous improvement, taking steps to benchmark our performance periodically and setting targets to achieve best practice, in all our activities as a regulator and as an employer.

Anticipatory

We will monitor trends in healthcare regulation, in osteopathic practice, and in education and training so as to be ready to respond effectively to change and to help the profession respond accordingly.

Inclusive

We will undertake our activities in an inclusive manner, taking care always to involve stakeholders meaningfully in our activities. The aims of promoting equality, valuing diversity and removing unfair discrimination will shape all our activities as a regulator and employer.

Efficiency and value for money

We will use our resources efficiently, remaining alert for opportunities to achieve further efficiencies without compromising the quality of our work.

Corporate planning 2010 – 2013

Strategic Objectives

The achievement of the following five strategic objectives will dictate the work of the GOsC over the three year planning cycle from 2010 – 2013.

- 1 To ensure patient and public protection through effectively targeted regulation**
- 2 To promote high standards of osteopathic healthcare**
- 3 To maintain and enhance the integrity of the Register**
- 4 To engage effectively with osteopaths, patients, the wider public, educators, and other key stakeholders to ensure our policies and processes are informed**
- 5 To keep our activities and use of resources under review, making changes where necessary to ensure optimum performance and cost-effectiveness**

Outlined in this plan is a description of the individual projects that will be undertaken under each strategic objective with details of the timeframe to completion and the resources required. A more detailed and fully costed Business Plan will also be published in each year of the planning cycle.

1 To ensure patient and public protection through effectively targeted regulation

1.1 Fitness to practise processes

To ensure the GOsC's fitness to practise processes are managed in a way that provides an effective and fair means of investigating and adjudicating upon complaints about osteopaths.

April 2010 to March 2011

- > Manage the caseload to deal with cases as expeditiously as possible, consistent with achieving fairness and fulfilling statutory requirements. Monitor training needs of Fitness to Practise panellists, staff and legal assessors and provide training as necessary;
- > Arrange meetings as required to ensure Fitness to Practise panellists and chairs have full opportunity to review operations and agree any necessary changes to procedures;
- > Ensure effective communication of case learning points issued by the Council for Healthcare Regulatory Excellence (CHRE);
- > Implement necessary changes to procedures arising from the CHRE's use of powers relating to auditing the investigation stages of cases, challenging the outcome of cases and conducting the annual performance review;
- > Monitor the findings of research into complainants' and registrants' perceptions of fitness to practise processes and make any adjustments that may be required;
- > Ensure that the Council receives detailed and timely reports on fitness to practise processes to enable it to respond appropriately to any issues requiring action, whether strategic or operational;
- > Monitor the performance of Fitness to Practise legal assessors and recommend necessary changes.

April 2011 to March 2012

Activities as for year one and:

- > Conduct a feasibility study of the transfer of adjudication of fitness to practise cases to the Office of the Health Professions Adjudicator (OHPA).

April 2012 to March 2013

Activities as for year one and:

- > Report to the Council on the feasibility of transferring adjudication of fitness to practise cases to the OHPA and make recommendations for a policy based on the findings of the report.

1.2 Measures to protect vulnerable patients – UK Criminal Records Bureau checks and Vetting and Barring scheme registration

Develop and implement a GOsC strategy that ensures the protection of vulnerable groups through a comprehensive policy on UK Criminal Records Bureau (CRB) checks, and the integration of vetting and barring requirements within GOsC registration procedures.

April 2010 to March 2011

- > Develop a communications programme to ensure registrants are fully aware of the registration requirements for vetting and barring schemes in the UK. The scheme for England, Wales and Northern Ireland is operated by the Independent Safeguarding Authority (ISA) with the Protecting Vulnerable Groups: Scottish Vetting and Barring scheme.

- > Agree a Memorandum of Understanding with the ISA and the equivalent Scottish body regarding information exchange. Develop a policy on information disclosure and referral procedures;
- > Amend the current registration process to facilitate collection of ISA registration data from registrants;
- > Register an interest with the ISA to facilitate the sharing of vetting information regarding ISA-registered osteopaths;
- > Investigate the feasibility of a policy for mandatory ISA registration for all osteopaths and mandatory CRB checks for all registrants;
- > Identify process and timelines for registration with the Protecting Vulnerable Groups: Scottish Vetting and Barring scheme and undertake necessary steps for implementation, similar to those outlined for the ISA.

April 2011 to March 2012

- > If mandatory ISA registration for osteopaths is necessary, develop and consult on proposed policy, and plan and implement an associated communications programme;
- > Adjust the registration process to collect ISA registration data and CRB data from registrants at time of annual renewal of registration;
- > Develop a process with the ISA, for receiving information updates on ISA-registered osteopaths.

April 2012 to March 2013

- > If considered necessary, implement a policy of mandatory ISA registration for all registrants;
- > Appraise ISA-GOsC information exchange policy and adjust where necessary;
- > Appraise the exchanging information policy between the GOsC and the Protecting Vulnerable Groups: Scottish Vetting and Barring Scheme.

1.3 Review of transition into osteopathic practice

To review students' transition into practice as newly qualified osteopaths to determine whether further regulatory interventions are necessary to protect patients and support newly qualified osteopaths as they take their first steps into practice.

April 2010 to March 2011

- > Consult with stakeholders on the preparedness of newly qualified osteopaths for practice;
- > Review available data to see if newly qualified osteopaths represent a high risk category.

April 2011 to March 2012

- > Commission research to determine the extent to which final year students and newly qualified osteopaths are prepared for independent practice.

April 2012 to March 2013

- > Scope out the parameters for a review of transition into practice including possible regulatory interventions.

1.4 Review of advanced and specialised practice and available postgraduate training for osteopaths

To examine the nature of osteopathic practice, including the proportion of the profession practising in particular fields and the take-up of postgraduate training by osteopaths. This preparatory work may indicate the need for further standards and guidance in areas for advanced osteopathic practice training. This work should be informed by the review of pre-registration curriculum content (included in this Corporate Plan), and research from external sources including the CHRE, other healthcare regulators, the Osteopathic Educational Institutions (OEl)s and the British Osteopathic Association (BOA).

April 2010 to March 2011

- > Gather information on advanced and specialised practice and take-up of postgraduate and other forms of post-registration training.

April 2011 to March 2012

- > Conduct a survey of the profession and produce a report for the Council on the realities of practice and what it suggests in relation to advanced and specialised practice.

April 2012 to March 2013

- > Based on the results of the survey and the outcome of the pre-registration curriculum content review, assess risks associated with advanced and specialist practice and determine what, if any, additional standards and further guidance on training may be required to ensure patient and public protection. If additional action is proposed, prepare consultation with the profession and key stakeholders.

1.5 To complete the review of the Code of Practice and to provide supplementary guidance to osteopaths on the Code and on ethics

The revised Code of Practice will prescribe standards of conduct, including advice on how to achieve those standards (following the requirements in section 19 of the Osteopaths Act 1993). In addition, guidance will be produced as required to supplement the Code's content and deal in more detail with issues of ethics occurring in osteopathic practice, e.g. consent, confidentiality, disclosures without consent, whistle blowing and equality legislation.

April 2010 to March 2011

- > Publish the revised Code of Practice and identify areas where supplementary evidence is desirable. Draw up a plan for development and publication of such guidance.

April 2011 to March 2012

- > Implement plan to develop and publish guidance and keep under review, taking account of feedback from the profession, fitness to practise statistics, and developments in healthcare regulation and relevant case law.

April 2012 to March 2013

- > Conduct a survey of the profession to assess the extent to which osteopaths are using the new Code of Practice and guidance;
- > Review supplementary guidance issued in previous year; revise if necessary in the light of changes in the law and best practice, and issue guidance on additional topics as necessary.

2 To promote high standards of osteopathic healthcare

2.1 GOsC research strategy

To develop an appropriate research strategy to inform and underpin policy development; to determine the extent of the GOsC's role in supporting research aimed at broadening the evidence base of osteopathy; and to inform the development of services.

April 2010 to March 2011

- > Conduct review of research needs to inform the development and achievement of strategic plans. This should take into account ongoing research, including funding of research through the National Council for Osteopathic Research (NCOR), and research from external sources including other healthcare regulators, the CHRE, the Department of Health, the BOA and the OEIs;
- > Review relationship with NCOR including the commitment to date to fund the NCOR infrastructure, and determine policy for the future;
- > Develop a research strategy and make report to the Council;
- > Develop a plan for implementation of the strategy over the lifespan of the corporate plan and begin implementation.

April 2011 to March 2012

- > Continue implementation of research strategy in accordance with the plan keeping under review any further research needs.

April 2012 to March 2013

- > Continue implementation of research strategy in accordance with the plan, keeping under review any further research needs.

2.2 Promotion of regulation of osteopathy internationally

To work within and outside Europe to promote high standards of osteopathic care internationally through regulation. The aim is to ensure that the public is protected in a world of increasing mobility of patients and professionals.

April 2010 to March 2011

- > Explore feasibility of developing pan-European osteopathic standards through working with the European Committee of Standardisation (CEN);
- > Conduct a feasibility study of a possible merger between the European Federation of Osteopaths (EFO) and the Forum for Regulation in Europe (FORE) to enhance the effectiveness of promotion of regulation of osteopathy throughout Europe;
- > Progress talks with the Australian and New Zealand osteopathy regulatory authorities on appropriate reciprocal arrangements to streamline the transfer of graduates between Australia, New Zealand and the UK whilst protecting the public from inappropriate or unsafe transfers;
- > Contribute to the European Commission's review of the European Directive on recognition of qualifications (2005/36/EC);
- > Participate actively in the Osteopathic International Alliance (OIA) using the GOsC's OIA board position to promote high standards of osteopathy worldwide.

April 2011 to March 2012

- > Subject to the outcome of the feasibility study on pan-European standards, draw up a project plan for the GOsC's role in facilitating the work involved;

- > Subject to the outcome of the EFO/FORE merger study, draw up a plan for the creation of a single body;
- > Progress talks with the Australian and New Zealand osteopathy regulatory authorities on appropriate reciprocal arrangements, with a view to implementing reciprocal arrangements from January 2012;
- > Continue to participate actively in the OIA using the GOsC's OIA board position to promote high standards of osteopathy worldwide.
- > Undertake formal impact assessment for the Department of Health review on the regulatory impact of revalidation on healthcare regulatory bodies;
- > Undertake and continually update internal impact assessment to ensure the revalidation scheme does not adversely impact on minority groups;
- > Identify and commission research to support the needs of practitioners undertaking revalidation;
- > Identify (in conjunction with the four UK Health departments) proposed legislative timetable for revalidation;

April 2012 to March 2013

- > Conduct review of the GOsC's role within FORE, or, if merger with EFO proceeds, within a single body in Europe;
- > Implement reciprocal arrangements agreed with the Australian and New Zealand regulatory authorities;
- > Continue to participate actively in the OIA, using the GOsC's OIA board position to promote high standards of osteopathy worldwide.
- > Develop and implement an effective communications and engagement strategy with the profession, OEs, patients and public and other stakeholders with respect to revalidation;
- > Review and determine outstanding policy issues including assessment of osteopaths returning to practice, registration of those who practise outside of the UK or qualified outside the UK, timescales for graduate application process and fitness to practise procedures.

2.3 A scheme of revalidation of osteopaths

To finalise the revalidation scheme and put in place appropriate internal processes to undertake revalidation pilots. To conduct and evaluate the pilots and make proposals for going live with revalidation in 2012.

April 2010 to March 2011

- > Establish an appropriate governance structure to oversee development work and undertake a full scale pilot;
- > Finalise standards, guidance, assessment and evidence for revalidation pilots, taking into account the responses received in the consultation conducted in 2009;
- > Finalise process and model for revalidation pilots including quality assurance;
- > Finalise remediation processes for revalidation;

April 2011 to March 2012

- > Conduct pilots in accordance with pilot specification;
- > Publish pilot evaluation and costs benefits analysis;
- > Review and update the impact assessment following the pilot;
- > Ensure effective ongoing engagement with the profession, the public and other key stakeholders.

April 2012 to March 2013

- > Finalise implementation plan for revalidation;
- > Draft rules to support the implementation of revalidation;
- > Review and, where necessary, update the impact assessment;
- > Produce a detailed report on the costs and benefits of revalidation;
- > Ensure effective ongoing engagement with the profession and the public.

2.4 Review of Continuing Professional Development

To review the Continuing Professional Development (CPD) scheme to ensure it is fit for purpose and complements the emerging scheme of revalidation. To review the need for CPD quality assurance and how this might be achieved.

April 2010 to March 2011

- > Review the operation of the current CPD Framework (both internal and external) and develop options for amending the scheme to tackle identified deficiencies;
- > Draft proposals for revised scheme and consult.

April 2011 to March 2012

- > Evaluate the outcome of the consultation and publish report;
- > Draw up a plan to implement the recommendations in the report;
- > Develop a position paper on quality assurance of CPD.

April 2012 to March 2013

- > Implement changes to the CPD scheme in conjunction with the development of the revalidation scheme.

2.5 Recognised Qualification processes and Quality Assurance

To ensure that the Recognised Qualification (RQ) process continues to provide reliable evidence that osteopathic students reach the required standard of proficiency upon the award of the qualification.

April 2010 to March 2011

- > Undertake three new RQ reviews to determine whether applications for new qualifications meet GOsC standards and should become RQs;
- > Undertake one RQ renewal review to determine whether a RQ which is about to expire continues to meet GOsC standards;
- > Undertake four reviews to determine whether conditions on existing RQs have been complied with within the relevant time period;
- > Undertake analysis of the 2009/10 Annual Reports submitted by OEIs and provide an overview report and individual feedback to each of the OEIs;
- > Undertake an evaluation exercise taking into account feedback from the review team and OEI staff on how the process could be improved. The evaluation report and recommendations will be considered as part of our ongoing commitment to continual improvement;
- > Brief OEIs and RQ review visitors to ensure that they are fully aware of any changes to the RQ review process;
- > Review the person specification and job description of review visitors and determine whether further recruitment to refresh the existing review visitor pool is required;
- > Provide annual training for review visitors.

April 2011 to March 2012

Year 2 activities will mirror year 1 activities with the following exceptions:

- > One initial recognition review planned.
- > We do not expect to undertake a further sector briefing during 2011/2012.
- > We do not expect to undertake a further review or recruitment of review visitors if this is undertaken during 2010 / 2011.

April 2012 to March 2013

Year 3 activities will mirror Year 1 activities with the following exceptions:

- > One new RQ review planned.
- > Two RQ renewal reviews to determine whether a RQ which is about to expire continues to meet the standards.
- > We do not expect to undertake a further review or recruitment of review visitors if this is undertaken during 2010/2011.

2.6 Review of Quality Assurance of education and training

To review the Quality Assurance (QA) procedures to ensure that they are fit for purpose.

April 2010 to March 2011

- > Develop a QA policy paper that sets out the GOsC's purpose and thinking in relation to the QA process;
- > Revise and publish the Handbook for the GOsC review of osteopathic courses and course providers to reflect, accurately, the operational process;
- > Identify what further streamlining steps are needed and implement them, e.g. consider whether the OEl's Self Evaluation Document (SED) or Annual Report should be adapted to ensure that information about other reviews is recorded and taken into account when scheduling reviews;

- > Identify what further mapping of standards should be taken into account in Quality Assurance Agency reviews to improve consistency;
- > Propose suitable moderation processes to assist in the standardisation of reports, including:
 - i. Revised review visitor specification identifying current knowledge and skills expected of visitors.
 - ii. The extent to which the pool of review visitors needs to be refreshed.
 - iii. Further training of review visitors about standards and triangulation methods.
 - iv. Further training of review visitors about meaning of 'sufficient', good practice, and matters that should be the subject of conditions and recommendations.
- > Propose a formal process of agreeing when conditions have been fulfilled so that information published on the website is up-to-date;
- > Implement a more efficient Annual Report Cycle for 2009/10.

April 2011 to March 2012

- > Monitor effectiveness of QA process, acting on feedback from all those involved;
- > Outline scope for a major review of the QA process to explore the potential for accrediting providers, rather than approving individual training courses, and including a review of the funding arrangements under the current process;
- > Conduct preliminary consultation on the nature of the review with OEl's and other key stakeholders;
- > Agree a timetable for the legislative reforms necessary to facilitate a change to provider accreditation and a transfer of the costs to the provider.

April 2012 to March 2013

- > Monitor effectiveness of existing QA process;

- > Develop a policy paper on alternatives to the current system of QA, including alternatives to the current QA funding arrangements;
- > Undertake comprehensive consultation with OEs and other key stakeholders on any changes to the QA process;
- > Evaluate outcome of consultation and publish report. Draw up a plan for implementing any changes proposed.

2.7 Osteopathic Practice Standards

To publish a revised Standard of Proficiency (re-named Osteopathic Practice Standards), required for the competent and safe practice of osteopathy, which integrates and supports the standards and guidance in the revised Code of Practice. To agree and undertake a strategy to ensure that the standards are implemented in the OEs and followed by osteopaths already in practice.

April 2010 to March 2011

- > Complete analysis of 2009 consultation responses on a revised Standard of Proficiency;
- > Develop new draft of the Standard of Proficiency (Osteopathic Practice Standards) which is linked to the Code of Practice;
- > Publish revised Osteopathic Practice Standards in conjunction with the revised Code of Practice.

April 2011 to March 2012

- > Develop and undertake implementation strategy to ensure that all osteopaths are aware of, and start to practise in accordance with, the revised Osteopathic Practice Standards and Code of Practice.

April 2012 to March 2013

- > Develop a plan for evaluating the effectiveness of the revised Osteopathic Practice Standards and Code of Practice.

2.8 Pre-registration curriculum content review

To consider the need for core curriculum content to supplement the Osteopathic Practice Standards. A core curriculum content document could set out subject areas for practice, but would not specify the methods of delivery of the curriculum. This work would also consider the need to develop further systems-based standards to be met by OEs delivering RQs.

April 2010 to March 2011

- > Scope and agree the terms of reference of the curriculum content review and relationship to other related strands of work e.g. scope of practice.

April 2011 to March 2012

- > Propose core subjects that should be addressed in core curriculum content from an analysis of the scope of practice debate, feedback from the OEs and other background research;
- > Prepare and carry out a consultation on the concept of a pre-registration curriculum content document.

April 2012 to March 2013

- > Analyse consultation and publish findings;
- > Develop a plan to communicate further proposals for a pre-registration core curriculum document;
- > Review the need to reflect or amend any other associated documentation, for example, Osteopathic Practice Standards and any work undertaken on transition into practice.

3 To maintain and enhance the integrity of the Register

3.1 Student fitness to practise procedures – support and guidance for OEIs

To identify ways in which the GOsC can provide support to OEIs in making fair and consistent fitness to practise decisions, to ensure that only those students who are fit to practise are awarded a RQ.

April 2010 to March 2011

- > Develop a scoping paper to include identification of issues for discussion with OEIs;
- > Conduct a programme of meetings with OEIs to explore issues relating to student fitness to practise.

April 2011 to March 2012

- > Engage an equality and diversity consultant to advise on student fitness to practise issues;
- > Develop a range of potential solutions to address issues identified including guidance, student registration, pan-regulatory fitness to practise panels and signposting to other resources;
- > Publish a proposal for preferred solution (costs and timing will need to be reviewed at this stage and the project plan adjusted accordingly);
- > Conduct consultation;
- > Analyse findings of consultation.

April 2012 to March 2013

- > Publish guidance and any recommended changes in procedures.

3.2 Active monitoring of breaches of Section 32, Osteopaths Act (Protection of title)

To take proactive steps to ensure that unregistered individuals who practise unlawfully in contravention of Section 32 of the Osteopaths Act 1993 are prosecuted. This would include active monitoring of individuals who choose not to renew their registration, or who are removed from the Register.

April 2010 to March 2011

- > Begin active monitoring of websites of individuals who have recently left the Register;
- > Issue 'desist' letters to those whose websites unlawfully use the protected title of osteopath;
- > Proceed to prosecute those who ignore 'desist' letters;
- > Publicise convictions;
- > Report to the Council on outcome of monitoring.

April 2011 to March 2012

- > Continue active monitoring and follow up steps;
- > Report to the Council on outcome of monitoring.

April 2012 to March 2013

- > Continue active monitoring and follow up steps;
- > Report to the Council on outcome of monitoring.

3.3 Equality & Diversity Guidance for OEIs

To provide information and guidance to OEIs on how they can effectively comply with their equality duties under anti-discrimination law.

April 2010 to March 2011

- > Conduct a consultation exercise with OEIs on what information and guidance is needed;
- > Prepare general guidance including signposts to useful resources.

April 2011 to March 2012

- > Monitor guidance issued in Year 1 to ensure it remains correct and issue updates as required in the light of relevant case law and legislation.

April 2012 to March 2013

- > Conduct a survey amongst the OEIs on how the guidance is operating in practice and make any necessary amendments.

3.4 Develop a comprehensive security policy

To develop an Information security policy in accordance with ISO/IEC 27001 Information technology – Security techniques – Code of practice for information security management.

April 2010 to March 2011

- > Develop a draft security policy for approval;
- > Develop a detailed, staged implementation plan;
- > Assess training needs, identify suitable training provider and arrange training for staff and non-executives as necessary;
- > Publish agreed security policy.

April 2011 to March 2012

- > Monitor operation of the security policy and develop supplementary guidance where necessary;
- > Update policy as necessary to take account of new legislation and requirements of the Office of the Information Commissioner.

April 2012 to March 2013

- > Monitor operation of the security policy and develop supplementary guidance where necessary;
- > Update policy as necessary to take account of new legislation and requirements of the Office of the Information Commissioner;
- > Arrange for updated training where necessary.

4 To engage effectively with osteopaths, patients, the wider public, educators, and other key stakeholders to ensure our policies and processes are informed

4.1 Patient and Public Involvement (PPI)

To develop a comprehensive PPI strategy, building on the activities already undertaken in this area and expanding the range of involvement techniques used to ensure maximum effectiveness.

April 2010 to March 2011

- > Scope out a strategy to identify areas where greater patient and public involvement is particularly important to the effective regulation of osteopathy, building on current PPI activity (e.g. research into patient expectations, complaints handling and usability of the Register);
- > Draft a policy setting out PPI options;
- > Develop a plan for implementation over the three years of the corporate plan;
- > Implement PPI plan for year 1.

April 2011 to March 2012

- > Implement PPI plan for year 2, taking account of feedback on Year 1 activity.

April 2012 to March 2013

- > Implement PPI plan for year 3;
- > Conduct evaluation of PPI activities and amend strategy as necessary.

4.2 Scope of Practice

To outline a strategy for the development of a scope of practice for osteopathy.

April 2010 to March 2011

- > Publish report on responses to initial consultation on scope of practice;
- > Conduct research to determine patterns of osteopathic practice.

April 2011 to March 2012

- > Develop a plan for next steps on scope of practice in light of other work, including the development of core curriculum content, the development of a European scope of practice document and proposals from other stakeholders such as the BOA;
- > Evaluate results of practice survey to determine the scope of practice undertaken by osteopaths. This will identify areas of postgraduate or advanced training where further standards or accreditation may be required.

April 2012 to March 2013

- > Draft a scope of practice document based on work in the previous year, and consult with the profession and other key stakeholders.

4.3 Engagement with the profession on key regulatory issues

To develop a comprehensive plan for effective engagement with the profession on regulatory developments which have implications for osteopathic practice. To focus in particular on identifying ways to reach a larger proportion of the profession, in order to engage with those who do not currently involve themselves in regulatory developments.

April 2010 to March 2011

- > Consult with registrants and external stakeholders on the CPD review;
- > Develop a strategy for engaging with key stakeholders regarding the development of the revalidation scheme and preparations for a national pilot;
- > Publish and communicate response to initial consultation on scope of practice consultation and communicate further development plans;
- > Communicate rationale for further work on draft Osteopathic Practice Standards to ensure complementarity with revised Code of Practice;
- > Consult with the profession on the draft revised Code of Practice.

April 2011 to March 2012

- > Communicate outcome of CPD review consultation to stakeholders;
- > Develop and implement a communications plan to facilitate the revalidation pilot and related developments;
- > Develop and implement a communications plan to facilitate development of scope of practice;
- > Publish and disseminate agreed Osteopathic Practice Standards;
- > Undertake a communications programme to embed awareness of new standards within the profession and amongst other stakeholders;
- > Publish and disseminate revised Code of Practice and supplementary guidance;
- > Develop and implement a communications plan to embed awareness of the new code, and supplementary guidance, within the profession and amongst other stakeholders.

April 2012 to March 2013

- > Communicate and implement changes to the CPD Scheme alongside revalidation requirements;
- > Implement a communications plan to facilitate the introduction of revalidation;
- > Develop plan for a national series of workshops to prepare the profession for revalidation;
- > Develop and implement a communications plan to facilitate the development of a scope of practice.

5 To keep our activities and use of resources under review, making changes where necessary to ensure optimum performance and cost-effectiveness

5.1 Development of online services

To create a fully-integrated online facility that will enable registrants to self-administer their personal details and deal with registration, CPD and revalidation wholly online.

April 2010 to March 2011

- > Draw up scope for online facility;
- > Prepare a costed business plan for approval;
- > Conduct tender for services by third party supplier;
- > Draw up a plan for staged implementation and start to implement.

April 2011 to March 2012

- > Continue implementation and monitor take-up.

April 2012 to March 2013

- > Continue implementation and monitor take-up.

5.2 Enhancement of e-communications and online activity

To increase and enhance the online services available to stakeholders, including public and registrant websites, e-bulletins, online surveys, online registration, etc.

April 2010 to March 2011

- > Complete a major re-development of the registrants' website (the **o** zone);
- > Develop a communications plan to encourage registrant use of online services.

April 2011 to March 2012

- > Develop a communications plan to support the introduction of online registration and payments and other services, e.g. a facility to submit revalidation assessments online;
- > Explore potential for publication of further e-bulletins for the profession and for public and patient groups.

April 2012 to March 2013

- > Implement a communications plan to support the introduction of online registration and other services;
- > Monitor take-up of online services.



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