



Council
2 February 2021
Chief Executive and Registrar's Report

Classification	Public
Purpose	For noting
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	To note the content of the report.
Financial and resourcing implications	The financial report for the nine months to December 2020 is annexed to this report.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equality, diversity and inclusion.
Communications implications	These are discussed in the report.
Annexes	A. Business Plan monitoring document 2020-21 B. Financial report to 31 December 2020
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Key messages from this paper:

- The report sets out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines include:
 - Publication of a chapter written by GOsC colleagues in the International Perspectives in Values-Based Mental Health Practice.
 - Professional Standards Authority Performance Review 2020-21 has commenced with the scrutiny board due to meet mid-March 2021.
 - Meetings scheduled with Chief Allied Health Professions Officers in England, Wales and Northern Ireland.
 - A continuation of significant patient and registrant engagement.
 - GOsC Professional Standards staff members presenting at the National Council for Osteopathic Research online conference.

Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the previous Council meeting, which are not reported elsewhere on the agenda.

International Perspectives in Values-Based Mental Health Practice

2. I delighted to report that a chapter written by Fiona Browne, Steven Bettles, Stacey Clift and Tim Walker has been published in the International Perspectives in Values-Based Mental Health Practice. The chapter (number 45) brings to life examples of good osteopathic care and makes explicit what is important to patients: https://link.springer.com/chapter/10.1007/978-3-030-47852-0_43
3. The key message is that by working together and collaboratively (patients, practitioners, regulators) we can understand more about what is important to us (rather than making assumptions about this) to help to inform good decisions and positive practice. This is a key message both for practitioners working with patients to support shared decision making but also about us a regulator working to inform good regulatory decisions.
4. In terms of the book, we are also referenced in Chapter 43, where Bill Fulford, St Catherine's College, University of Oxford, writes:

'The authors of the chapter (number 45) represent one of these constituencies - they are all health service regulators in the General Osteopathic Council (or GOsC, the regulator for osteopaths in the UK). As a regulator, the GOsC might seem to some a perhaps surprising champion of values-based practice. 'Surprising' because regulation is widely regarded by practitioners as offering

mainly a safety net against bad practice. In this respect, regulation has sometimes had the unintended consequence of acting as a barrier to good practice. In mental health, notably, regulation is often blamed for producing a risk-averse culture that is inimical to recovery'

It is thus particularly apposite that chapter 45, "Connecting Patients, Practitioners and Regulators in Supporting Positive Experiences and Processes of Shared Decision-Making: A Case Study in Co-production" should be by a health professional regulator, the General Osteopathic Council, regulation being itself a key link in the chain connecting science with people. As its authors describe, there were many difficulties in developing their project: the values of stakeholders were difficult to characterise, requiring a number of workshops using different methodologies. There will, as they anticipate, be further difficulties to come in evaluating the project.

But they have led the way nonetheless in getting tangible results on their foundational work on the values of the key stakeholders in osteopathic care, the General Osteopathic Council has produced a series of innovative resources to help osteopaths deliver care that is consistent with their own values while at the same time more effectively meeting the needs of their patients.'

Professional Standards Authority for Health and Social Care (PSA)

5. The 2020-21 Performance Review commenced in January 2021 with the PSA Scrutiny Panel due to meet w/c 15 March 2021. We will provide Council with updates on the outcome of the review as it becomes known.
6. The PSA have launched a consultation on their approach to the Performance Review process with submissions due by 4 March 2021. The consultation focuses on four key areas:
 - Scope of reviews: should all of the Standards of Good Regulation be assessed annually for all the regulators?
 - Assessing risk: how can PSA best identify risks to public protection and public confidence through the performance review process?
 - Decision-making: should PSA retain the current binary system - where regulators meet or do not meet a Standard - or adopt a different approach?
 - Supporting improvement: how can PSA ensure that our performance reviews add the greatest value and enhance the work of the regulators in protecting the public?
7. The PSA have also launched a consultation on the accredited registers in order to consider whether the accredited register programme is fulfilling its potential and meeting its original aims. PSA are interested to understand how the programme might achieve greater recognition by patients, service users and

employers in order to be effective. The consultation, which is open until 18 February 2021, will focus on four key areas:

- How should PSA determine which occupations should be included in the scope of the programme?
 - Should PSA consider the effectiveness of occupations in decisions about accreditation?
 - Should there be greater consistency of standards of competence across Accredited Registers, in particular for individual occupations?
 - Should PSA take into account proportionality and risk?
8. In November 2020 we met with colleagues from the PSA to discuss their 'learning from COVID review' and the response we had made to their call for evidence. The PSA intend to publish a report in February/March 2021 which sets out a number of case studies obtained from the regulators across a range of different areas. The case studies we discussed with PSA were around the issuing of guidance (PSA suggested case study) and the involvement of patients in our work (our suggested case study).
 9. In December 2020, we attended an online inter-regulatory meeting hosted by the PSA where the discussion focussed on the appointments/reappointments process for Council members, including the Chair. The meeting provided some helpful clarity around aspects of the process, which is scrutinised by the PSA, such as the required level of anonymisation needed for applications.

Department of Health and Social Care (DHSC) and the Department for Business, Energy and Industrial Strategy

10. On 24 November 2020, the DHSC published a report '[Busting Bureaucracy](#)'. This has a section on regulation which sets out plans for a consultation in 2021 focussing on simplifying, streamlining and modernising the legal framework of the nine health and care professional regulators. A number of matters are included such as fitness to practise reforms, enhanced flexibility, increased collaboration, emergency powers, regulation of physician associates and anaesthesia associates and reviewing the number of regulators among other things.
11. We will continue to engage in these discussions with our focus on ensuring that patients are protected within all the contexts that they are treated.
12. We have been engaged with the DHSC and the Department for Business, Energy and Industrial Strategy (BEIS), about how regulators process applications from those qualified in the EU/EEA from 1 January 2021 following the UK's exit from the EU.

13. From 11pm on 31 December 2020, new applications received from individuals qualified from the EU will be processed as international qualified applications.
14. EU qualified applicants who had already commenced an application before 11pm on 31 December 2020 are entitled to continue to have their application assessed under the old EU pathway.
15. In the coming business year, we will commence discussions with the Policy and Education Committee on how the GOsC processes applications from those with international qualifications.

Chief Allied Health Professions Officer (CHAPO) – England

16. Fiona Browne and I met with Suzanne Rastrick, CHAPO England and her Deputy Beverly Harden on 18 January 2021 as part of a regular series of meetings which have been established.
17. The meeting was productive and we discussed challenges arising from the global pandemic, including present challenges connected to the vaccination rollout programme. We expressed our support to colleagues in NHS England and Improvement, and Public Health England, as they respond to the vaccination programme and offered to work with colleagues on any issues arising from a regulatory perspective.

Devolved nations

Scotland:

18. We have continued to participate in the planning events for the Regulatory Conference scheduled for 1 November 2021, which is now planned as a virtual event. An in-person event is being scheduled for November 2022.
19. Following the November 2020 Council meeting we sent a further communication to colleagues in the Department of Health Scotland, which was acknowledged. We will try and secure a meeting with the Chief Allied Health Professions Officer for Scotland in the coming months.

Wales:

20. A meeting was held with the Welsh Commissioners Office in November 2020 to discuss the submission that we had made as part of the Welsh Language Scheme consultation earlier in the year. We were advised that the Welsh Language regulations are due to be made around May 2021 and these would be informed by the consultation responses. It was recognised that not all Welsh Language Standards would apply to all organisations, but the underlying principle was to create a greater awareness of the Welsh Language Scheme and to ensure that the Welsh Language was not treated any less favourably than the English Language.

21. We were also advised that our consultation response has been well received and that the Welsh Commissioner was particularly interested in how we annotate our Register to identify those osteopathic practices where the Welsh Language is spoken. This was considered to be innovative and the Welsh Commissioners Office believed that GOsC may be the only body who provides such a service.
22. We have offered to work with the Welsh Commissioners Office to develop a case study around the how we annotate our Register which, if developed, may be held up as being good practice.
23. The PSA have invited the GOsC to attend their annual 'regulation conference in the Welsh context', which is to be held virtually in March 2021. A report on the conference will be made to Council at its meeting in May 2021.
24. We reported at the November 2020 Council meeting that our meeting with Ruth Crowder, Chief Allied Health Professions Officer, had been postponed. A new meeting has been scheduled for 20 January 2021.

Northern Ireland:

25. We reported at the November 2020 Council meeting that we had written to the Department of Health, Northern Ireland, but had yet to receive a response. Following the Council meeting we wrote to the Chief Allied Health Professions Officer, Jenny Keane to provide an outline of our work during the pandemic and to offer to meet with her and/or colleagues if this would be relevant to their work.
26. We were very pleased that this communication received a positive response and a meeting with Jenny Keane was held on 14 January 2021. This was a productive first meeting which clarified the statutory responsibilities of the GOsC in Northern Ireland with a key feature of the discussion being around the barriers that exist for patients when there are differences between health professionals, for example, around allied health professional status. Additionally we raised the vaccination rollout and the publication of the guidance of the Joint Committee on Vaccinations and Immunisation, offering to work with colleagues in Northern Ireland providing appropriate support as and where that may be helpful.
27. We agreed that we would send a briefing paper to Jenny Keane outlining our role, responsibilities and future planned activities, and what we would look to meet again at regular intervals.

Patient involvement

28. A detailed report on the on our patient involvement activities and our proposed strategy can be found elsewhere on the Council agenda.

29. From October to December 2020 we undertook an extensive period of engagement with stakeholders to inform and seek feedback on our proposed patient engagement strategy. This included:
- Interviews with GOsC Patient Representatives
 - Interviews with Patient leaders in healthcare:
 - David Gilbert, Patient Director, Sussex MSK Partnership (Central)
 - Phil Sheridan, Patient Tutor, University of Leeds's School of Medicine
 - Jools Symons, Patient and Public Involvement Manager University of Leeds School of Medicine, Lived Experience practitioners in NHS trusts
 - Anya de Iongh, Patient Editor, British Medical Journal
 - Meetings with peers NMC, GMC, GOC, GCC, Social Work England, GPhC, MHRA, NHS England and NHS Improvement
 - Patient leadership training
 - Participation in webinars led by National Voices, Patient Association and PSA.
30. As a result of the engagement activity, we are now members of a range of fora which will enable us to collaborate with peers across health and social care, gives us access to best practice and the latest innovations in PPI as well as a range of useful resources. These fora include:
- Arm's Length Bodies: People and Communities Forum - led by NHS England and NHS Improvement)
 - Joint Health Regulators Patient and Public Involvement Group – a community of practice initiated by GPhC in late 2020
 - NHS Public Engagement Practitioners Network
31. During March 2021, we will be running an online workshop on patient and public involvement in osteopathic and chiropractic education. This work is in partnership with the General Chiropractic Council (GCC) and their respective educational institutions to explore the extent of patient involvement in key areas such as teaching clinics, curricula and governance structures and patient feedback. During the workshop we will demonstrate why patients' voices should be at the heart of all discussions in osteopathy and chiropractic care, including education, research and clinical practice.
32. The aim of the workshop is to:
- encourage discussion between osteopathic and chiropractic institutions regards the role of patient and public involvement in their respective organisations.
 - share examples of best practice of patient and public involvement in other educational settings, which will include speakers from the University of Hertfordshire and Leeds Medical School.

- encourage educational institutions to reflect on the impact of COVID-19 on patient and public involvement in their work.
33. The event will be attended by patient and public involvement experts, patients, and educators from osteopathic and chiropractic educational institutions

Registrant engagement

34. During this reporting period we have facilitated CPD webinars in the following key areas:
- Case-based discussion
 - Patient feedback
 - Peer observation
 - Peer Discussion Review
 - Recording/ reflection and mapping to standards (CPD group request)
35. In the period from 1 November 2020 to 1 February 2021, the Professional Standards team have hosted 14 webinars with osteopaths across the UK.

Type of webinar	No. of webinars
Case-based Discussion	4
Peer Observation	2
Patient Feedback	3
Peer Discussion Review	4
Recording & Reflection & Mapping to Standards	1
Total	14

36. Across the objective activity and PDR webinars there were 80 attendees, with a fairly even gender split. More than half were sole practitioners, and out of all attendees, 31 have been registered osteopaths for more than 20 years, 35 participants registered for 10-20 years, and 14 have been registered for 10 years or less.
37. During November - December we ran a further 14-day CPD challenge, where osteopaths could complete their objective activity with us in just 14 days via online webinars in either case-based discussion, patient feedback or peer observation. A similar model to that which is typically offered at Summer Schools, which gave osteopaths the opportunity to either catch up with their CPD or complete it over a very short/intense period of time during the winter months.
38. During 2021 we are running larger scale webinars, so we can meet the CPD needs of even more osteopaths, as more approach the end of their three-year CPD cycles. For example, this includes one of the PDR webinars being delivered to a maximum of 300 osteopaths.

39. The annual CPD evaluation survey closes on 31 January 2021 and at the time of writing 232 osteopaths have completed the survey. The results and findings from the survey will be reported to Council in due course.

Equality, Diversity and Inclusion (EDI)

40. We have received the independent audit report arising from the audit of our work around EDI and this is covered elsewhere on the Council agenda.
41. The staff team have set up an EDI staff group to help inform our work and thinking in this area. To date, seven members of staff have volunteered to participate in this work.
42. In 2021, we intend to be more proactive with our social media posts around important dates connected to equality and diversity, and which demonstrate the inclusive approach that we adopt as a regulator.

National Council for Osteopathic Research (NCOR) online conference 2021

43. NCOR will be holding their annual conference entitled 'Good clinical practice using research' on 22-23 January 2021. This year the conference will be digital, taking the form of a short, ten-minute presentations with five minutes for questions.
44. The Professional Standards Team will be presenting on the following areas of evidence-based research:
- **GOsC CPD Implementation and Evaluation (Presenter: Stacey Clift)** . This presentation highlights a range of data sources including GOsC and NCOR complaints and concerns data, registration data, qualitative data to illustrate changing patterns of CPD over time and how CPD is contributing to the realising of the longer term benefits of the scheme.
 - **Patient involvement in the development of osteopathic regulation, standards and care (Presenter: Rachel Heatley)** This presentation shares our own programme of work in ensuring the patient voice is at the heart of what we do, as well as highlighting our goals for the future to support genuine co-production and partnership working with patients and osteopaths in the development of the profession.
 - **Osteopathic education: looking forward (Presenter: Kabir Kareem)** This presentation will briefly explore the review of the Guidance for Osteopathic Pre-registration Education and Standards. It will explore the changing context of osteopathic education in the coronavirus and key lessons learned by the regulator and the sector and how this learning may inform changes in the future.

Nockolds briefing: learning from the pandemic

45. Over the last 12-18 months we have regularly attended an inter-regulatory corporate complaints forum run by Nockolds Solicitors. Last year, Nockolds issued their first regulatory briefing document and towards the end of 2020, we began discussing how their next briefing document could focus on learning from the pandemic, specifically drawing out the patient experience.
46. Their second briefing document is currently planned to feature a significant amount of learning from the GOsC which will be published for the wider community to absorb and learn from. We will advise Council as and when the publication is issued and we will also promote the briefing document through our social media channels.

Emerging concerns protocol

47. We had previously reported to Council that we were due to be added as a signatory on the next publication of the Emerging Concerns protocol; however, this was delayed due to the impact of the pandemic on the Care Quality Commission. I am pleased to update Council that work on the new publication has recommenced and we expect the Emerging Concerns Protocol, with GOsC as a signatory, to be published around April 2021.

Staffing

48. We have needed to re-advertise for the position of Head of Resources and Assurance as we were unsuccessful during the first recruitment exercise. We will keep Council informed as this recruitment campaign continues.
49. It is good practice to conduct a staff survey every two/three years. With the Remuneration and Appointments Committee (RaAC), a staff survey was developed and was conducted in December 2020. The results will be reported back to the RaAC at its March 2021 and an update provided to Council in May 2021.
50. In December 2020, we provided staff with training on Mental Health Awareness which was facilitated by MIND. This training proved popular with the staff team and we are featuring mental health awareness in our business plan for 2021-22.

External meetings – bringing insight into our business

51. Since the previous meeting we have participated in several external events with stakeholders and partner organisations which ensure that we are able to bring insight to our work. These meetings include:
 - Chief Executives of the Regulatory Bodies forum
 - Sub-group of the Chief Executives (CO-POD)
 - Directors of Fitness to Practice forum

- DHSC, BEIS meetings on EU/EEA applications post UK exit from the EU
 - DHSC: regulatory reform meetings
 - Directors of Resources of the Health Care Regulators forum
 - Inter-regulatory Registration forum
 - Inter-regulatory Performance Group forum
 - Inter-regulatory forum: Care Quality Commission, Emerging Concerns
 - NHS England and NHS Improvement: vaccine rollout
 - PSA Public Council meeting, November 2020
 - PSA appointments seminar
52. In November 2020 we were contacted by Osteopathy Australia who wished to reproduce our patient engagement article which appeared in the Autumn 2020 edition of *The Osteopath: Involving Patients*. This featured David Gilbert, NHS Patient Director and includes our explanation of the importance of patient engagement to the GOsC.
53. In November 2020, we attended the virtual conference held by the General Medical Council and heard from speakers including Charlie Massey, Chief Executive and Registrar, Dame Claire Marx, GMC Chair and Lord Adebawale CBE, Chair of the NHS Confederation.
54. We are continuing to participate in the sub-group of the Chief Executives (CO-POD) which is looking to identify shared learning, knowledge and opportunities for collaboration. As an example, there may be the opportunity for four out of the five regulators participating in the group to come together later in 2021 to tender together for external financial audit services.

Progress against the 2020-21 Business Plan

55. The 2020-21 Business Plan monitoring report is set out at Annex A.

Financial report

56. The financial year end 2020-21 commenced on 1 April 2020. The financial report covers the period ended 31 December 2020. This paper is set out at Annex B.

Recommendations: to note the content of the report.