



Council
8 February 2024
GOsC Strategy, towards 2030

Classification	Public
Purpose	For decision
Issue	Following a three-month public consultation, to agree the GOsC Strategy, towards 2030, which will take effect from 1 April 2024.
Recommendations	<ol style="list-style-type: none">1. To agree the GOsC Strategy, towards 2030, subject to Council considering potential amendments outlined in the paper.2. To note the Executive's approach to launching the GOsC Strategy.
Financial and resourcing implications	These are set out in the paper.
Equality and diversity implications	An Equality Impact Assessment (EIA) was prepared before the launch of the public consultation and has been reviewed at the end of the consultation. No amendments to the EIA have been made.
Communications implications	The Executive's approach to launching the GOsC Strategy, towards 2030, is contained in the paper.
Annexes	Analysis of consultation responses
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Key messages from this paper:

- Council has been considering its future strategic direction over the previous 18-24 months. It has done this in a number of ways including through meetings, strategy days and workshops.
- A public consultation was launched in early September and ran for three months. An analysis of the consultation responses is contained at Annex A.
- In total we received 25 responses from osteopaths, patients and stakeholder organisations including the Institute of Osteopathy and NCOR.
- The consultation responses were varied ranging from endorsing the strategy to being critical of the approach outlined.
- An analysis of the consultation responses has identified that we may wish to make some amendments to the strategy in the following areas:
 - Vision statement
 - Mutual Recognition of Professional Qualifications
 - Defining the term 'collective regulation'
 - Publishing research
 - Demonstrating Trust (measure of success)
 - Equality Impact Assessments
 - Analysing the impact of equality monitoring data
 - Defining the term 'Environmentally social responsible'
- The paper contains questions on each of the above areas for Council to consider.
- At the outset of the public consultation we prepared an Equality Impact Assessment (EIA). We have reviewed this in light of the consultation responses and have not identified any amendments that need to be made to the EIA.
- The GOsC Strategy, towards 2030, will come into effect on 1 April 2024. The Executive's approach to launching the GOsC Strategy includes:
 - Promoting widely to osteopaths and other key stakeholders through our communication channels. Utilising a 'you said, we did' open and transparent approach to the consultation responses.
 - Addressing some of the common misconceptions about the role of the GOsC reflected in a number of responses to the consultation.
 - This is a long term strategy that will have an ongoing impact on the work that we do, therefore we are committed to doing longer term engagement with osteopaths and other key stakeholders particularly over the first year of publication to discuss the new Strategy and listen to feedback.

- We plan to take a four nations approach and include our patient involvement group to help ensure that we are being inclusive and raising awareness of our future direction with all our key audiences.
- We will publish the Strategy in the Welsh language, and promote it to our Welsh audiences.

Background

1. The current GOsC Strategic Plan runs from 1 April 2019 to 31 March 2024. Over the previous 18-24 months we have been considering what the future strategic direction of Council will be post April 2024.
2. Council has considered its strategic direction in a number of different ways. The approach has included: Council meeting discussions and post meeting email conversations; Council Strategy Day events which included external speakers; online workshops; and commissioning and preparing a report which assessed our own performance as a regulator.
3. Council agreed a template for its Strategic Plan and, in May 2023, settled on a Vision Statement and the headings for its future priorities. Alongside this, for the first time, Council agreed an organisational-wide set of Values for the GOsC.
4. In May 2023, Council also considered the content of the strategic plan which was based on the collaborative work undertaken by Executive and Non-Executive colleagues across the previous 18 months.
5. In July 2023, Council agreed to publish a public consultation on the GOsC Strategy, towards 2030. This was launched in September 2023 and ran for three months.
6. Additionally, in July 2023, Council also considered the Equality Impact Assessment (EIA) which was prepared before the launch of the public consultation. The EIA was to be reviewed post consultation and this is addressed later in the paper.

Discussion

7. At the end of the public consultation we had received 25 responses from osteopaths (10), patients (8), researchers (2) and stakeholder organisations (5).
8. The responses were varied in nature ranging from endorsing the strategy to being critical of the approach being proposed. Of the responses received, osteopaths were more likely to be critical of the direction of the strategy (in some cases using the consultation as a way of referencing activity which did not relate to the consultation) whereas patients were supportive of the approach outlined. Stakeholder responses varied in nature.

9. An analysis of the consultation responses is set out at Annex A of the paper.
10. There were a number of responses which have resulted in reflections on how we may develop or enhance the strategy. Specific areas for Council to consider are set out below.

Vision

11. Our vision is currently stated as follows:
 'Our vision is to be an inclusive, innovative regulator trusted by all'.
12. One consultation response questioned whether the wording could be modified by eliminating the comma and/or the words 'trusted by all'. Two alternative suggestions were made.
 - a. Our vision is to be an inclusive, innovative and trusted regulator
 - b. Our vision is to be an inclusive and innovative regulator trusted by all.
13. **Question:** Does Council wish to amend the Vision statement?

Key priority area 1 – Strengthening Trust

Mutual Recognition of Qualifications

14. We received consultation responses referencing the challenge the osteopathic sector is experiencing with regards to Mutual Recognition of Qualifications, i.e. the UK now holds third-country qualification status making it more difficult to attract overseas students onto courses and more difficult for qualifications to be ported to other European countries.
15. Responses to the consultation questioned whether reference to this should be within the strategy under the first key priority area. The Executive consider there to be merit to including this in the strategy to make an explicit reference to the challenge.
16. **Question:** is Council content for the Executive to add wording into the strategy around exploring the issues connected to the Mutual Recognition of Qualifications with overseas countries?

Collective regulation

17. We received a consultation response which suggested we should make clearer what we mean by the term 'collective regulation'.

18. We suggest that we could add an explanation of 'collective regulation' as 'an approach to regulation where a range of organisations and individuals work in partnership together to achieve a shared outcome'.
19. **Question:** is Council content to add an explanation to the strategy to define the term 'collective regulation'?

Publishing research

20. We received a consultation response which felt that we should make it more explicit that if we commission research we are committed to publishing the research and its findings.
21. While the Executive consider this to be implicit, we understand and appreciate why the suggestion has been made to make it explicit, and we would feel comfortable making such an amendment.
22. **Question:** is Council content that the Executive makes it explicit within the strategy that any research we commission would be published alongside the results of that research?

Measure of success – demonstrating trust

23. We received a consultation response that noted our measure of success around demonstrating trust only covered osteopaths and not patients and suggested this was a gap.
24. The Executive agrees with the consultation response and suggests adding patients into the measure of success.
25. **Question:** is Council content for patients to be added into the measure of success around demonstrating an improvement in trust over time?

Key priority area 2 – Championing Inclusivity

Equality Impact Assessments

26. One consultation response asked how policies would be monitored and questioned whether GOsC uses Equality Impact Assessments (EIA). While we do use EIAs we had not made this explicit within the strategy.
27. **Question:** Is Council content for the use of EIAs to be made more explicit within the Key Priority Area of Championing Inclusivity?

Analysing the impact of equality monitoring data

28. When analysing the impact of our equality monitoring data, and taking appropriate actions as a result, so we can be confident our processes and

policies are inclusive and not discriminatory, one consultation response suggested that we should make it explicit what changes have been made and why, as a measure of success.

29. The Executive considers this to be a reasonable suggestion and would be content to add wording to the strategy.
30. **Question:** is Council content for wording to be added to the strategy which makes it explicit that GOsC would demonstrate what changes to its policies have been made following an analysis of our equality monitoring data?

Environmentally social responsible

31. We received consultation responses which suggested we should make clearer what we mean by the term 'environmentally social responsible'.
32. We suggest that we could add an explanation which defines 'environmentally social responsible' as 'our aim to reduce any damaging effects on the environment from our business operation'.
33. **Question:** is Council content to add an explanation to the strategy to define the term 'environmentally social responsible'?

Equality Impact Assessment

34. Before the launch of the public consultation an EIA was prepared and agreed by Council. The EIA has been reviewed post consultation.
35. While we received 25 consultation responses, the level of engagement with the equality questions was disappointing and, as such, no amendments to the EIA have been identified.
36. With no amendments being proposed, the EIA is not attached to this paper; however, if members of Council wished to access the original EIA, it can be found here: [July 2023, Council paper - GOsC Strategy and EIA](#).

Launch

37. We will promote the launch of the GOsC Strategy widely – updated in line with those changes set out in this paper as agreed with Council, with the addition of our organisational values – to our audiences through our communication channels. We have committed to reporting on what changes we have made in response to the consultation findings utilising a 'you said, we did' open and transparent approach. We also commit to addressing why other changes have not have been made.
38. We will issue a news article reporting on the work undertaken over the previous 18-24 months, the public consultation and the changes we have made. This will

be consistent with our new organisational values. Our launch communications will also include a blog from the Chief Executive providing a more approachable and inclusive way to encourage engagement with our audiences.

39. Responses to the consultation included a number that reflected some of the common misconceptions about the role of the GOsC. For example about the fact that we are not able to promote the profession or lobby government. Therefore we will use this opportunity to help dispel these myths and clarify our role. We will continue to address these misconceptions more widely throughout our communications with the profession.
40. As a key part of our communication with the profession we will utilise the monthly ebulletin and social media to bring the Strategy to the attention of the profession, and for the osteopathic stakeholder community, we will send a personalised email bringing the agreed Strategy to their attention.
41. Reflecting the fact that this is a long-term strategy that will have an ongoing impact on the work that we do, we are committed to not only marking its launch, but doing longer term engagement. We will reach out to osteopaths and other key stakeholders particularly over the first year of publication to discuss the new Strategy and listen to feedback. We plan to do this in each of the four nations and with our patient involvement group. Our aim will be to ensure that we are being inclusive and raising awareness of our future direction with all our key audiences. We will hold discussions with osteopaths and stakeholders to help inform the ways in which we implement the strategy across our work and how we regulate.
42. We will publish the Strategy in the Welsh language, and then promote it to our Welsh audiences including patients, osteopaths and students, using the Welsh language. This will help to demonstrate that we want our Welsh audiences to engage in our work.

Recommendation:

1. To agree the GOsC Strategy, towards 2030, subject to the Council considering potential amendments outlined in the paper.
2. To note the Executive's approach to launching the GOsC Strategy.

Annex to 8

Analysis of consultation responses to the public consultation on the GOsC Strategy, towards 2030

NB we received 25 responses, however, not every respondent answered every question so please be aware number of responses may not total 25 for each question.

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
Do you agree that the Vision statement is appropriate for the GOsC Strategic Plan, towards 2030?	13	8	<p>Survival as an independent regulator might be a more appropriate vision.</p> <p>Innovation can only be done without restrictions – legislative process may limit innovation so freedom for innovation is curtailed: embrace innovation.</p> <p>It regulates effectively and ensures patient protection.</p> <p>Difficult to disagree with the component elements of the Vision statement but broader horizon appears to be out of view: a horizon where the profession entropies.</p>	<p>It is for Government to determine the structure of the healthcare regulators and it is not for GOsC to seek to protect its own status as an independent regulator.</p> <p>We disagree. With legislation which is dated we feel there is a greater imperative to explore innovative ways of delivering regulation.</p> <p>-</p> <p>We believe that the strategy, which references the need to work with other key stakeholders will help mitigate the risk which would see the profession decline.</p>

¹ Some responses may have been shortened.

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>The vision for your members [sic] is for [you] to no longer exist and for the profession to come under the HCPC.</p> <p>I think the three elements are contemporary.</p> <p>GOsC council is acknowledging the need to strengthen trust with everyone. It has set a good plan set. It is stating it plans and wants to work in partnership with clinicians, patients educators and other stakeholders.</p> <p>Inclusivity and innovation are important areas of any vision statement.</p> <p>It says nothing about osteopathy. Are inclusivity and innovation really the hallmarks of a good healthcare regulator?</p> <p>It shows a need to change and move forward, especially regarding inclusivity.</p>	<p>The structure of the healthcare regulatory landscape is a matter for Government.</p> <p>-</p> <p>-</p> <p>-</p> <p>We consider that without inclusivity and innovation we would not be able to demonstrate the value we can add as a healthcare regulator.</p> <p>-</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>I feel the focus on inclusivity is positive for all stakeholders. It speaks to fairness and equity.</p> <p>The vision statement reflects the Strategic Plan, but do not agree with some of the strategies since the wording may be seen as a cross over with other stakeholder strategies.</p> <p>The vision is clear. I wonder whether the wording could be modified as the isolated comma (with no 'and') is perhaps a bit odd. An alternative wording could be 'Our vision is to be an inclusive, innovative and trusted regulator.' or 'Our vision is to be an inclusive and innovative regulator trusted by all.'</p> <p>Very limited – does not say what the GOsC hopes to achieve through regulation, e.g. patient safety or best care.</p>	<p>-</p> <p>-</p> <p>We have noted the feedback and Council will be asked to consider whether it wishes to make a change to the wording of the Vision.</p> <p>We believe that it is more appropriate for the key priorities and actions to speak to this point.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
<p>Do you agree that the three key priorities: Strengthening Trust, Championing Inclusivity, Embracing Innovation are appropriate for the GOsC Strategic Plan, towards 2030?</p>	13	8	<p>There is one omission. Rebuilding the workforce. Student recruitment – ensure that GOsC works actively to ensure that the undergraduate education provided to osteopathy students is fit for purpose and the workplace. GOsC must support colleges in this and help colleges to provide the flexible and right education format to meet these needs.</p> <p>Strengthening trust is an imperative. It has been anecdotally noted by [name redacted] that trust in the regulator has lessened and it must improve and maintain good relationships with registrants to prevent a further decrease in numbers. This should be through a better, more functional, and reactive communication system.</p> <p>GOsC should push for reform to its legislation to improve its fitness to practise processes and it should also approach mutual recognition of qualifications more robustly.</p>	<p>We consider this point is covered within the detail of the strategy – see Key Priority area 'Embracing Innovation' – where we outline supporting the osteopathic education sector to explore the ways it can meet the graduate outcomes and standards for education.</p> <p>We welcome the feedback which reinforces the approach we have taken by including 'Strengthening Trust' as a Key Priority Area.</p> <p>We continue to encourage the Department of Health and Social Care to set out a timeframe for when all healthcare regulators will see changes to their legislation. We note the point around</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Strengthening trust would be good, but surely inclusivity and embracing innovation are givens rather than your strategic direction? What are your plans regarding development of the osteopathic profession?</p> <p>The analysis of EDI data and taking appropriate actions as a result is important to ensure confidence.</p> <p>No one knows what an Osteopath is. GOsC have kept this in the dark ages. Ask 1000 people in the street what is an Osteopath and they will not know.</p> <p>The 3 key areas are prioritised and I believe they are key to helping move</p>	<p>mutual recognition of qualifications and Council will be asked to consider adding some additional text to the strategy to address this point.</p> <p>Not every organisation holds inclusivity and innovation at its centre and we think it is important to demonstrate that these are areas we take seriously. We believe that development of the profession will happen through the activities we have outlined in the strategy, with one example being working with osteopaths, patients, educators, and other stakeholders to model the behaviours expected of all healthcare professionals.</p> <p>-</p> <p>Promotion of the profession was removed from our statutory remit many years ago and this activity is better placed with the professional membership body.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>forward into 2024 - 2030. Embracing new ideas and innovating and delivering education and training is paramount to moving forward.</p> <p>I think these are the goals that are achievable.</p> <p>Strengthening trust is important for those who are regulated and the individuals for whom the regulator acts. Increasing diversity in respect of all protected characteristics is important to make sure the regulator and the profession reflects the wider population. Innovation could also be seen as important to meeting the previous two priorities.</p> <p>It says nothing about osteopathy. Are inclusivity and innovation really the highest priorities for a good healthcare regulator? You might find trust flows from good use of registrants' fees.</p> <p>Yes, all three are very important.</p>	<p>-</p> <p>-</p> <p>-</p> <p>We have addressed this point in our earlier response.</p> <p>-</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>The Embracing Innovation strategy is questionable. It will most definitely raise several questions from some in the profession who are aware of the AHP and iO strategies which could be implemented on the profession. Why does GOsC need to support OEIs to explore different and innovative ways of meeting standards of education? Are the tried and tested ways colleges traditionally do this in question, or showing lack?</p> <p>What are the 'developments in modern healthcare' that OPS and SET wish to align to? Does this include iO's Professional Development Framework, or the AHP and iO NHS career framework. If so, this needs to be made explicit and transparent, otherwise the Trust part of the strategy collapses at the first hurdle.</p> <p>The Vision encompasses broad stakeholder expectations of a regulator to ensure confidence. It is in-line with other health regulators.</p>	<p>We are not aware of any AHP strategies or those of other osteopathic stakeholders being 'implemented on' the profession.</p> <p>In relation to the education sector, GOsC has always supported the sector as it has developed and explored new, innovative ways of working. This is an approach we have always taken and will continue to do so. It is our role as an effective regulator to continue to support and encourage development.</p> <p>The strategy says that the OPS and SET continue to evolve in accordance with developments in modern healthcare practice. We do not say that we will be aligning OPS or SET with any stakeholder framework, be that the iO or the NHS, and so we consider that this response is a misunderstanding of our intention.</p> <p>-</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			First two are okay but embracing innovation - it has to be safe and evidence based innovation.	We note the feedback and reflect that evidence-informed is one of the GOsC Values which will underpin the strategy.
Priority Area 1: Strengthening Trust				
Do you think these are the right areas of focus?	15	6	<p>Osteopathy is not being regulated well in the UK. There are too many unqualified practitioners using the term osteopathy and osteopathic technique. When unqualified practitioners use these terms it is confusing and potentially dangerous for members of the public. In failing to protect the terms osteopathy and osteopathic for use by registered osteopaths only I believe the GOsC is failing in its primary objectives.</p> <p>Every interaction I have ever had with the GOsC has left me feeling as though I have been punched in the face, so there is room for improvement there.</p>	<p>We acknowledge the feedback but we do not agree that osteopathy is not being well regulated in the UK. However, we do agree that the Osteopaths Act 1993 has a gap within it by not regulating the term 'osteopathic technique(s)'.</p> <p>We would reiterate that any individual using the title osteopath should be referred to the Regulation team for a potential breach of Section 32 of the Osteopaths Act 1993.</p> <p>We are deeply sorry to hear that this is anyone's experience of interacting with the GOsC and we would like to explore further with this respondent what interactions they have had so we can understand where we might be able to make improvements or</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Have you not noticed no one knows what an Osteopath is or does? They know what a physiotherapist does and a chiropractor, but not an osteopath.</p> <p>No statement of simply strengthening trust with registrants; not specifically cited.</p> <p>You may wish to share how you will tackle the isolated osteopaths, as evidence suggests that single-handed practitioners often do not deliver the best possible care.</p> <p>It would be good to see some research with osteopaths who have been through the complaints process to see what could be learned from them, and what they learned from their experience to change/improve their practice.</p>	<p>change the ways we communicate with the profession.</p> <p>We feel this comment relates to the promotion of the profession which is outside the scope of the GOsC.</p> <p>We have a measure of success which is to demonstrate that trust with registrants is improving.</p> <p>-</p> <p>We thank the respondent for their feedback. Our initial thinking is that this type of work could potentially be captured within the research to explore the relationship between the GOsC and osteopaths, and how this impacts on trust and patient safety. We also note that the NCOR Concerns and Complaints Report provides us with rich insight about the</p>

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			<p>Trust is generated though consistent and fair actions, not words. Spending money on research / surveys here is misguided and irrelevant.</p> <p>I think it's important to change in the osteopathic education sector to remain competitive. Collective regulation is crucial to gain trust from the public and other medical professions.</p> <p>The inclusion of '...model values and behaviours expected of all healthcare professionals' may not reflect the unique extra values and behaviours expected of primary healthcare practitioners. This sentence feels like</p>	<p>types of issues arising and ensures we can focus guidance on those areas to support the profession.</p> <p>We agree that consistent and fair actions are necessary/important but we disagree about the need for research. Without a baseline we are unable to determine whether trust has or has not improved. As such we feel that the registrant and stakeholders perception research will provide us with evidence to inform the work we need to do to tackle misconceptions within the community.</p> <p>-</p> <p>Osteopaths are part of a wider healthcare system, whether as autonomous practitioners running their own business or as part of a bigger system such as the NHS and that there would be shared values and</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>it is not seeing osteopathy's distinct, holistic approach to healthcare, as opposed to other AHPs or other primary healthcare professions. Is this wording intentional to incorporate blending osteopathic values and behaviours to AHP strategy specifications. If so, this needs to be made explicit and again, does not satisfy the Trust part of the strategy.</p> <p>Collective regulation - needs explaining - what this is and how it will strengthen trust in GOsC.</p> <p>I think given the general fear of regulators and fitness to practise of professionals in academic literature, it is very important to build rapport with osteopaths, so that they are well supported to do their jobs well and patients can thus trust and rely on osteopaths for holistic care.</p>	<p>behaviours regardless of the environment in which care was being delivered.</p> <p>There is no hidden motive behind the GOsC strategy. We do not intend to 'blend osteopathic values and behaviours to AHP strategies' or to eliminate the uniqueness of osteopathy.</p> <p>Thank you for the feedback. We will consider what change we can make to the strategy to make this clearer.</p> <p>Thank you for the feedback. We believe it is important to have clear communication with the profession and to dispel myths which exist to ensure trust can be built and strengthened.</p>
Do you think there are any gaps within the areas of focus?	8	12	You have to talk to the profession about undergraduate education (producing graduates that are fit to	We agree that there is a very low level of concerns raised against osteopaths, and we are required by law to investigate these;

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			<p>practice) and be more positive towards osteopaths. We have a very low level of complaints but you treat us like criminals.</p> <p>There is always room for improvement from feedback and reviews.</p> <p>We are only now being employed as First Contact practitioners in GP trusts. Where is the name Osteopath? We are glorified physiotherapists in these BP practices, but with less scope.</p> <p>With the current lack of student recruitment and general awareness of osteopathy across the UK, the recognition of mutual qualifications between regulated countries is essential and should be part of your strategy.</p> <p>How to work with other regulators to look at how they have explored building and strengthening trust.</p>	<p>however, we are unclear what is meant, or what the evidence base is, for the feedback that GOsC treats osteopaths 'like criminals'.</p> <p>-</p> <p>-</p> <p>We will be reflecting on how best to capture mutual recognition of qualifications within the strategy.</p> <p>We will do this as part of our developmental work in this area.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>One of the poorest outcomes of GOsC activity is the time taken for PCC cases to be resolved. There is no mention of trying to address this.</p> <p>Yes, the development or enhancement of organisational procedures to ensure transparency and trust within the organisation itself. There needs to be some demonstration that GOsC are trustworthy themselves to promote trust with stakeholders.</p>	<p>We absolutely recognise that fitness to practise processes are challenging and difficult for everybody involved and we will always endeavour to progress cases as efficiently as possible. At the GOsC the length of time taken to process PCC cases is among the most timely within the healthcare regulatory sector. We always wish to process cases as quickly as we can, however we are hampered by our dated legislative framework and also where cases are held up by third party investigations.</p> <p>We consider that acting upon the feedback of registrant, stakeholder and patient surveys will allow us to demonstrate trust.</p>
Do you agree that the key actions are appropriate?	16	4	We are unable to learn to prescribe because of GOsC. We cannot be accepted on any pharmacology courses. Podiatrists and physiotherapists can because they come under the HCPC.	This is a misconception. The Medicines Act 1968 (as amended) details which professions in addition to medicine and dentistry can prescribe. It is this piece of legislation which prevents osteopaths from prescribing not the GOsC. Being HCPC

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>They are great, reasonable approaches and people work in partnership for the benefit of patient safety which is important.</p> <p>Will a review of the Osteopathic Practice Standards be part of this, as some parts are now dated in the language?</p> <p>I think surveys should be used with caution as it depends on how they have been developed.</p> <p>With the provision that you must know who your audiences are and know what is important to them. Demonstrate that you are communicating with the correct people.</p> <p>Please don't waste more money on surveys. Fair and consistent actions are needed for generating trust.</p>	<p>registered is not a prerequisite for being able to prescribe.</p> <p>-</p> <p>The Osteopathic Practice Standards is reviewed regularly. The detail of the next review will be set out in future business plans.</p> <p>We note the feedback.</p> <p>We note and agree with the feedback.</p> <p>We have addressed this point in an earlier response.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Ensuring that every registrant is responded to promptly and proportionately would be far better endeavours to focus on.</p> <p>Engagement and feedback are key actions which seem to be covered.</p>	-
Do you think there are any gaps within the key actions?	10	11	<p>Commissioning research is fine but publicise the results through a clear and committed communications strategy, to increase visibility, and state effect and action clearly. Communications not mentioned at all.</p> <p>More face to face 'listening' events with registrants as this is a powerful trust building tool. Follow up either with actions or explanations why you cannot do anything – have a more formal engagement strategy.</p> <p>Actually talking to osteopaths would be good - there is only so much you can learn from a survey, even assuming you ask the right questions.</p>	<p>Thank you for the feedback. We will ask Council to consider adding additional wording to the strategy to reflect the point made.</p> <p>We agree with the importance of talking to osteopaths and plan to address this within actions outlined in the annual business plans produced to underpin the strategy.</p> <p>We agree with the importance of talking to osteopaths and plan to address this within actions outlined in the annual business plans produced to underpin the strategy.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>This does not address any of the issues in our profession. Firstly: That it is very difficult to actually make a living as an Osteopath. Secondly: we are still not recognised by the NHS. Thirdly: we are still excluded from menus listing Allied Health Professionals.</p> <p>Mutual recognition of qualifications should be part of the key actions.</p> <p>I think you should leave the office and interact with the profession.</p> <p>I think the strategic aims are quite comprehensive and workable. If any more were added then they may not be achieved.</p> <p>The impact of regulation on trust is only one action, another would be</p>	<p>We note this feedback but consider this relates more to promotion of the profession which is outside the scope of the regulator.</p> <p>We have addressed this earlier in our consultation response.</p> <p>We agree that it is important to have face-to-face contact and will cover this within the annual business plans produced to underpin the strategy.</p> <p>-</p> <p>We thank you for the feedback which is noted.</p>

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Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>how the regulator is perceived in doing their job of regulation, which can affect trust.</p> <p>I would suggest having a clear action against the key area "Engaging with osteopaths, patients and other stakeholders to ensure our purpose, work and future direction is understood." It is partly covered in the second bullet point (surveys) but there may be more specific actions to achieve this area of focus.</p> <p>Feedback via a section on the website or an e-mail address, feedback from those who complain.</p>	<p>We thank you for the feedback which is noted and which will be considered further.</p> <p>Our website already has online forms which can be used to provide feedback to the GOsC but we note this feedback as we are continually trying to improve our websites.</p>
Do you agree that the measures of success are appropriate?	16	3	<p>What success? What have GOsC actually done for the profession. And the person who is reading this and working for GOsC do you endlessly have to explain what Osteopathy is and you work for the governing body.</p> <p>KPI – improved retention rate.</p>	-

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>The descriptions feel vague. Suggest using SMART goals.</p> <p>Additional measures could be making clear what has changed and why.</p> <p>I think the measures of success are appropriate but the wording could be made shorter.</p> <p>It seems that measures of success may be quite limited and it is difficult to consider any others, therefore these are appropriate.</p> <p>Wider use of different research methods.</p>	<p>Such a performance indicator would be more appropriate for a professional body.</p> <p>We note the feedback.</p> <p>We feel this is covered within the first measure of success.</p> <p>-</p> <p>-</p> <p>-</p>
Do you think there are any gaps within the measures of success?	8	10	<p>I don't see any success so I can't access the gaps.</p> <p>Measuring profile may be helpful (i.e. if actions help change perceptions of the regulator). GOsC perceptions are very dependent on level of</p>	<p>-</p> <p>We note this feedback and will consider as part of our perceptions research.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>engagement. If there has not been much engagement, then previous experiences tend to stay the normal (e.g. of a different staff who may have done things differently).</p> <p>Should there be something that identifies success in terms of 'patient trust'? Patients are mentioned in areas and actions specifically. Success demonstration focuses on GOsC and osteopaths only.</p> <p>No targets here how will you benchmark success over time and compared to say, other regulators in other countries for osteopaths of regulators or somewhat similar professions e.g. GCC?</p>	<p>Thank you for the feedback. We can look to amend the second bullet point to include patients.</p> <p>In the first instance we need to understand our own trust benchmark and performance and how that changes over time, but we can look to benchmark ourselves against other comparable organisations at an appropriate point.</p>
Priority Area 2: Championing Inclusivity				
Do you think these are the right areas of focus?	15	5	This is a basic underpinning of any business or organisation. It does not belong in a strategic plan. It should appear in your annual review as a set	We think it is important to demonstrate that we take inclusivity seriously.

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>of stats on inclusivity performance, along with gender pay gap, compliance with the law in general.</p> <p>Championing inclusivity – what is the challenge? Have not laid out the challenges – this is confusing without context.</p> <p>The regulator allows people to be their true selves and they comprehend and break down any barriers or misunderstandings.</p> <p>The priority should be about helping the profession.</p> <p>Training should be a big focus and also providing support and timely webinars may also be appropriate.</p>	<p>We consider that the Key Priority Areas outline the challenge, examples include: that we need to ensure we are making values based decisions as a Council and we need to collect equality monitoring data to ensure our processes are inclusive and not discriminatory.</p> <p>-</p> <p>Promotion of the profession is not the role of a healthcare regulator (this is a misconception about our role). We also believe that development of the profession will happen through the activities we have outlined in the strategy.</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Would it possibly be appropriate to give examples of either inclusivity or diversity?</p> <p>This seems to be well covered.</p> <p>Bullet 1 - what behaviour does GOsC want to see?</p> <p>Bullet 2 - what are the GOsC values?</p> <p>How will you monitor the effect of policies – does GOsC use Equality Impact Statement?</p> <p>Bullet 4 - Diversity is not defined. Is this just in relation to Equalities legislation or a wider definition?</p>	<p>We note this comment and while not appropriate for the strategy we can consider how this is developed within our operational activity.</p> <p>-</p> <p>We will need to articulate these through our operational business plans which underpin the strategy.</p> <p>These will start to be promoted more widely and we plan to include them in the Strategy when we publish the final version.</p> <p>Yes we already use equality impact assessments and will consider whether this needs to be made more explicit in the strategy.</p> <p>This is in relation to the protected equality characteristics.</p>
Do you think there are any gaps within the areas of focus?	5	13	Have you thought about GOsC can change, to maybe join the HCPC?	This is a matter for Government and not for the GOsC.

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Efficiency of data sets; transparency of data; publication of data.</p> <p>Perhaps consider also the patients who have raised issues and whether there are patterns around patient groups who have not been well served. This could be explored in relation to a broad spectrum of features of inclusivity.</p> <p>Why only recruitment in relation to Exec/NED roles?</p>	<p>-</p> <p>We can consider this concept as part of the operational detail which will be covered within the annual business plans that underpin the strategy.</p> <p>These are the only roles which are within the gift of the GOsC.</p>
Do you agree that the key actions are appropriate?	13	6	<p>Have you not noticed that the USO have joined with the chiropractic college, and BCOM with the ESO? This is because the student numbers are so ridiculously low the colleges cannot survive. And to add to this the ESO is now closing.</p> <p>Actions do not reflect how improvements will be made.</p> <p>I think you should leave the office and interact with the stakeholders.</p>	<p>-</p> <p>-</p> <p>We agree that it is important to have face-to-face contact and will cover this within</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Recruitment should be on the grounds of merit and skill suitability not protected characteristics.</p> <p>Yes, especially regarding recruitment.</p> <p>There is a difference in recruitment initiatives and successful employment processes. I assume GOsC is aiming to actively widen its recruitment pool to include diversity and inclusion. All those associated with EDI characteristics welcome inclusion, but would always prefer to be employed based on merit. This is a distinction here that needs to be reworded, so that there is not bias against those who are non EDI.</p> <p>Bullet 3 looks very difficult to operationalise as the target of 2030</p>	<p>the annual business plans produced to underpin the strategy.</p> <p>We agree. We value and promote diversity and are committed to equality of opportunity for all. All our appointments are made on merit. We believe that for any organisation to be successful, it needs to work with the most talented and diverse people available.</p> <p>See above.</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			cannot be achieved unless you define what you mean by diversity at 2024.	
Do you think there are any gaps within the key actions?	8	11	<p>Partly. Currently providing GOsC with EDI data is only an optional choice for osteopaths when they first join the register. Making this an opt out option rather than opt in would partly address this. GOsC should invest in cleansing currently held registrant data. This should include data on all protected characteristics, not just gender and ethnicity. Having baseline data is the first step in ensuring inclusivity. This would also support GOsC to role model inclusiveness to the profession for the enhancement of patient care.</p> <p>GOsC must demonstrate to registrants that it is working on EDI and actively encourage participation in a two-way dialogue as to problems/issues around all aspects. GOsC should be seen as a role model in its behaviours to influence the profession.</p>	<p>As part of a system upgrade we will develop an equality monitoring form which will be linked to the renewal of registration process. This will allow data to be collected more systemically and more frequently. However, we are keen to collect data based on trust, without forcing registrants to give us data that can be quite sensitive and personal to them. We want to encourage osteopaths to share their EDI data with us, by being clear why we need it and how this will benefit them and the profession in the longer term. We do not want osteopaths to feel pressured into giving us personal information, as this goes against our aims to be an inclusive and respectful regulator.</p> <p>We agree, and we recognise that EDI is an important and pervasive part of what we do as a regulator. We have already started sharing more of our work in this area, for example with the findings of our EDI pilot. We recognise too the need to encourage dialogue across the profession, and will</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Collect better data on EDI from registrants – make completion of an EDI form mandatory (although they will still have an option of rather not say) at initial registration and renewal. Include in this geographic/demographic data.</p> <p>Gather information from registrants as to issues that they may experience in working, managing, recruiting for example.</p> <p>There could be a barrier in communication.</p> <p>Osteopathy is a dying profession because of GOsC.</p> <p>Why does GOsC feel it will be successful in recruiting to our Executive and non-executive roles a diverse and inclusive range of talent so that we are more representative of wider society when many</p>	<p>take this into consideration as we plan our activities for the coming years.</p> <p>As part of a system upgrade we will develop an equality monitoring form which will be linked to the renewal of registration process. This will allow data to be collected more systemically and more frequently.</p> <p>This would be more of a role for the professional membership body rather than the regulator.</p> <p>-</p> <p>-</p> <p>We have worked hard in this area and our recent recruitment campaigns have been highly successful in attracting a wide range of diverse applicants.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>organisations find this challenging? Should GOsC not have some workforce planning in this?</p> <p>Staff views and exit interviews given in real confidence would be a great source of feedback on how inclusivity is really working.</p>	<p>We undertake staff exit interviews, the headlines of which are reported to our People Committee.</p>
Do you agree that the measures of success are appropriate?	13	5	<p>I think our fees are disproportionately high. GOsC keep us in the dark ages. Unknown to the public.</p> <p>Measure of how successful registrants are in dealing with such matters – an understanding of their issues.</p> <p>Consider also making it explicit what changes have been made where issues around inclusivity have been identified.</p>	<p>As a healthcare regulator promotion of the profession is not our role (this is a misconception about our role). We note the feedback about registration fees; however, that issue is outside the remit of the Strategy.</p> <p>-</p> <p>Thank you for the feedback which we will consider when finalising the strategy.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>a) It is unlikely that data will enable you to 'prove' that your processes are free from discrimination.</p> <p>b) Do you really mean your Governance Structure? Does this not mean your processes? Perhaps you mean your personnel profiles.</p> <p>What type of data would be provided?</p> <p>Look at how Fitness to Practise cases reflect issues of discrimination against registrants, and also look at how likely their patients who are harmed are from minority groups.</p>	<p>We believe that gathering data is an important step towards examining and answering the question.</p> <p>We do mean the Governance structure.</p> <p>We would be looking to collect data across the range of protected characteristics.</p> <p>Collecting more data on the registrant population will go some way towards responding to this challenge.</p>
Do you think there are any gaps within the measures of success?	9	10	<p>GOsC should be thinking about how they improve our recognition as AHPs.</p> <p>Publish it and through other effective and thorough systems of communications.</p>	<p>Promotion of the profession is outside the scope of the regulator.</p> <p>-</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>Demonstrate that policies and procedures are in place to support OEIs in their EDI processes. EDI improvement needs to extend outside of GOsC aims to incorporating in education, since standards of education are part of regulation.</p> <p>A further measure of success would be to transparently report any discriminatory practices/processes of the organisation and ensure that action is taken to prevent their recurrence.</p> <p>Include the demonstration agreed GOsC values in decisions as well as processes.</p> <p>It's difficult to judge how you would measure these actions to be free from discrimination</p>	<p>We agree with this comment and will reflect on how to make this explicit within the final strategy.</p> <p>Council will be holding itself accountable against its values.</p> <p>-</p>
Priority Area 3: Embracing Innovation				

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
Do you think these are the right areas of focus?	12	7	<p>Again, this seems like a tick box exercise. Your focus seems to be on the foundations of any business or organisation - compliance with the law, keeping up to date with tech. What are your aims for the osteopathic profession - undergraduate education and practising osteopaths?</p> <p>This aims for long term success and improved customer satisfaction.</p> <p>Nonsense.</p> <p>I wonder whether there should be something about international 'learning' here?</p> <p>Strengthening the patient voice is really important. Embracing innovation to allow a wider cross-section of patients to contribute to the GOsC strategy and Council activities would be good especially reaching out to wider areas of the United Kingdom.</p>	<p>We feel we have covered these areas in the strategy within the confines of our regulatory role. We disagree that the strategy is a tick-box exercise.</p> <p>-</p> <p>-</p> <p>-</p> <p>We agree, and we are delighted that representatives from our patient forum have been able to respond to this important consultation.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>What does 'Environmentally Social Responsible Organisation' mean? Do you perhaps mean Corporate Social Responsibility (CSR), or you might be referring to Environmental, Social and Governance (ESG).</p> <p>Especially the standards of education.</p> <p>The idea of supporting different and innovative ways to meet and deliver standards of education feels very odd and raises questions of its inclusion. If this is to incorporate other stakeholder strategies, e.g. AHPs Deliver blended, simulated learning, or multidisciplinary learning, then this needs to be made transparent to ensure trust. The profession is more aware of these strategies by AHP and others by iO, therefore they will recognise anything in this direction readily and trust is lost at an early stage.</p> <p>Not clear how choices are made to, for example, embrace new technology, is it evidence based?</p>	<p>Thank you for the feedback. We will consider providing a definition within the final strategy.</p> <p>-</p> <p>In relation to the education sector, GOsC has always supported the sector as it has developed and explored new, innovative ways of working. We therefore consider this to be a statement of what we have always done, and what a good regulator would always do.</p> <p>Any decision made would be evidence-informed which is one of the new GOsC organisational values.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
Do you think there are any gaps within the areas of focus?	7	10	<p>GOsC should consider which new technologies would allow them to improve communications with and hence relationships with stakeholders.</p> <p>Innovation needs focus – this should be on workforce, education, retention, and the European workforce (mutual recognition of qualifications, for example).</p> <p>It's nonsense.</p> <p>No action appears to relate to the area of embracing technology.</p> <p>This section does not feel like it adds anything substantial to the profession. It is very vague and lacks impact. Is this to serve another agenda?</p> <p>How about making sole practitioners safer? E.g. mandating technology to observe and record patient care and prevent abuse?</p>	<p>We agree with this feedback.</p> <p>-</p> <p>-</p> <p>-</p> <p>We do not understand what other agenda is being referred to in this response.</p> <p>-</p> <p>Thank you for the feedback. We can consider this as part of the operational</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			GOsC may wish to consider, as part of the plan for innovation and the delivery of standards of education, the 'approval' or 'review' of adjunctive courses that are to form part of the Osteopaths regulatory requirements: particularly the need maintain and update 'CPD' in all areas of practice.	plans which underpin the delivery of the strategy.
Do you agree that the key actions are appropriate?	13	4	Tosh. You mention becoming an Environmentally Responsible Organisation which feeds into the whole of healthcare initiative. GOsC need to lead the profession into this and be an exemplar. It can help osteopaths who are not in the NHS develop more sustainable and green practice. It does not have to do this in a silo but should meet with other regulators, for example, HCPC is campaigning to have sustainability and a green agenda included in all undergraduate education. GOsC can also ask osteopaths to put forward their ideas – again a two-way	- Thank you for the feedback which we will consider.

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>conversation through a 'Greener' day?</p> <p>Commissioning research here is another waste of registrants' fees. You have an entire education and professional standards department. Exploratory work should be managed in house and with other regulators.</p> <p>Being an environmentally social responsible organisation is important, and can help with positive public opinion.</p> <p>Yes for the actions, but these are questionable.</p> <p>Action plan is not action re Environment. Also there is nothing in third column related to Environmental actions to demonstrate success is that because you don't have a plan? Seems aspirational with no substance.</p>	<p>We disagree that commissioning research is a waste of registrant fees. We are and are committed to continue being an evidence informed organisation.</p> <p>-</p> <p>-</p> <p>Thank you for the feedback which we will consider further.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
Do you think there are any gaps within the key actions?	7	10	<p>Change the key actions.</p> <p>Considering how the GOsC governance structure can be further strengthened by patient and osteopath input sounds contradictory to innovation.</p> <p>The area of focus 'Embracing the development of new technology to explore better ways of working to improve the experience for those who have contact with GOsC' is not fully represented in the actions listed.</p>	<p>-</p> <p>We are not clear on the meaning of this comment.</p> <p>Further detail will be provided in the annual business plans that will support this Strategy.</p>
Do you agree that the measures of success are appropriate?	13	5	<p>Who designed this questionnaire – it is tautological nonsense.</p> <p>In the future a CPD module on sustainability.</p> <p>Regrowth of osteopath numbers.</p> <p>There is no mention here of the measurable outcomes in relation to environmental or social changes you</p>	<p>-</p> <p>-</p> <p>Promotion of the profession is outside the scope of the regulator.</p> <p>We will consider this further.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>allude to in the key areas and actions.</p> <p>Yes but maybe explain briefly the meaning of metrics.</p> <p>Evolving OPS and SET in accordance with developments in modern healthcare practice may suggest mapping osteopathy as a profession to the AHP/s NHS career framework or iO's Professional Development Framework. If this is the case, this needs to be made transparent and requires greater consultation.</p> <p>The impact of such frameworks need to be considered and counsel sought from those already delivering advancing practice in osteopathy. This measure of success implies evolution of the profession in line with other professions, which does not support the autonomy of osteopaths as primary healthcare practitioners, its identity, scope or recognises the significant evolution that quietly goes on in practice and</p>	<p>-</p> <p>The strategy says that the OPS and SET continue to evolve in accordance with developments in modern healthcare practice. We do not say that we will be aligning OPS or SET with any stakeholder framework, be that the iO or the NHS and so we consider that this response is a misunderstanding of our intention.</p> <p>As above.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			post-graduate education. Have these views been sought? Are developments in other modern healthcare professions e.g. AHPs who are not primary healthcare, relevant enough to our profession? Again, greater clarity and transparency please, otherwise the trust is lost at an early stage.	
Do you think there are any gaps within the measures of success?	7	12	<p>Consider other approaches and not just metrics, i.e. patient talking head for your website.</p> <p>Greener initiatives strongly embedded in the expected conduct of an osteopath; CPD requirement in this area? Or at least modules.</p> <p>Publication and wide dissemination of GOsC support for and actions towards Net Zero.</p> <p>No success measures for Environmental Social Responsibility.</p> <p>Embracing Innovation is a very weak, vague and questionable part of the strategy which raises more questions</p>	<p>Thank you for the feedback.</p> <p>Thank you for the feedback.</p> <p>Thank you for the feedback.</p> <p>We will consider this point further.</p> <p>Thank you for the feedback. More detail will be provided in annual business plans.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			than it answers and leaves a sense of mistrust, whether valid or not.	
Welsh Language and Equality, Diversity and Inclusion				
Do you think the GOsC Strategic Plan, towards 2030 is likely to have any positive or negative effects on a person's opportunities to use the Welsh Language?	Positive – 3	Negative – 0 Don't know - 4		
Do you think the draft GOsC Strategic Plan, towards 2030 can be revised in any way in order to increase a person's opportunities to use the Welsh Language?	2	4	<p>If the therapist is a Welsh Speaker and the Patient also, it would be appropriate to use the Welsh Language. But if the patient is not a Welsh speaker it would be impractical to use the Welsh language.</p> <p>I wonder how many Welsh Nationals know what an Osteopath is. Half a dozen. Max.</p>	<p>We do not consider that an amendment to the GOsC Strategy is required.</p> <p>There are 162 osteopaths in Wales therefore we do not agree with this comment.</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			Provide information to the Welsh community so they have a voice and can understand the GOsC vision.	We agree. We will begin to do this by first publishing the Strategy in Welsh and then promoting it to our Welsh audiences patients, osteopaths and students, using the Welsh language. This will demonstrate that we want our Welsh audiences to engage in our work.
Do you have any other comments in relation to how the Strategic Plan might affect a person's opportunities to use the Welsh language.	0	0	-	-
Except for issues relating to the Welsh language, do you consider there are any equality and diversity implications for groups or individuals related to the draft Strategic Plan, towards 2030?	1	5	Sometimes it is important to work on stigma and encourage people to take on training to build teamwork and trust in organisations.	Thank you for your feedback.

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
Any other comments				
<p>Please provide additional comments below. Are there any other areas that the GOsC Strategic Plan, towards 2030, should address? If so, please set out what these areas are.</p>			<p>Whilst recognising that there are limitations as to what GOsC can do as a regulator, it is disappointed that the strategy does not acknowledge issues that need to be addressed:</p> <ul style="list-style-type: none"> • falling number of registrants • falling number of students • closure/merger of colleges • Action around European qualification legislation and working more closely with stakeholders to deal with this. <p>Working closely with and supporting those who are more appropriate to lobby/deal with these issues is an absolute priority. Be more visible to registrants for two-way conversations and explain how you are supporting other stakeholders in the work that they are doing supporting GOsC (i.e. lobbying etc)</p> <ul style="list-style-type: none"> • A communications strategy 	<p>Thank you for your detailed feedback which we will consider, but as recognised by the respondent, some of this is beyond our remit as the regulator, while other aspects are more appropriate for our annual business plans.</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<ul style="list-style-type: none"> • An engagement plan. <p>Should the NCOR results translate to mandatory modalities to be covered under the CPD scheme? For example, the current recognised increase in the number of complaints citing 'too much force being used' would suggest that a modality covering this section should be mandatory for all Osteopaths with a view to reducing incidents that might give rise to complaints in the future.</p> <p>Access to Osteopathic services are not generally available on the NHS, it would be good to widen Osteopathy to a wider range of patients who do not have access to these service through the NHS as practices are normally private and require private insurance to access them. This deprives most of the population of what I consider to be vital services for many issues that do not respond well to other types of treatment.</p>	<p>-</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>HCPC invests in collecting workforce data for the professions that it regulates. GOsC does not. This may not be a regulatory obligation specifically, but there are implications of not collecting it as GOsC is the only organisation within the profession that represents the whole profession.</p> <p>Better communication with registrants would help to enhance the relationship and reputation of the GOsC with registrants. While the GOsC exists to support patient safety not osteopaths, alienating registrants does not support patient safety.</p> <p>GOsC should consider which new technologies would allow them to improve communications with and hence relationships with stakeholders.</p> <p>Currently providing GOsC with EDI data is only an optional opt-in choice for osteopaths when they first join the register. This means that very</p>	<p>-</p> <p>-</p> <p>-</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>few osteopaths complete this and means that very little is known about EDI in osteopathy compared with other AHPs.</p> <p>Disbanding. Joining the HCPC and merging with a governing body of other Allied Health Professionals.</p> <p>Mutual qualifications recognition across European countries where osteopathy is regulated.</p> <p>Embracing Innovation does not feel like a valid strategy, unless it is serving other external strategies or regulatory changes, in which case it needs to incorporate profession wide views.</p> <p>Why is there nothing about improving the experience for those brought into the Fitness to Practise and other regulatory committees? The unacceptable length of time to resolve and reach decisions affects not just the osteopath(s) but also the patients who are kept in limbo whilst</p>	<p>-</p> <p>-</p> <p>-</p> <p>-</p>

Annex to 8

Consultation question	Yes	No	Consultation response ¹	GOsC response (where relevant)
			<p>the process drags on. This should be the absolute number 1 priority of the regulator.</p> <p>It seems very vague. Maybe there us more operational detail and targets elsewhere? Language like being true to their true selves is trite.</p>	-