



Council
23 July 2014
PSA Performance Review 2014

Classification	Public
Purpose	For noting
Issue	The paper notes the findings of the Professional Standards Authority 2014 Performance Review, summarises the best practice identified in the report and how the GOsC might approach any new issues identified.
Recommendation	To note the content of the report.
Financial and resourcing implications	None at present. Any new activities identified will need to be incorporated into the current or future budgets.
Equality and diversity implications	None identified at present.
Communications implications	None identified at present.
Annex	Executive Summary (pages 2-7), summary statistics (pages 36-38) and GOsC section (pages 103-111) of the CHRE Performance Review 2013-14. The complete report can be downloaded from: http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2013-2014.pdf?sfvrsn=0
Author	Tim Walker

Background

1. The Professional Standards Authority publishes an annual Performance Review of all the healthcare professional regulators.
2. Written evidence from the GOsC was presented to the CHRE in November 2013, with a follow-up visit from the PSA in February 2014. The final report for 2013-14 was published on 26 June 2014. The GOsC's evidence to the PSA is published on the GOsC website at: <http://www.osteopathy.org.uk/about/our-work/our-performance/>

Discussion

The GOsC's Performance

3. The PSA's overall assessment of the GOsC was that *'we consider the GOsC met all the Standards of Good Regulation once again in 2013/14.'*
4. The overall assessment across the regulators was that while all the regulators continue to meet their statutory duty to protect the public, only four – the General Medical Council, General Osteopathic Council, General Optical Council and the Health and Care Professions Council – met all of the PSA's standards.
5. The Performance Review contains a comparative data table (pages 36-38) which shows that in many areas of activity around registration and fitness to practise the GOsC compares favourably with other healthcare professional regulators.
6. The PSA was particularly positive about the cooperative and collaborative approach that characterises our work, saying:

'We are supportive of the GOsC's contribution to the development agenda, which we consider to be promising and useful, especially given the relatively small and decentralised nature of the osteopathic register. We note that osteopathy is characterised by a high percentage of practitioners who are not attached to large healthcare organisations such as NHS Trusts; indeed, osteopaths are often sole practitioners.'

'We acknowledge the GOsC's work with its partners to encourage membership of regional osteopathic societies and to incorporate these societies into its planning for continuing fitness to practise (see paragraph 3.3). We consider this has the potential to support continuing fitness to practise (CFTP) and reduce professional isolation by providing forums where osteopaths could draw on the experiences and feedback of their peers.'

7. In its assessment of the GOsC (pages 103-111), the PSA has highlighted a number of aspects of our work.
8. It described the commissioning of research into the effectiveness of regulation as *'an example of innovation and good practice'* saying that *'we expect that the research outcomes will provide insights into the ways osteopaths interact with*

the GOsC's regulatory regime, and may help improve their compliance with professional standards, and therefore ultimately patient care.'

9. With regard to our work on continuing fitness to practise, the PSA said:

'We would encourage other regulators to make use of any lessons emerging from this work that may be relevant to them and their registrants. We look forward to examining the GOsC's further work in relation to the implementation of CFTP in the performance review 2014/15.'

10. Our education quality assurance review was also singled out, with the PSA saying:

'We consider that the objectives and proposed scope of this ongoing review align with the principles of right touch regulation because the review seeks to maintain appropriate levels of regulatory oversight while reducing both the burden placed on OEIs and inefficiencies in the assurance process.'

11. The PSA commended our promoting registration campaign:

'As osteopaths provide healthcare, mostly independently and outside managed environments such as hospitals, we commend the GOsC's work to raise patients'/service users' awareness that osteopaths are statutorily regulated health professionals who must comply with the GOsC's standards.'

12. The PSA noted the work on fitness to practise quality assurance saying that this:

'is likely to improve the consistency of the GOsC's customer service and the timeliness, quality, and rigour of its investigations. The new publication policy for fitness to practise decisions was also described as 'an improvement in practice.'

13. The PSA identified one area of concern in the review, that we did not *'keep a formal log of adverse incidents prior to September 2013, and so it was unable to provide us with any specifics about data breaches that occurred between April and September 2013.'*

14. However, they went on to say that *'we are satisfied that, since September 2013, the GOsC has implemented appropriate information governance processes to ensure that information is kept securely and incidents are dealt with appropriately.'*

15. The PSA has highlighted a number of areas where it would like to follow up in next year's Performance Review. These are:

- a. Progress with the development projects.
- b. Outcomes from the review of the implementation of the *Osteopathic Practice Standards*.
- c. Progress with the development of our continuing fitness to practise scheme.

- d. Provision of information on student fitness to practise matters by osteopathic educational institutions.
 - e. Progress with the education quality assurance review.
 - f. Outcomes of the survey of individuals joining the register.
 - g. Outcomes from the peer reviews of fitness to practise activity.
 - h. Handling of data breaches.
16. All of the items listed in paragraph 15 are either identified within the current Business Plan and will be taken forward over the course of 2014-15 or are otherwise in hand.

Performance management information

17. The PSA raised general concerns across the regulators about the provision of performance management information to Councils and recommended that all regulators review this area of their work. The GOsC's Audit Committee has been looking at the range of performance information provided to Council – particularly in the light of the introduction of the fitness to practise 'dashboard' – and changes are being introduced.

Best practice from other regulators

18. The PSA recommends that regulators review the Performance Review as a whole and consider whether they can learn and improve from the practices of other regulators.
19. The table below sets out a number of identified areas of best practice and provides comments in relation to each of them.

Area of best practice	Response
Production of patient guidance <i>What to expect from your doctor</i> (GMC)	We already produces a leaflet with a similar purpose <i>What to expect from your osteopath</i>
Production of a pre-consultation discussion paper on supply of pharmacy medicines (GPhC)	We have taken a similar approach with the production of discussion documents on CPD and education quality assurance
Breadth of methods of stakeholder engagement for the review of standards (HCPC)	We will review this work as we start to plan the next revision of the <i>Osteopathic Practice Standards</i>

Launch of raising concerns guidance (NMC)	We will review this work as we take forward our Francis Report Action Plan
Joint approach to education quality assurance with provider (GOC)	We are examining new approaches to quality assurance (including joint work with validating universities) in our quality assurance review
Supporting students experiencing mental health conditions (GMC)	We will review this work in the context of our review of our own student fitness to practise guidance
Targeted review of emergency medicine departments (GMC)	Although the context of medical training is not the same as in osteopathy, there may be some useful learning here that can inform our education quality assurance review
Work with 'daily deal' providers on illegal practice (GDC)	We have provided information and guidance to osteopaths on working with daily deal providers
Guidance for staff on dealing with vulnerable parties (GPhC)	We have also provided similar training from the Samaritans to a range of staff
Piloting a support service for doctors under investigation (GMC)	Resource constraints would prevent us from providing such a service but we routinely signpost registrants to the IO's 'COSSET' service for osteopaths

Recommendation: to note the content of the report.