



**Council**  
**16 July 2015**  
**PSA Performance Review 2014-15**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	The paper notes the findings of the Professional Standards Authority 2014-15 Performance Review, summarising the best practice identified in the report and how the GOsC might approach any new issues identified.
<b>Recommendation</b>	To note the content of the report.
<b>Financial and resourcing implications</b>	None at present. Any new activities identified will need to be incorporated into the current or future budgets.
<b>Equality and diversity implications</b>	None identified at present.
<b>Communications implications</b>	None identified at present.
<b>Annex</b>	<p>Executive Summary (pages 2-5), summary statistics (pages 27-30) and GOsC section (pages 98-108) of the CHRE Performance Review 2014-15.</p> <p>The complete report can be downloaded from: <a href="http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015.pdf?sfvrsn=0">http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015.pdf?sfvrsn=0</a></p>
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## Background

1. The Professional Standards Authority (PSA) publishes an annual Performance Review of all the healthcare professional regulators.
2. Written evidence from the GOsC was presented to the PSA in November 2014. This year the GOsC did not have a follow-up visit from the PSA. The final report for 2014-15 was published on 26 June 2015. The GOsC's evidence to the PSA is published on the GOsC website at: <http://www.osteopathy.org.uk/about-us/our-work/our-performance/>

## Discussion

### *The GOsC's Performance*

3. The PSA's overall assessment of the GOsC was that *'In this 2014/2015 Performance Review Report, we find that the GOsC has continued to perform well and has met all of the Standards of Good Regulation.'* It went on to say that *'we consider that the GOsC has demonstrated, in particular, an impressive commitment to using the learning from its work to improve its performance across its regulatory functions.'*
4. The overall assessment across the regulators was that while all are performing well or adequately against most of the PSA's Standards of Good Regulation, only three – the General Medical Council, the General Osteopathic Council and the Health and Care Professions Council – met all of the PSA's standards. This is the fifth successive year that the GOsC has met all of the standards.
5. The Performance Review contains a comparative data table (pages 27-30) which shows that in many areas of activity around registration and fitness to practise the GOsC compares favourably with other healthcare professional regulators.
6. In its assessment of the GOsC (pages 98-108), the PSA has highlighted in positive terms a number of areas of our work, including:
  - 14.5 – evaluation of the implementation of the *Osteopathic Practice Standards*
  - 14.5 – completion of the research into the effectiveness of regulation
  - 14.5 – scenario-based consent guidance
  - 14.5 – support for the duty of candour
  - 14.6 – development of *Guidance for Pre-registration Osteopathic Education*
  - 14.6 – continued development of our new CPD scheme
  - 14.7 – improvements to registration processes and service
  - 14.7 – introduction of new PII rules

14.14 – adoption of the new whistleblowing policy

14.14 – sharing information on fitness to practise

14.14 – development of *Guidance on Threshold Criteria for Unacceptable Professional Conduct*.

7. Nevertheless, the PSA has identified a number of concerns which we need to consider. These are set out in the table below, along with our initial response.

<b>Issue</b>	<b>Response</b>
Signposting details of where admonishments can be found on the website (14.10)	Amendments have been made to the 'search the register' page on the website
Signposting that individuals not on the Register may have been struck off (14.11)	Amendments have been made to the 'search the register' page on the website
Categorisation of complaints as 'formal' (14.14)	We take the view that is appropriate for a concern brought to our attention is classified as informal until we have sufficient material to proceed (which may not always require a signed complaint form or witness statement). The PSA's concern suggests that we might be delaying taking action unnecessarily. This is not the case and we are in the process of conducting an audit of the informal cases to ensure we are performing in accordance with the policy and will be reviewing our closure policy to improve reporting and performance in this area.
Consistency of fitness to practise risk assessments (14.15)	This will be kept under review
Delays in correspondence and keeping complainants up to date (14.16, 14.19)	We note that all but one of the cases audited pre-dated the introduction of our new quality assurance procedures. Nevertheless performance in this area will be kept under review
Compliance with internal KPIs (14.17)	This will be kept under review but we also propose to re-evaluate whether the indicators are appropriate

*Best practice from other regulators*

8. 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.
9. The table below sets out a number of identified areas of best practice and provides comments in relation to each of them.

<b>Area of best practice</b>	<b>Response</b>
GMC/NMC joint guidance on duty of candour	We are developing a scenario-based approach to providing guidance to osteopaths
GMC website on <i>Better Care for Older People</i>	We have taken a similar approach in the development of advice and learning materials rather than formal guidance
GOC continuing education and training and peer review	This is a similar approach to that envisaged in our new CPD scheme
NMC leadership role in relation to Guernsey midwifery inquiry	No clear parallel
HCPC use of social media to promote registration renewal	No clear parallel as GOsC does not have a single renewal date, although our own social media profile continues to grow
GMC research into referrals of BME doctors	No clear parallel but we are exploring our own approach to data analysis and understanding of risk factors in relation to fitness to practise and related matters
HCPC external peer review of fitness to practise from complainant perspective and evaluation of complaint handling	We will review the HCPC's work and see what can be learned from it to inform our own fitness to practise quality assurance work

**Recommendation:** to note the content of the report.