

Annual review of performance 2015/16

General Osteopathic Council



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.

¹ The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

² *Right-touch regulation revised (October 2015)*. Available at: <http://www.professionalstandards.org.uk/what-we-do/improving-regulation/right-touch-regulation>

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About the General Osteopathic Council

The General Osteopathic Council (the GOsC) regulates the practice of osteopathy in the United Kingdom. Its work includes:

- Setting and maintaining standards of osteopathic practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of osteopathic education and training
- Helping patients with complaints about an osteopath
- Removing from the register anyone who is unfit to practise.

As at 1 June 2016, the GOsC was responsible for a register of 5,084 osteopaths. It accredits and quality assures 23 qualifications awarded by 11 educational institutions. Its fee for registration is £320 for the first year, £430 for the second year and, in year three and beyond, it is £570. The GOsC met all the Standards in the 2014/15 Performance Review.³

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³ Please see <http://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/performance-review-report-2014-2015.pdf?sfvrsn=10>



At a glance

Annual review of performance

Regulator reviewed: **General Osteopathic Council**

Standards of good regulation

Core functions

Met

Guidance & standards

4/4

Education & training

4/4

Registration

6/6

Fitness to practise

10/10

1. The annual review of performance

- 1.1 We oversee the nine health and care professional regulatory organisations in the UK, including the General Osteopathic Council.⁴ More information about the things we do as part of this oversight can be found on our website www.professionalstandards.org.uk
- 1.2 An important part of our oversight of the regulators is our annual review of their performance, in which we report clearly and fairly on the way they carry out their key functions. These reviews are part of our legal responsibility. We review each regulator on a rolling 12 month basis and vary the scope of our review depending on how well we see the regulator is performing. We report the outcome of reviews annually to the UK Parliament and the governments in Scotland, Wales and Northern Ireland.
- 1.3 These performance reviews are our check on how well the regulators have met our *Standards of Good Regulation* (the Standards) so that they protect the public and promote confidence in health and care professionals and themselves. Our performance review is important because:
- It tells everyone how well the regulators are doing
 - It helps the regulators improve, as we identify strengths and weaknesses and recommend possible changes.

The Standards of Good Regulation

- 1.4 We assess the regulators' performance against the Standards. They cover the regulators' four core functions:
- Setting and promoting guidance and standards for the profession
 - Setting standards for and quality assuring the provision of education and training
 - Maintaining a register of professionals
 - Taking action where a professional's fitness to practise may be impaired.
- 1.5 The Standards describe the outcomes we expect regulators to achieve in each of the four functions. Over 12 months, we gather evidence about each regulator to help us see if they have been met.
- 1.6 We gather this evidence from the regulator, from other interested parties, and from the information that we collect about them in other work we do. Once a year, we collate all of this information and analyse it to make a recommendation to our internal panel of decision-makers about how we believe the regulator has performed against the Standards in the previous 12 months. We use this to decide the type of performance review we should carry out.

⁴ These are the General Chiropractic Council; the General Dental Council; the General Medical Council; the General Optical Council; the General Osteopathic Council; the General Pharmaceutical Council; the Health and Care Professions Council; the Nursing and Midwifery Council; and the Pharmaceutical Society of Northern Ireland.

- 1.7 We will recommend that additional review of their performance is unnecessary if:
 - We identify no significant changes to the regulator’s practices, processes or policies during the performance review period; and
 - None of the information available to us indicates any concerns about the regulator’s performance that we wish to explore in more detail.
- 1.8 We will recommend that we ask the regulator for more information if:
 - There have been one or more significant changes to a regulator’s practices, processes or policies during the performance review period; but
 - None of the information we have indicates any concerns or raises any queries about the regulator’s performance that we wish to explore in more detail
 - This will allow us to assess the reasons for the change(s) and the expected or actual impact of the change(s) before we finalise our performance review report. If the further information provided by the regulator raises concerns, we reserve the right to make a further recommendation to the panel that a ‘targeted’ or ‘detailed’ review is necessary.
- 1.9 We will recommend that a ‘targeted’ or ‘detailed’ performance review is undertaken, if we consider that there are one or more aspects of a regulator’s performance that we wish to examine in more detail because the information we have (or the absence of relevant information) raises one or more concerns about the regulator’s performance against one or more of the Standards:
 - A ‘targeted’ review may be carried out when we consider that the information we have indicates a concern about the regulator’s performance in relation to a small number of specific Standards, usually all falling within the same performance review area
 - A ‘detailed’ review may be carried out when we consider that the information we have indicates a concern about the regulator’s performance across several Standards, particularly where they span more than one area.
- 1.10 We have written a guide to our performance review process, which can be found on our website www.professionalstandards.org.uk

2. What we found – our decision

- 2.1 We have now reviewed the GOsC's performance from 1 April 2015 to 31 December 2015. Our review included an analysis of the following:
- GOsC Council papers, including fitness to practise reports, Education and Registration Standards Committee reports, Osteopathic Practice Committee reports, audit data and reports, and business plan monitoring reports
 - Policy and guidance documents
 - Performance dataset (see sections below)
 - Third party feedback
 - Register check.
- 2.2 We found that the GOsC had not made significant changes to its practices, processes or policies during the performance review period. None of the information available to us indicated any concerns about its performance that we wished to explore in more detail.
- 2.3 We therefore recommended to our internal panel of decision-makers on 16 March 2016 that no further review of the GOsC's performance in 2016 is needed. The panel agreed with the recommendation. In light of this, we have concluded that the review we have done is sufficient and that the GOsC has demonstrated that it continued to **meet all of the Standards**. We set out the reasons for our decision below.

Key comparators

- 2.4 We have identified with all of the regulators the numerical data that they should collate, calculate and provide to us, and which items of data we think provide helpful context about each regulator's performance. Below are the items of data that we have identified as being key comparators across the Standards.
- 2.5 We expect to routinely report on these comparators both in each regulator's performance review report, and in our overarching reports on performance across the sector. We will compare the regulators' performance against these comparators where we consider it appropriate to do so.
- 2.6 Set out below is the comparator data which the GOsC has provided to us. This data relates only to the period 1 October 2015-31 December 2015, and as such does not demonstrate the GOsC's performance across a 12-month period. Because our assessment took place in March 2016, we have only used data up to and including December 2015. Since then, we have received data for the period 1 January 2016-31 March 2016, as well as annual data on performance from April 2015-March 2016. We have reviewed this data, and did not consider that it changed our view on how the GOsC met the Standards. We will continue to review the GOsC's data over the course of 2016, and will take the data into account in our next review of their performance.

2.7 The key comparators are:

1	The number of registration appeals concluded, where no new information was presented, that were upheld	0
2	Median time (in working days) taken to process initial registration applications for <ul style="list-style-type: none"> • UK graduates • EU (non-UK) graduates • International (non-EU) graduates 	2 30 63
3	Time from receipt of initial complaint to the final Investigating Committee/Case Examiner decision <ul style="list-style-type: none"> • Median • Longest case • Shortest case 	16 weeks 31 weeks 11 weeks
4	Time from receipt of initial complaint to final fitness to practise hearing ⁵ <ul style="list-style-type: none"> • Median • Longest case • Shortest case 	47.5 weeks 129 weeks 13 weeks
5	Time to an interim order decision from receipt of complaint	10 weeks
6	Outcomes of the Authority's appeals against final fitness to practise decisions <ul style="list-style-type: none"> • Dismissed • Upheld and outcome substituted • Upheld and case remitted to regulator for re-hearing • Settled by consent • Withdrawn 	0 0 0 0 0
7	Number of data breaches reported to the Information Commissioner	0
8	Number of successful judicial review applications	0

⁵ These are annual figures to 31 December 2015.

Summary of how the GOsC met the Standards

- 2.8 We noted a number of areas where the GOsC had continued to undertake work that demonstrated that it was meeting the Standards. We are pleased that during 2015/16, the GOsC has continued to make good progress in developing its 'continuing professional development'⁶(CPD) scheme. It conducted a public consultation on its proposed scheme, resulting in the publication of draft guidelines and training materials for registrants. The GOsC Council agreed the new scheme in February 2016.
- 2.9 It consulted on and produced a number of new guidance documents. These included *Guidance on Drafting Determinations* and *Guidance on Imposing Interim Suspension Orders*⁷ for its fitness to practise committees.⁸ Although the impact of these guidance documents cannot yet be evaluated by the GOsC, we consider that their production demonstrates its ability to keep up-to-date with current practice and legislation by producing guidance that is linked to relevant standards of competence and conduct. It also highlights the clear process the GOsC have for the development and implementation of guidance.
- 2.10 The GOsC took steps to further enhance its registrants' understanding of the 'duty of candour'⁹. It conducted separate training workshops for patients and the public, Investigating Committee¹⁰ members and practising osteopaths. The workshops included a series of practice scenarios and the GOsC has dedicated a webpage to the duty of candour. In continuing to raise awareness about the duty of candour and holding training workshops, the GOsC has increased its opportunities to seek and hear the views of registrants, patients and the public about this issue. Although the GOsC are unable to measure the effect these steps have had on registrants in understanding their obligations under the duty of candour, we are pleased that the GOsC has taken positive steps to continue its promotion of the duty.
- 2.11 The GOsC has sought to provide greater support to witnesses involved in its fitness to practise proceedings by developing a guidance leaflet and video for witnesses. Because it has only been recently introduced, the GOsC cannot say at this time what impact it has had. However, we recognise this development as a

⁶ The GOsC's proposed scheme requires osteopaths to undertake 30 hours of CPD per year, including 15 hours of learning with others and learning should be linked to the GOsC's Osteopathic Practice Standards. At the end of the three-year CPD cycle, a peer discussion review with a colleague to discuss CPD and practice, demonstrating engagement with the CPD scheme.

⁷ An Interim Suspension Order can be imposed by a fitness to practise committee and suspends an osteopath's registration for a set period if it is considered necessary in order to protect patients and members of the public during an investigation.

⁸ The GOsC's Professional Conduct Committee and its Health Committee can have the power to deliver an admonishment, impose conditions of practice, suspend the osteopath's registration for a set period, or permanently remove the osteopath's name from the register.

⁹ The duty of candour aims to ensure that healthcare providers are open and transparent with people who use their services, including professionals being open and honest with patients or service users when harm or distress has been caused.

¹⁰ The GOsC's Investigating Committee carries out the initial investigation of a complaint against an osteopath when there is an allegation of serious unacceptable conduct, professional incompetence or matters relating to ill health.

positive move, in particular for vulnerable witnesses, and one which should enhance public protection by affording all parties to a hearing the necessary support.

2.12 We set out our detailed findings in each area in sections 3-6 of this report.

3. Guidance and standards

- 3.1 The GOsC has met all of the Standards of Good Regulation for Guidance and Standards in this review period. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care

- 3.2 The GOsC plans to review its 'Osteopathic Practice Standards' during 2016/17. The review will include consideration of how to improve existing guidance on openness and honesty in light of the duty of candour, comply with advertising standards and reflect changes in law regarding consent for treatment. The standards section of the GOsC's website has a page dedicated to explaining the duty of candour for registrants and we consider this to be a positive step in maintaining registrant awareness of an issue that has implications for patient care.
- 3.3 *Guidance on Acting in the Public Interest* was agreed by the GOsC Council in May 2015 for its fitness to practise committees, in light of legislative changes to its functions. In addition, updated guidance on *Imposing Interim Suspension Orders* was published in November 2015 to help ensure fitness to practise committees made consistent decisions in line with their powers. The purpose of the guidance was to clarify the GOsC statutory scheme to the effect that an ISO will remain in place until the case is substantively disposed of at a final hearing.
- 3.4 The GOsC published in May 2015 *Admission of Good Character Evidence* to prescribe when evidence of good character is admissible during a fitness to practise hearing. *Guidance on Drafting Determinations* was produced during 2015 and published in February 2016 to help improve consistency and clarity in the recording of fitness to practise committee decisions. We have therefore concluded that this Standard is met.

Standard 2: Additional guidance helps registrants apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care

- 3.5 The GOsC has continued to produce guidance relevant to the care of patients and service users. During 2015/16, a large number of complaints have been raised with the GOsC about advertising. In light of this, its Council agreed joint guidance with the Advertising Standards Authority and the Committee of Advertising Practice¹¹ aimed at ensuring, when advertising, GOsC registrants only include factual information about the osteopathic services offered and the

¹¹ The Committee of Advertising Practice write and maintain the UK Advertising Codes, which are administered by the Advertising Standards Authority.

potential benefits of osteopathic treatment. We consider this to be an appropriate and proactive response that is aimed at preventing patients from being misled and reassuring the public. We have therefore concluded that this Standard is met.

Standard 3: In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four UK countries, European and international regulation and learning from other areas of the regulators' work

- 3.6 The GOsC has continued to develop new guidance, and revise existing guidance, after appropriate consultation exercises. For example, *Guidance on Drafting Determinations* was confirmed by its Council after a public consultation and as a result of learning from other regulators' work in this area.
- 3.7 A witness guidance leaflet and video have been produced, with input from Victim Support¹², to help support those providing evidence in fitness to practise hearings. The need for the guidance was partly prompted by a rise in complaints about osteopaths related to alleged breaches of sexual boundaries. Overall, we think that the GOsC commendably approached the development of the guidance by involving interested parties and we have concluded that this Standard is met.

Standard 4: The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed

- 3.8 The GOsC has not changed the way in which standards and guidance are published and made available. Its website provides clear information about its standards, how to complain if an individual has a concern about a registrant and what action can be taken against a registrant under the GOsC's fitness to practise procedures. We have therefore concluded that this Standard is met.

¹² Victim Support is an independent charity which provides support to people affected by crime.

4. Education and training

- 4.1 The GOsC has met all of the Standards of Good Regulation for Education and Training in this review period. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process

- 4.2 Since the 2014/15 performance review, the GOsC has published, in March 2015, its *Guidance for Osteopathic Pre-Registration Education*. This aims to connect the learning outcomes from osteopathic training to the *Osteopathic Practice Standards* and to help students meet the relevant standards when they apply for registration. The guidance was produced after considering the responses to a public consultation about the guidance. A working group comprising registrants, patients, students and members nominated by osteopathic educational institutions led this work. We can see that the final guidance was the result of an inclusive consultation exercise and incorporated feedback from a variety of stakeholders.
- 4.3 We have concluded that the GOsC have taken appropriate steps to help ensure student training is linked to the standards that as a registrant they must abide by, and this Standard is therefore met.

Standard 2: The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration

Standard 3: Action is taken if the quality assurance process identifies concerns about education and training establishments

Standard 4: Information on approved programmes and the approval process is publicly available

- 4.4 The GOsC's process for quality assuring its education and training process remains sound. It has renewed its contract with the Quality Assurance Agency for Higher Education (the QAA) to support the quality assurance of 23 recognised qualifications at 11 educational institutions, the details of which are listed and clearly identified on the GOsC's website. A series of quality assurance reviews of education providers were arranged for 2015, and the schedule of forthcoming

reviews for 2016 and 2017 is also available on the GOsC website. We have not identified any concerns with this.

- 4.5 We are encouraged that the GOsC has demonstrated its ongoing commitment to ensure educational institutions provide services consistent with the developmental needs of students and trainees. For example, the QAA conducted a monitoring review of an educational provider to ensure that changes to the providers 'recognised qualifications' would still deliver the *Osteopathic Practice Standards* for new and existing students and patients. QAA reviews are publicly available on the GOsC's website.
- 4.6 The GOsC continues to publish on its website a list of the qualifications it recognises along with details of their providers. Decision papers about the award of recognised qualifications are available through public agendas and information about how concerns can be raised about an educational institution and/or specific courses is accessible on its website. We have therefore concluded that these Standards are met.

5. Registration

- 5.1 The GOsC has met all of the Standards of Good Regulation for Registration in this review period. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Only those who meet the regulator's requirements are registered

- 5.2 As part of our performance review we conducted a check of a sample of the entries on the GOsC's register and did not identify any errors or inaccuracies. Nor have we seen any information which suggests the GOsC has added anyone to its register who has not met the registration requirements. We have therefore concluded that this Standard is met.

Standard 2: The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure, and continuously improving

- 5.3 During the 2014/15 performance review, the GOsC told us that it was looking to improve its online registration facility to make it more user-friendly. It has now done so and over two-thirds of registrants now renew online. The GOsC also have told us that it aims for all renewals to take place online but they have not set a target date for this. With the revision of online registration, the GOsC has taken positive steps to improve its service. We are satisfied that this Standard has been met.

Standard 3: Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice

- 5.4 During last year's performance review we were concerned that the GOsC did not publish, on its register, the names of individuals who had been erased. At that time the relevant section read: 'If the osteopath you are looking for is not listed here, this does not necessarily mean they are not registered with us'.
- 5.5 We recommended that the GOsC considered making it clearer on its website that registrants who have been removed as a result of a fitness to practise hearing will not appear in the online register.
- 5.6 The GOsC amended the wording of the relevant section as follows: 'Admonishments of osteopaths and registrants who have been removed from the Register after a fitness to practise hearing do not appear on the Register but information about these decisions is available on the Hearings findings page of this website and in our annual Fitness to Practise Reports.'

- 5.7 We consider that the amendment improves the information about the current status of registrants for the public and that this Standard is met. The GOsC should continue to monitor the effectiveness of this statement.

Standard 4: Employers are aware of the importance of checking a health professional's registration. Patients, service users and members of the public can find and check a health professional's registration

- 5.8 The register remains prominently displayed on the website and can be found easily through online searches. We have therefore concluded that the GOsC has continued to meet this Standard.

Standard 5: Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk-based manner

- 5.9 We note that since our last performance review, the GOsC has sent to 40 individuals 'cease and desist'¹³ letters during 2015/16, and it also successfully prosecuted one individual for illegal practice. The details of these actions can be found on the GOsC website. We have therefore concluded that the GOsC has continued to take appropriate action to reduce the risk of harm to the public (and of potential damage to public confidence in the profession) by individuals who practise osteopathy without valid registration. This Standard, therefore, continues to be met.

Standard 6: Through the regulator's continuing professional development / revalidation systems, registrants maintain the standards required to stay fit to practise

- 5.10 The GOsC has continued to develop its CPD scheme. It carried out a public consultation on its draft proposals, which included a number of regional listening events (involving around 500 osteopaths), a webinar (involving around 70 osteopaths), a number of engagements with other regulators and professional bodies, targeted communications sent to its public and patient reference group and engagement with patient organisations, including Healthwatch England¹⁴ and

¹³ The GOsC explains on its website that the title of 'osteopath' is protected by law and that it prosecutes individuals who practise as osteopaths when they are not on the GOsC Register. Where there is evidence to suggest that there is unlawful use of the title, a 'cease and desist' letter will be sent informing the person of the law, asking them to stop using the title and warning that they may be prosecuted for the offence.

¹⁴ Healthwatch England identifies common problems with health and social care based on people's experiences, and recommends changes to health and social care services that they know will benefit people.

the Scottish Health Council.¹⁵ It also held a number of events with its external stakeholders to develop and test how the scheme might work in different contexts. The GOsC commissioned an independent third party to analyse the consultation responses. The conclusions from this analysis were that overall respondents were in favour of the proposed scheme for assuring the continuing fitness to practise of GOsC registrants.

- 5.11 The GOsC Council agreed in February 2016 that the scheme will now be developed, in line with the model proposed in the consultation, and that there will be a two-wave approach to implementation during 2016/17. The first wave would consist of those osteopaths who choose to be so-called 'early adopters', joining the new scheme in November 2016 before it becomes formally introduced for all through a staged implementation from March 2017.
- 5.12 We think that the consultation exercise was inclusive and well promoted within the osteopathic community.
- 5.13 We have concluded that the GOsC has made good progress in the development of its scheme for continuing fitness to practise and we have concluded that this Standard is met.

¹⁵ The Scottish Health Council was established by the Scottish Executive in April 2005 to promote Patient Focus and Public Involvement in the NHS in Scotland.

6. Fitness to practise

- 6.1 The GOsC has met all of the Standards of Good Regulation for Fitness to Practise in this review period. Examples of how it has demonstrated this are indicated below each individual Standard.

Standard 1: Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant

- 6.2 The GOsC's website explains how concerns can be raised about registrants and how the GOsC investigates complaints. The website also has a leaflet which explains the GOsC's process for raising complaints about the fitness to practise of its registrants.
- 6.3 The GOsC confirmed its guidance on the *Threshold Criteria for Unacceptable Professional Conduct* (the threshold criteria). The purpose of this document is to provide guidance to complainants and registrants, and to internal decision-makers, such as GOsC Screeners and Investigating Committee members¹⁶, about the sorts of issues that will and will not be investigated under the GOsC's procedures. Because the threshold criteria have been in place for only a short period of time, the GOsC has not been able to measure its impact. We will, however, review the effect of the threshold criteria in our next assessment of the GOsC's performance.
- 6.4 Throughout 2015/16, the GOsC has seen an increase in the numbers of complaints. This is due to a large number of complaints being raised about registrant advertising. Of the 283 complaints received in the period from April 2015 to March 2016, 231 concerned advertising. In contrast, 48 formal complaints were received during 2014/15.¹⁷ The GOsC has told us that over half of these complaints have now been closed and have explained that when complaints of this nature are received, they are risk-assessed to ensure that they do not include concerns other than those relating to advertising. The complainant is asked that they provide sufficient evidence to enable the GOsC to proceed with its look at the concern. If the complaint is solely about advertising, it is forwarded to the registrant who is given the opportunity to comply with the Committee of Advertising Practice Code requirements.

¹⁶ When the GOsC has received a completed complaints form, an independent osteopath (known as a 'screener') will study the complaint to make sure it is within the GOsC's remit. If it is within remit, the information will be passed to the GOsC's Investigating Committee for consideration. This committee is made up of osteopaths and lay members (non-osteopaths) and chaired by a layperson.

¹⁷ The Osteopaths Act 1993 (as amended) defines a complaint as constituting an allegation that a registered osteopath (a) has been guilty of conduct which falls short of the standard required of a registered osteopath; (b) has been guilty of professional incompetence; (c) has been convicted in the United Kingdom of a criminal offence; or (d) their ability to practise as an osteopath is seriously impaired because of their physical or mental condition. The GOsC classify enquiries from a member of the public or a patient, or the receipt of a piece of information by the regulation team, as 'informal' complaints.

- 6.5 The complaint and evidence of the registrant's compliance is passed to a GOsC Screener to consider whether the Investigating Committee has the power to consider the complaint or whether it can be screened out of the complaints process using the threshold criteria.
- 6.6 The GOsC has told us that it has employed an additional member of staff to manage complaints about registrant advertising. We think that the GOsC has taken a reasonable approach to this issue, taking appropriate steps to ensure that the complaints about registrant advertising are risk assessed and properly considered. We have therefore concluded that this Standard is met.

Standard 2: Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks

- 6.7 The GOsC has continued to undertake peer reviews of its fitness to practise cases. These reviews are carried out by staff from the General Optical Council (the GOC). The GOC reviewed 19 fitness to practise case files for the GOsC during 2015/16. An area of learning identified from this review was the need for greater consistency with ensuring compliance with the GOsC's process for notifying parties with a relevant interest about the outcomes from fitness to practise investigations. This was particularly related to notifying employers, and those with whom an osteopath has contractual working arrangements. The GOsC have taken steps to help ensure the correct procedures are followed consistently, such as reminding staff about the policy on notification of fitness to practise investigations and outcomes, and updating its Regulation Department Manual.¹⁸ We consider that this is an appropriate response to this issue. We have concluded that this Standard is met.

Standard 3: Where necessary, the regulator will determine if there is a case to answer and if so, whether the regulator's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation

- 6.8 We concluded that this Standard was met last year. The GOsC has not changed its processes in this area and we have identified no concerns in the GOsC's performance during 2015/16. We have therefore concluded that this Standard continues to be met.

¹⁸ The Regulation Department Manual provides guidance on the GOsC's fitness to practise processes to staff in its Regulation Department.

Standard 4: All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel

- 6.9 We identified concerns during last year's performance review that peer review exercises carried out by the GOC reported in July and October 2014, identified that there was some inconsistency about whether risk assessments were carried out throughout the life of each case.
- 6.10 We reported that in January 2015, the GOsC had implemented a new case review checklist to act as a reminder to staff of the need to carry out risk assessments throughout the lifetime of a case. We said that we expect the GOsC to keep this area of practice under review to ensure that risk assessments are carried out consistently and continually throughout the lifetime of a fitness to practise complaint.
- 6.11 In light of this, we are pleased to note that the GOC peer review of 19 fitness to practise case files in February 2015 found evidence of continuous risk assessment. This indicates that the case checklist is working effectively and that improvements have been made since the last performance review. We have not identified any additional concerns and we therefore have concluded that this Standard has been met.

Standard 5: The fitness to practise process is transparent, fair, and proportionate and focused on public protection

- 6.12 There have been improvements to the fitness to practise process to make it more efficient and effective. For example, *Guidance on Drafting Determinations* and *Guidance on Imposing Interim Suspension Orders*. Whilst the outcomes have not yet been measured by the GOsC, they are positive developments. We have therefore concluded that the Standard is met.

Standard 6: Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders

- 6.13 Whilst we have concluded that this Standard has been met, since last year's performance review we have observed an increase in the median time taken by the GOsC in progressing cases from receipt of initial complaint to the final investigating committee decision – up from 11 weeks to 16 weeks. We note, however, that this figure is within the GOsC's target time of 17 weeks and, when looked at in the context of its performance in this particular area over the last five

years,¹⁹ it is indicative of more a fluctuation rather than a diminution in performance. We will continue to monitor performance in this area over time.

Standard 7: All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process

Standard 8: All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession

- 6.14 The GOsC met these Standards last year. It has not changed its process or practice in these areas. We have not identified any concerns with the GOsC's performance under these Standards and we have concluded that they are met.
- 6.15 As we have set out in paragraphs 3.3 and 3.4 above, the GOsC has developed or revised some of its guidance for committees and decision-makers, to assist their decision-making.

Standard 9: All fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders

- 6.16 Our register check has not identified any irregularities in the publication of fitness to practise decisions. As a result this Standard is met.

Standard 10: Information about fitness to practise cases is securely retained

- 6.17 We have concluded that the GOsC has improved its performance in relation to this Standard. In our last performance review we reported that that the GOsC had one significant data breach and inadequate controls had been identified in relation to the GOsC's work with other regulators in relation to the peer review process.
- 6.18 Whilst the GOsC reported a data breach to the Information Commissioner's Office ('the ICO') in August 2015, which was closed without any action, there have been no data breaches reported to the ICO during the period of time this review covered. Also, the recommendation we made in our last performance review (that external staff involved in peer reviews should sign confidentiality agreements) was acted on. We are pleased to report that this Standard is met.

¹⁹ For example, in 2011/12, the time was 15 weeks; 2012/13, 18 weeks; 2013/14, 16 weeks.

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