General Osteopathic Council

Council
14 July 2022
Equality Diversity and Inclusion: Review of pilot findings for the osteopathic profession

Classification	Public
Purpose	For decision
Issue	Feedback on the findings of the equality, diversity and inclusion (EDI) pilot and consideration of next steps.
Recommendations	1. To consider and provide feedback on the findings of the pilot, analysis and options for next steps. 2. To agree a preferred approach in relation to EDI monitoring.
Financial and resourcing implications	Our approach to data and insight is being resourced primarily through staff time and expertise. We have a cost of c.£1,000 for survey software and analysis support.
Equality and diversity implications	We are updating our data about the protected characteristics of registrants to enable us to better understand the impact of our regulatory activities and any unintended consequences of those on people with particular protected characteristics. This paper demonstrates our approach to doing this.
Communications implications	Collection of personal data about protected characteristics is sensitive and can feel intrusive. However, without more comprehensive data about protected characteristics we cannot be sure whether our regulatory activities (education, standards, CPD, fitness to practise) are having any unintended consequences. We have worked with our stakeholders to seek advice about our approach to collection of EDI data and the communications around this.
Annexes	A. Pilot EDI survey B. Protected characteristics profile of EDI pilot
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Key messages from this paper

- The EDI pilot has developed since the initial focus groups and slightly exceeded our target response rate of 50.

- The EDI pilot sample is broadly representative of the UK population.

- Through the EDI pilot we have been able to capture more views of osteopaths with minority protected characteristics.

- The majority of respondents did not feel that people from all protected characteristics had equitable opportunities to advance their careers within osteopathy.

- Osteopaths tended to report a slightly higher proportion of experiences of unwelcome comments or conduct in training (43%) than in their last 12 months of practice (23.5%).

- Some osteopaths report anxiety about what GOsC will do with the data and question what happens if registrants disclose a disability in terms of their registration with us. This illustrates that there are barriers, which make the collection of EDI data difficult, with some of those barriers built into the regulatory framework/legislation, such as the requirements around 'good health' for new applicants to the Register.

- There are three options to consider in relation to EDI monitoring going forward

    a. go live with the survey

    b. incorporate collection of EDI data as part of the registration and renewal process

    c. do both of these things alongside a range of next steps to continue to promote equality and eliminate discrimination within the osteopathic profession and enhance quality of care for patients.

- Policy and Education Committee met in June 2022 and preferred an option which looked at incorporating the collection of equality data into the registration renewal form, ongoing communications, actions and impact and a future survey at an appropriate point. This is essentially, the third option.

Background

1. Due to the pervasive nature of equality, diversity and inclusion and following detailed feedback from our Policy and Education Committee (PEC), our osteopathic educational providers and the Director of the National Council for Osteopathic Research, we decided to pilot the collection of equality and diversity data about protected characteristics from registrants.

2. As part of this, we included information to explain why each piece of data was collected and how it would be used and we also asked questions about experiences of discrimination to better understand the issues that arise in osteopathic education, training and practice to inform our next steps.

3. The intention of the EDI pilot was to develop an approach which was clear, profession led and considerate of the sensitivities that surround the collection of personal diversity data. We hoped this would help us to understand any unintended consequences of our regulatory approaches and interventions for particular groups, which would in turn inform our future strategy.

4. The Business Plan 2022-23 provides that we will 'Develop and begin to implement a data and insight strategy to enhance our capacity for research including data collection, analysis and insight' and 'Implement the systematic collection and analysis of equality, diversity and inclusion data for registrants, staff and members of the governance structure to inform our understanding of enablers and barriers to inclusion within our regulator processes.'

5. Collection and analysis of the EDI data will also help to feed into the evaluation of the effectiveness of our communications and engagement strategy as well as our strategy and policy moving forward.

6. The aims of our Equality, Diversity and Inclusion (EDI) Framework 2021-24 are as follows:

    - '*promote equity* … 'ensure that our regulatory activities are fair and free from unlawful discrimination and that this is reflected in the standards we set for the osteopathy profession which therefore promote equal opportunity and access to the osteopathy profession'

    - '*value diversity*… 'communicate and engage with a diverse range of stakeholders in an accessible and timely manner. We will continue to recognise the strength which exists in diversity and we will ensure we value this in our recruitment, development and ongoing work of staff, non-executives and stakeholders.'

    - '*embrace inclusivity* … 'ensure our culture and values enable those who work with us to be their true selves without hesitation, and for their views to be included fully with respect and dignity.'

7. Equality, diversity and inclusion pervades everything we do as a regulator. Our data and insight should provide sources of data to demonstrate whether EDI embedded into our outcomes is achieved or improving over time.

Discussion

8. At the Council meeting on 25 November 2021 our proposed approach to run a pilot EDI survey with registrants was agreed. This was so as to be able to take feedback from registrants into account and be more collaborative and profession driven in our approach, so that it becomes a more systemic data collection process for the GOsC.

9. The November 2021 Council paper also provided a draft design of the pilot survey and highlighted the main issues identified by PEC back in June 2021 and how GOsC intended to address them through the pilot exercise. This included:

    - **Questionnaire validity and adopting a profession led approach** - We needed well tested questions, consequently the proposed questions were:

        - (a) user tested with registrant groups that had previously shown an interest in EDI issues, before the pilot was opened to all registrants
        - (b) piloted to further refine questions, before it was launched.

    - **Sensitivity to avoid alienating registrants who already feel marginalised or overpowered by the reach of the regulator and/or alienate more registrants** - The pilot survey included an information sheet which provided sensitive messaging around helping osteopaths to understand the:

        - Purpose of the survey
        - Who the pilot survey is for?
        - Why participating matters
        - Benefits to them and the wider profession in participating
        - Importance of testing

    - The pilot survey itself contained the following:

    a) In order to get osteopaths to consider the context, before completing details on their own protected characteristics there was a short section which measured experiences, views, and opinions, (equity, inclusion, and diversity) and some open-ended questions to provide space for registrants to draw on experiences and illustrate examples.

    b) Under each of the protected characteristic questions we explained why we were asking that particular question, using examples, where we could, of actual discrepancies in the representativeness of the osteopathic profession (for example comparing societal representation from data sources such as

Stonewall, Age UK, Scope and Equality & Human Rights Commission and osteopathic profession related data sources e.g. KPMG, 2011[1])

- Supplementary communications were also employed through blogs and ebulletin releases. See for example 'Working Together on Equality, Diversity and inclusion' (December 2021) and 'How osteopaths are responding to our equality, diversity and inclusion pilot so far' (April 2022) blogs.

- **Anonymity and trust (i.e. non attributable data), as might be considered too intrusive -** Anonymity is useful for profiling the profession and contextual information and recognises sensitivity. But anonymity is not helpful in supporting our purpose i.e. understanding whether the GOsC is being inclusive or whether particular regulatory activities have a disproportionate impact on people with specific protected characteristics. For these reasons the pilot survey collected both attributable and non-attributable EDI data, by asking registrants: Would you be prepared to put your registrant number/name to this? Y/N Please provide an explanation to help us better understand and sense check concerns registrants may have about this. This would in turn also help us to tailor our communication messages further.

- **GDPR** - The survey was compliant with data protection legislation and equality legislation. The information sheet (as described above) contained details of purpose, how and who will use the data, frequency of use, storage, access, and reporting.

- **Method and survey response rate -** We recognised that response rates can be low for surveys, and as a result there was a need to incorporate other ways of collecting this data and information to ensure that the pilot achieved its purpose. With this in mind, we built a qualitative component into the pilot via holding online focus groups with registrants and students at regular intervals, once a month from January to April 2022. This was to help registrants drive the agenda, and GOsC would then be seen as proactive and not intrusive.

- **Reframing questions or providing clarity on specific questions -** We made changes to the pilot survey based on feedback received from PEC, before testing messages with key groups taking account of:

    - Difference and disability, including neurodiversity.
    - Clearly distinguishing hearing, speech and visual impairments.
    - Clarity on working patterns, full time and part time.
    - The early focus groups also informed the pilot. For example, the early questions changed to distinguish experiences of education and practice to

[1] KPMG (2011) How do osteopaths practise? https://www.osteopathy.org.uk/news-and-resources/document-library/continuing-fitness-to-practise/kpmg-report-a-how-do-osteopaths-practise-ozone/

better capture the required informaion. The purpose of collecting the information was made even more explicit at the top of each question (see Para 10-16 for more details on this).

10. On 14 December 2021 we began communicating the work of the pilot to the profession by publishing a blog entitled: Working together on EDI for the osteopathic profession. This blog can be viewed here: https://www.osteopathy.org.uk/news-and-resources/blogs/working-together-on-edi-for-the-profession/

11. On the 27 January and 1 February 2022, we tested messaging, the information sheet and pilot survey via focus groups with members of the profession. The key findings from these focus groups were as follows:

Overall messaging (including information sheet)

12. Participants felt we needed to:

- make clear that whether osteopaths take part in the survey or not, neither course of action will have an impact on their professional standing
- highlight that there is a want/wish/intention to change, so as to ensure that this doesn't come across as a tick box exercise
- specify what changes GOsC will make as a result of collecting this data
- convey with more emphasis that the data will be used to benefit/educate the profession
- make clear how GOsC will use the data – this is sensitive data and the profession will need reassurance that this data will be handled with care
- include text that will encourage osteopaths who have experienced discrimination to respond and demonstrate to them that this is an opportunity to share their experience to make a difference
- mention that other professions have shared their EDI data, so if osteopaths take the same approach, they will align better with other health professionals
- say that GOsC is 'receiving your EDI information with gratitude'
- highlight why we are interested in this information and use this as an opportunity to dispel myths. For example, issues participants raised included:

    - Registration declarations will cause an osteopath to be investigated
    - Students are unlikely to disclose disabilities because of negative perceptions of GOsC and fear that they will be removed from the Register due to the requirements around 'good health' for new applicants to the Register.

Thinking about diversity, inclusion and equity in relation to the osteopathic profession

13. Participants felt that these direct questions needed to be asked and the inclusion of such questions in the pilot demonstrated that GOsC is taking EDI seriously.

    Question 1: On a scale from 1 to 5, where 1 is Strongly disagree and 5 is Strongly agree, how would you rate the following statements? This included the use of 5 statements

    - Statements 2[2] and 5[3] were seen as problematic in terms of measurements as background and identity are two separate constructs.
    - Some of the statements were thought to be asking multiple things which could make it hard to answer.

    Question 2: Have you or a colleague ever experienced unwelcome comments or conduct while in practice as an osteopath or while training to be an osteopath that you considered were offensive, embarrassing, or hurtful (e.g., inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours)?

    - There was a suggestion that everyone is likely to answer 'yes' to this question because at one time or another it is likely that a person/their colleague will have experienced unwelcome comments/conduct.
    - Alternatively, a person with protected characteristics who has experienced this type of behaviour consistently may not even answer the question because they may feel frustrated at being asked a question when the answer is an 'obvious yes'.
    - A suggestion was made to split the question into 'in training' and 'in practice'.
    - Participants were not sure that 'embarrassing' fits within the constructs in the question.
    - A suggestion was made to make the question time contingent 'In the last year have you experienced…'
    - A suggestion was made to make it clear that this question is being asked because this data will be used to effect positive change.

    Question 3: Have you or a colleague ever experienced discrimination (i.e., unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g., age, disability, gender reassignment, marriage and civil partnership, pregnancy and

[2] I feel my unique background and identity (i.e. my differences) are valued within the osteopathic profession

[3] People from all backgrounds and with a range of identities have equitable opportunities to advance their careers within osteopathy.

maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

- It was suggested this question could be split into 'have you experienced' and then a separate question 'has a colleague experienced.'

Protected characteristic questions

14. Participants felt the following needed to be included concerning the nine protected characteristics:

- **Religion** - Add in the option 'Atheist' rather than just 'No religion or belief' and add 'Humanism/Humanist' as an option
- **Marriage/Civil Partnership status –** Add 'cohabiting' as an option
- **Sex and gender identity** – pronouns and neo pronouns should be included
- **Sexual orientation** – Provide a text box for people who choose the 'prefer to self-describe' option
- **Current working pattern** – Add 'unpaid carer' as an option and there will be osteopaths who work full time as educators, but are non-practising osteopaths, so a distinction is required i.e. convert this to a multi answer question

Attributable and non-attributable data

15. It was expressed by participants that:

- osteopaths are likely to feel uncomfortable in disclosing their data because
  - GOsC might use this data for Fitness to Practise action in the future
  - Could be perceived as a fishing expedition 'GOsC getting data on them'
- at present the contextual information/text isn't inspiring in this section
- we need to make it clearer why we are asking for attributable data – give examples of what the data would be used for
- include a statement regarding what we will do with the data and who has access to the data
- explain our role as a regulator in this process – what we can and can't do
- we need to communicate how we will use this data to improve osteopathic education
- we need to clarify why we are asking for this data to identify patterns and use examples e.g., CPD scheme prejudicing people with particular characteristics.

General comments from the focus groups

- Share the grey when communicating – be honest about uncertainties, this would be reflective of the OPS and practitioner values
- Participants welcomed the celebration of diversity on GOsC's social media channels over the past year
- Recommended that there is a continuous narrative about EDI in our communications – regular updates on EDI related issues across GOsC work and projects
- Students are fearful of GOsC. For example, students think GOsC will look at social media profiles and if they see something they don't like they will be struck off.
- Students who experience discrimination in Osteopathic Education Institutions (OEIs) are unlikely to complain until they have completed their studies for fear of prejudice
- GOsC is perceived as rigid/inflexible/punitive
- Historic issues between GOsC and osteopaths still exist in the collective memory of the profession – those who went through Fitness to Practise process in previous decades say the hurt doesn't go away

16. During January to February 2022, we took all this feedback into account integrating examples, understanding the why questions and reworking text, sections of the survey and messaging material based on focus group feedback. A copy of the final EDI pilot survey can be found in Annex A.

17. We then ran a series of communications to get registrants involved in the pilot – Why it matters to you and the osteopathic profession? The first of these officially launched the EDI Pilot on 15 February 2022. These communications consisted of the following ebulletin items:

    - We need your help monitoring the diversity of osteopaths (15 February 2022, official launch)
    - Take part in our EDI pilot survey (17 March)
    - Join other osteopaths taking part in our EDI pilot (14 April)

18. We also sent direct emails to stakeholders including regional osteopathic group leads, the Institute of Osteopathy (iO) and osteopathic education providers promoting the pilot and encouraging them to share among their network.
19. Communications also consisted of social media posts every other week from February to April promoting the pilot.

20. The pilot was open from 15 February 2022 and closed on 30 April, whilst the pilot was open we were simultaneously monitoring the sample based on characteristics of the population, so as to inform the profession of under-represented groups in our communications (see more on this in Para 48)

21. We ran a further online qualitative focus groups (non-survey ways to capture experiences and thoughts) on 28 March and 26 April 2022

22. Key findings from these focus groups included the following:

Overall messaging (including information sheet)

23. Participants commented that:

- Some found the explanation at the beginning of the survey and blog helpful.
- Some found it helpful that the information sheet said this information would not be used in Fitness to Practise investigations.
- Some found it helpful that details on what this data was being used for was provided in both the survey and key communications about it.
- Others felt that most osteopaths were likely to feel anxious about what GOsC would do with the data - largely because the average osteopath is not involved with workforce planning.
- What difference does GOsC hope to achieve still needed to be more explicit. For example, the statement around making changes in current processes for the benefit of the profession was thought to mean very little to most in the profession. Public benefit, what exactly will change as a result, what will be the benefits, and what will the outcomes be, needed to be more explicit. Here it was explained that it is a challenge to say what will change at the moment, because we simply need to learn more about the profession first to know what we need to change, which is why the first section of the pilot survey examines experiences in education and practice.

Thinking about diversity, inclusion, and equity in relation to osteopathic practice

24. There was differing views concerning the statement in Question 1: People from all protected characteristics have equitable opportunities to advance their careers within osteopathy (e.g., protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation), some felt it absolutely important to include and shared experiences relating to this statement. Others did not see its relevance outside of osteopathic education providers or the NHS i.e., the osteopath in a small practice.

25. It was considered that osteopaths perhaps don't think about diversity, inclusion and equity so much or why EDI data matters and may need more education on equality issues and explanations of what these terms mean, because in small practices osteopaths' exposure to such issues are limited.

26. It was also mentioned that CPD providers have become good at looking at how courses map to the OPS, but perhaps don't take into account elements of EDI.

27. Questions 4[4] and 5[5] make use of the term 'adverse' and a participant wasn't sure what adverse might look like.

28. Question 4: Have you ever experienced discrimination (i.e., unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)? It was raised by some participants that some osteopaths completing the survey who felt they had been discriminated against as a student may have been a very long time ago and may even teach at the osteopathic education institution now and questioned what could be done with this information now. Here we discussed knowing little about the profile of osteopathy and unpacking the experiences in education and practice would help to know what and where impact should be focussed going forward.

Protected characteristics

29. What happens if I disclose a disability was a concern among some participants and they were worried that they would be labelled as Fitness to Practise cases as a result and removed from the Register.

30. It was commented that anticipatory disability requirements at some osteopathic education institutions could be strengthened.

31. It was also commented here that it would be good to be able to standardise EDI monitoring of protected characteristics across health regulators, so as to aid comparisons.

Attributable and non-attributable data

32. Some participants felt that offering a safe space like the focus group, which involved attributable data, could open up discussions and identify issues between registrants and the regulator.

33. There was some concern that if respondents provided their name/registration number that their protected characteristics would be displayed on the GOsC Register for patients to see. Reassurance on this was provided that this wasn't the case and that this was stated in the information sheet.

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[4] Have you ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

[5] Has a colleague ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of their background or identity (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

34. It was considered helpful that a choice was offered as to whether respondents wanted to attribute their data or not. Having the option to non-attribute data made some participants feel that they could 'safeguard themselves,' from how this information might be used both now and in the future.

35. Some suggestions were offered about softening the introductory text under the attributable data section, which included:

    - You are not obliged to give us your name/registration number, but it would be helpful and then explain why.
    - As an osteopath you can make a difference if you provide this because…
    - Include year of qualification as well as name/registration number, as if respondents don't give registration number or name, year of qualification will give an indication of recency of experience.
    - Also signposting to organisational support afterwards.

General comments

- There was a consensus that this work on EDI needs to be done and that these focus groups were useful as opening sessions.
- There was a general perception that osteopathy needs to catch up with other healthcare professions in terms of EDI, so as to keep up with changes in society.
- There was some appetite to see a package of CPD resources developed for the website on equality of opportunity and value of difference in terms of how osteopaths see themselves as practitioners and/or how they approach or work with patients with particular protected characteristics.

36. We used this feedback that we received to inform a blog which was recently published. From these focus groups we have a better understanding now of the enablers and barriers, and we have tried to reflect this within the most recent blog too, by for example, explaining what difference we hope to achieve by collecting a complete set of EDI monitoring data. This blog was published on 13 April 2022 and was entitled: How osteopaths are responding to our EDI pilot so far. This blog can be viewed here: https://www.osteopathy.org.uk/news-and-resources/blogs/how-osteopaths-are-responding-to-our-edi-pilot-so-far/

EDI Pilot Survey findings

37. The structure of the EDI Pilot survey consisted of (see Annex A):

    - EDI Pilot information sheet: Updating Equality, Diversity and Inclusion information
    - Thinking about diversity, inclusion and equity in relation to the osteopathic profession (five questions)
    - About You: 9 Protected characteristics, also including current working pattern (a non-protected characteristic attribute)

- Attributable data

38. A total of 56 registrants completed the EDI pilot survey from 15 February to 30 April 2022

Section 1: Thinking about diversity, inclusion and equity in relation to the osteopathic profession

39. We found that the majority of respondents felt respected by their colleagues (67%), a sense of belonging within the profession (53%) and that the profession valued diversity (46%). There was no strong view in the majority of responses, as to whether unique differences were valued within the profession (38%). In contrast, the majority of respondents did not feel that people from all protected characteristics had equitable opportunities to advance their careers within osteopathy (see Table 2).

Statement	Strongly Disagree/ Disagree (-)	No Strong view	Strongly agree/ Agree (+)	Total responded to question
The osteopathic profession values diversity	14 (26%)	15 (28%)	25 (46%)	54
I feel my unique differences are valued within the osteopathic profession [6]	16 (31%)	20 (38%)	16 (31%)	52
I feel a sense of belonging within the osteopathic profession	15 (30%)	9 (17%)	29 (53%)	54
I feel respected by my colleagues	6 (11%)	12 (22%)	36 (67%)	54
People from all protected characteristics have equitable opportunities to advance their careers within osteopathy [7]	23 (43%)	14 (26%)	16 (30%)	53

Table 2: Thinking about diversity, inclusion and equity

40. When we look closer at the demographics in relation to these 5 statements in Table 2, we can see that respondents from minority protected characteristics (in terms of ethnicity and race, disability, sexual orientation, religion and marital status) were less likely to feel that:

- the profession values diversity
- my unique differences are valued within the osteopathic profession

[6] e.g. differences based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic

[7] e.g. protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation)

- respondents from all protected characteristics have equitable opportunities to advance their careers within osteopathy
- there was also a greater tendency for osteopaths identifying in these protected groups to not feel a sense of belonging within the profession, compared to the overall survey sample.

41. When osteopaths were asked about their experiences of unwelcome comments or conduct, respondents tended to report this slightly more in their training to become an osteopath (43%) than in the last 12 months of practice (23.5%). Experiences of discrimination either individual experiences or known experiences of colleagues were reported by between 37-39%, just under half the pilot sample (see Table 3).

Question	**Yes**	**No**	**Total responded to question**
Have you ever experienced unwelcome comments or conduct while training to be an osteopath that you considered were offensive, or hurtful (e.g. inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours)?	25 (43%)	29 (54%)	54
In the last year, have you ever experienced unwelcome comments or conduct while in practice as an osteopath that you considered were offensive, or hurtful[8]	12 (23.5%)	39 (76.5%)	51
Have you ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity[9]?	21 (39%)	33 (61%)	54
Has a colleague ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of their background or identity[10]?	20 (37%)	34 (63%)	54

Table 3: Experiences of unwelcome comments, conduct and discrimination

42. Some of the respondents that had experienced unwelcome comments or conduct while training to become an osteopath shared examples with us (76% or 19 osteopaths), which involved tutors, students and/or patients in the teaching clinics. These broadly focussed on:

    - Inappropriate and / or unacceptable sexual remarks or conduct or sexual discrimination (5)
    - Inappropriate and / or unacceptable remarks or conduct relating to sexual orientation e.g., homophobia (3)

[8] e.g. inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours?
[9] e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic
[10] e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic

- Failure to make reasonable adjustments for students with known disabilities to the osteopathic education institutions (3)
- Inappropriate and / or unacceptable remarks relating to either ethnicity and/or religion e.g., racist remarks, bullying (2)
- Inappropriate and / or unacceptable remarks about accent (2)
- Other (5) These ranged from 'too many to list', ageism, inappropriate remarks concerning body image / physical characteristics when performing role of model in technique classes, and reluctance to question consent in these settings.

43. Nearly all the respondents that had experienced unwelcome comments or conduct while in practice during the last 12 months shared examples with us (92% or 11 osteopaths). These broadly focussed on the following and primarily concerned patients:

    - Inappropriate and / or unacceptable comments or lack of understanding shown about LGBT+ issues (3)
    - Inappropriate and / or unacceptable sexual remarks or conduct (2)
    - Inappropriate and / or unacceptable comments about physical appearance e.g., young, too small, perceived level of strength (2)
    - Inappropriate and / or unacceptable remarks relating to ethnicity e.g., racist remarks (1)
    - Inappropriate and / or unacceptable remarks or conduct relating to religion e.g., anti-semitic or not type of patient practice sees (2)

44. Colleagues were mentioned in relation to unwelcome comments and conduct while in practice in relation to two protected characteristics: pregnancy and disability and tended to concern colleagues making reference to this personal information to patients.

45. Nearly all the respondents (95% or 20 osteopaths) that had experienced discrimination (i.e., unfair, negative or adverse treatment as an osteopath or student based on one or more protected characteristics shared examples with us. These broadly focused on the following protected characteristics (see Table 4):

Protected Characteristic	**Some illustrative examples of discrimination**
Sex and gender identity (5)	• Perception by patients that males provide stronger treatments, • Online job adverts for women only with argument given that this is what patients want
Disability (5)	• Reasonable adjustments not made by practice principals • Reasonable adjustments being seen as special treatment rather than as a necessity • Divulging information to patients about practitioner's disability

Protected Characteristic	Some illustrative examples of discrimination
Sexual orientation (3)	• Males not wanting to practice with homosexual/ gay practitioner • Belief failed an exam due to sexuality
Ethnicity and/ or Religion (3)	• Disbelief by patient that a practitioner was an osteopath due to their race • Remarks about religious garments worn
Pregnancy and maternity (2)	• Reduced income and hours on return to practice • Divulging information to patients that practitioner was pregnant
Age (2)	• Too young to be an osteopath • Too small to be an osteopath
Other (3)	○ Too many to mention ○ Class structure of osteopathy

Table 4: Experiences of discrimination

46. Some of the respondents (75% or 15 osteopaths) knew of colleagues that had experienced discrimination (i.e., unfair, negative or adverse treatment as an osteopath or student based on one or more protected characteristics) and shared examples with us. These broadly focused on the following protected characteristics (see Table 5):

Protected Characteristic	Some illustrative examples of discrimination
Ethnicity (also encompassing nationality and religion) (9)	• Prejudices concerning ethnicity which resulted in not being given advancement opportunities or receiving lower oral grades • Non-attendance of patients for appointment due to surname • Unfavourable comments made by patients to principal and receptionist based on ethnicity
Sex and gender identity (4)	• Females not being seen as good at practical skills by both patients and tutors • Patients feeling more comfortable being treated by a female practitioner
Religion (3)	• Inappropriate comments about clothes associated with religious faith • Assumptions made rather than asking questions
Disability (2)	• Additional support not provided to students with disabilities • Disabilities not respected by osteopathic schools
Sexual orientation (2)	• Patient asked osteopath to leave treatment room due to their sexuality
Other (3)	○ Maternity leave challenges

Table 5: Colleagues experiences of discrimination

Section 2: About you

47. Responses to the section entitled 'About you' of the EDI pilot which basically asked respondents about the 9 protected characteristics, plus current working pattern are detailed in Annex B.

48. Broadly, this shows that the survey is fairly representative, and through the EDI pilot we have been able to capture more views of osteopaths with minority protected characteristics, particularly in relation to disability, ethnicity and race, religion and sexual orientation. However, we are slightly under-represented with male and non-binary osteopaths, and osteopaths who are pregnant or on maternity leave, compared to Office of National Statistics data (see Table 6)

Characteristic	**Representativeness Pilot has given us**	**EDI Pilot (2022)**	**KPMG (2011)[11]**	**ONS[12]/ Other UK population data sources (2016-2020)**
Sex and gender identity	Slightly under-represented Male and Non-binary	53% Female 42% Male 5% Prefer not to say 0% Non-binary 0% Prefer to self-describe	48% Female 52% Male	51% Female 49% Male
Age	Broadly representative with population figures under 50 but over representative of over 50 age group	42% under 50 58% over 50	76% under 50 23% over 50	Percentages here are based on UK Population age (18+): 44% under 50 35% over 50
Disability	Increased representation from those with disabilities	16%	3%	19% working age population
Ethnicity and race	Increased representation from non- White/White British backgrounds	80% White or white British 9% Asian or Asian British	82% White 5% Asian or Asian British	86% White or White British 8% Asian or Asian British

[11] KPMG (2011) How do osteopaths practise?
[12] Please note Census 2021 data on equality and diversity demographics is not due to be released until Summer 2022

Characteristic	Representativeness Pilot has given us	EDI Pilot (2022)	KPMG (2011)[11]	ONS[12]/ Other UK population data sources (2016-2020)
		2% Black or Black British 2% Mixed Ethnic Background 2% Other Ethnic Group 6% Prefer not to say	1% Black or Black British 1% Mixed Ethnic Background 1% Other Ethnic Group 8% Prefer not to say	3% Black or Black British 2% Mixed Ethnic Background 1% Other Ethnic Group [13]
Religion	Increased representation from non- Christian or no religious beliefs/Atheist	28% Christian 18.5% Atheist 39% Religion or belief that is not Christian/ Atheist or no religious beliefs[14] 17% Prefer not to say	50.5% Christian 41% No religion 9% Religion or belief that is not Christian/ Atheist or no religious beliefs[15] 10% Prefer not to say	41% Christian 53% No Religion[16] 6% Religion or belief not Christian/ Atheist[17]
Sexual orientation	Increased representation from diverse sexual orientations	78% Heterosexual/ Straight 4% Bi/Bisexual 11% Gay/Lesbian 2% Pansexual	86% Heterosexual/ Straight 0.5% Bi/Bisexual 3% Homosexual 0.5% Other	94% Heterosexual/ Straight 1% Bi/Bisexual 2% Gay/Lesbian 0.7% Other

[13] These figures are based on 2011 Census of working age population
[14] This encompasses the following religious beliefs: Buddhist (2%), Hindu (2%), Humanism (6%), Muslim (4%), Pagan (2%), Sikh (4%), Spiritual (13%) and any other religion or belief (6%)
[15] This encompasses the following religious beliefs: Buddhist (1%), Hindu (2%), Jewish (1%), Muslim (2%), any other religion or belief (3%)

[16] British Social Attitudes (2016)
[17] British Social Attitudes (2016)

Characteristic	Representativeness Pilot has given us	EDI Pilot (2022)	KPMG (2011)[11]	ONS[12]/ Other UK population data sources (2016-2020)
		5.5% Prefer not to say	10% Prefer not to say	3% Do not know or refuse
Marriage and Civil Partnership	Over representative of those living in a couple[18]	81.5% living in a couple	63% living in a couple[19]	61% living in a couple
Pregnancy and Maternity	Under- represented of those who are pregnant or on maternity leave, as population data has to be higher than 2%[20]	2%	Not recorded	Not suitable statistic to supply here [21]

Table 6: Representativeness of EDI pilot when compared with profession wide and population data

Section 3: Views on attributable data

49. 58% of respondents (32 osteopaths) were prepared to put their name and/or registration number to the demographic information they had provided to us, with 42% (or 23, osteopaths) not prepared to do so.

50. 18/23 (or 78%) of those that were not prepared to put their name and/or registration number to the demographic information provided the following reasons for not feeling comfortable to do so (most to least frequent) were:

    - Don't agree with this data being kept on everyone (e.g., sensitive/personal information that the GOsC shouldn't know, identity privacy, confirmation bias)
    - Don't trust GOsC with the use of such information
    - Fear of reprisal if details got back to education providers

[18] Living in a couple refers to marriage, civil partnership or cohabiting
[19] KPMG (2011) refers to living in a couple as married or civil partnership
[20] This will be looked at further when the equality and diversity Census 2021 data is released in Summer 2022
[21] This will be looked at further when the equality and diversity Census 2021 data is released in Summer 2022

- Matter of choice, providing two options means I can opt for this and be more honest
- Prefer not to say why I don't feel comfortable with providing this information

Section 4: *Any other comments made by respondents*

51. The final section to the EDI pilot survey was for respondents to provide any other comments or suggestions they wished to make. These tended to focus on three themes: (1) what impact will this have (2) time for change and (3) survey construction comments (see Table 7):

Comments around impact	**Comments around change is needed**	**Development comments for the survey**
'Need to explain what difference this will make to how GOsC will operate?'	'It's time we change our attitudes and support people to reach their full potential'	'What is meant by equality, diversity, equity – these terms need explaining'
'Look forward to seeing work being put into practice'	'There should be a longer period to lodge a complaint at the education institutions.'	'It may be valuable to have a free text space for respondents to make suggestions on positive changes/improvements'
'How transparent will you be about the results from this feedback?'	'There should be a complaint pathway through GOsC if the schools aren't following the disability guidelines that you summarise in one of your documents.'	'Some of the questions should have had a "don't know" option'
'I would ask you to look at the GOsC. How many of the people working there come from my background? How many Osteopaths from my background hold key GOsC positions? Please ask yourself these questions.... Inclusion is just a word that is being used by the profession.'	'The demographic remains limited because voices such as mine are misunderstood and often made to feel unwelcome.'	'I found the first questions difficult to answer since there is variance based on context.'
		'Questions here are too general. E.g has anyone ever said anything hurtful as a student - of course, people always say stuff. But that doesn't mean student

Comments around impact	Comments around change is needed	Development comments for the survey
		life was discriminatory. The questioning is so general.'

Table 7: Any other comments respondents had to make about the EDI pilot

Next Steps with EDI Pilot

52. The purpose of the EDI pilot was originally to increase the equality data held on our Register so that we could better assess the impact of our regulatory activities to ensure that we removed unintended discrimination or barriers and promoted equality of opportunity.

53. However, the development process has also highlighted a number of other purposes which relate to understanding knowledge, behaviours and attitudes in relation to inclusion, diversity and equality in the profession and highlighting areas where we and the sector could do more to remove discrimination, promote equality and in fact enhance patient care through a better understanding of the diverse needs of patients.

54. In relation to the first purpose, which is about increasing the data held to enable us to take actions to remove discrimination and promote equality, there are three possible options regarding EDI monitoring

    a. go live with the survey;
    b. include regular (optional) declarations of equality data as part of the registration and renewal process
    c. Do both.

55. The advantages and disadvantages of these three approaches are set out in Table 8. In addition, over half (58%) of the pilot sample were prepared to attribute their name and/or registrant number to their personal data, raising the question whether we should continue to provide both attributable and non-attributable options going forward (see Table 8)

56. Practically, in relation to this option, we would need different data collection mechanisms, because the registration and renewal process would not enable an anonymous option, so we would need to collect attributable and reportable data on the Register and anonymous data via a survey so as to check that we are not missing any protected characteristics on the Register.

Options	Advantages	Disadvantages
Option 1: Go Live with survey to obtain EDI data on the profession in 22/23 (both attributable and non-attributable) and to continue to gather experiences of discrimination in osteopathic education and practice and do not incorporate EDI data collection into registration renewal.	○ Provides greater clarity on why we are collecting EDI data and the need to demonstrate our Equality duty through separate collection. ○ For those that participate, the reflective questions at the beginning of the survey may enable it to be an educational tool as well as a collection tool. ○ Keeps it separate from other organisational workstreams or processes (if we do not build optional equality data collection into the registration renewal process), possibly helping to reassure how the data will be used and build trust.	○ The EDI pilot approach which was promoted to all osteopaths may have captured all who were interested in the survey as part of the pilot and we may not get many more responses if we 'go live'. So there might not be much extra data. Further we have collected a really rich range of qualitative data informing a suite of next steps in education and in our own communications and engagement strategy ○ Surveys of this nature are renowned at producing a low response rate and/or unrepresentative population samples. ○ It is difficult to demonstrate the value of collecting the data and the change that it will promote until it is analysed. ○ Collection of such data provokes strong feelings of lack of trust in some parts of the profession. ○ Keeping attributable EDI data away from the Register will mean that it is not easily analysed against our functions. ○ We may be at saturation in terms of the examples of challenges and discrimination identified in the survey and we have already identified substantive next steps in terms of the information that we already have.
Option 2: Using the renewal process to obtain the data and	○ Will make collection and analysis of equality data an integral part of an existing organisational process (registration and registration renewal) and would be tied into our overarching Cloud Engage project (from	○ Osteopaths associate EDI monitoring with capabilities to register/practice and may be less likely to provide such data, particularly with reference to disability because of the reference to 'good health' in our legislative framework and this is a significant barrier to completion of some aspects.

Options	Advantages	Disadvantages
do not roll out EDI survey.	2023). It would enable much easier analysis of equality data against functions enabling earlier analysis and identification of issues. ○ Other regulators have advised that their greatest success was incorporating EDI statistics into their renewal of registration leading to EDI data on their registrant populations ranging from 60%-100%. Some have even made the completion of this mandatory albeit with a 'prefer not to say' option, so as to increase response rate – although this is not an option we would wish to pursue at this stage. ○ Incorporating EDI data into the collection of registration renewal data plus lots of positive messages from professional bodies and cheer leaders was felt to be the way to enhance collection of this data by other regulators, and according to many in our qualitative focus groups and feedback.	○ Our pilot suggested that only just over half of the profession were prepared to provide attributable data.
Option 3: **A survey to offer both attributable and non-attributable options when submitting EDI data and incorporate**	○ Provides choice to registrant, meaning registrants can opt for non-attributable option if wish to, might increase response rate and trust ○ Allows more honest answers to be given by registrants	○ Having a proportion of data which is non attributable will not be helpful in supporting the purpose i.e., understanding whether the GOsC is being inclusive or whether particular regulatory activities are being inadvertently discriminatory. But there will be a proportion of data that is attributable also. ○ There will be complications if some attributable data is declared in the survey and some in the registration renewal as this would

Options	Advantages	Disadvantages
into registration renewal.	○ Non attributable (anonymity) is useful for profiling the profession and contextual information and recognises sensitivity ○ But also retains the advantages of obtaining some attributable data in terms of understanding the impact of our regulatory activities, analysis of attributable data is quick enabling trends to be identified more easily. ○ Over time the non-attributable data will help us to see if there are particular groups not comfortable disclosing their protected characteristics to us – which will signpost areas where we have further work to do.	require some sort of data transfer or migration to be useful to analyse.

Next steps

57. At their meeting on 16 June 2022, the Policy and Education Committee met to consider and provide feedback on the findings of the pilot, analysis and options for next steps and to agree to recommend a preferred approach.

58. Discussion about the findings included:

- The response rate was appropriate
- The theme of trust and distrust came through in the key findings and that a culture of trust takes time.
- Disability was a key area of mistrust in terms of findings. It was noted that the legislation around 'good health' was thought to be a potential barrier and that continually emphasising how this was interpreted was important and how positive examples of osteopaths practising with a disability could be shared.
- Context was important – recognising external systemic bias and discrimination and intersectionality of, for example, the impact of disability and socio-economic factors. How language had changed through the pilot and how language mattered. To agree to recommend a preferred approach

59. Discussion about the proposed approach included:

- Important to hear voices that were not yet heard – so something more than incorporating into registration and renewal was important
- Continuing to collect attributable and non-attributable data was helpful to continue to hear those voices.
- Impact of survey fatigue and dates of registration renewal may reduce the impact of a survey
- People are used to providing equality data as part of filling in forms so it would seem less threatening
- Ongoing communications about the finding of the survey and what GOsC were doing about this was important and perhaps an ongoing survey might be part of this dialogue.
- The context and relationship of this work to impact was important – not just the approach to collecting but the ongoing messaging, actions and impact and the relationship to ongoing concepts of trust and mistrust.

60. In conclusion, whilst the Committee were split on the idea of only incorporating the collection of registrant equality data into registration renewal (Option 2) and doing this and continuing the survey (Option 3), the Committee were more comfortable with an option which perhaps looked at incorporating the collection of equality data into the registration renewal form, ongoing communications, actions and impact and a future survey at an appropriate point.

61. This is essentially what we had envisaged Option 3 entailing - incorporating EDI data into registration renewal as well as a survey at a much later date, so as to offer both attributable and non-attributable options when submitting EDI data to our registrants.

62. In relation to our wider EDI work, the qualitative feedback from this project has yielded rich insights that we can take forward in our work to improve awareness of EDI issues, support CPD in this area and enhance quality of care for patients.

63. The findings from the focus groups and pilot survey demonstrate that our EDI work going forward needs to focus on supporting inclusivity in three key strands (1) Education and work with osteopathic educational institutions, (2) GOsC Communications and Engagement Strategy work relating to EDI and (3) Work with external interest groups, such as CPD providers, other regulators and the profession, supporting increased understanding and education in relation to inclusion, diversity and equality – both in respect of patients and colleagues – and work amplifying the voices of people with minority protected characteristics.

(1) Education and work with the OEIs

64. The review of the Standards for Education and Training and the Graduate Outcomes for Osteopathic Pre-registration Education have already taken into account feedback on the need to strengthen expectations and requirements in relation to inclusion, diversity and equality, and speaking up. These standards are currently being implemented in OEIs using a variety of ongoing mechanisms monitored by the Policy and Education Committee.

65. In addition, as part of the ongoing Equality Impact Assessment for the Standards for Education and Training and the Graduate Outcomes for Osteopathic Pre-registration Education, it was agreed to develop further supplementary resources to support effective communication and EDI implementation, and signpost further resources, particularly for treating patients.

66. We held a GOsC / OEI Meeting on 17 May 2022 where we worked together to develop a schedule of good practice / collaborative webinars on matters of interest to the OEIs and also to the Policy and Education Committee. Through these discussions it was decided EDI should be one of these thematic review sessions, so as to begin to explore collectively what each institution does in relation to EDI work and how this could improve the student experience. It was considered a good starting point might be to look collectively at current provisions across the education providers relating to reasonable adjustments for students with disabilities.

67. In addition, we are co-funding research (alongside the University College of Osteopathy, the Osteopathic Foundation and the Institute of Osteopathy) which is being undertaken by Dr Jerry Draper-Rodi, Director of the National Council for Osteopathic Research and Clinical Fellow at the University College of Osteopathy. The aim of the research is to explore and describe the educational experiences of underrepresented groups within their osteopathic educational providers. It will present recommendations to enhance awareness of the barriers to equality and diversity and improve student experience and attainment. A

review of the findings will assess the UK osteopathic students cultural humility using multi- dimensional humility scale, demographic questions and a set of questions on bullying, harassment and discrimination. It will be interesting to compare and contrast results from this and that of the EDI pilot in due course, to see if there are any similarities and differences in terms of both protected characterisation terminology being used and also the diversity, inclusion and equity- based questions which touch on discrimination, harassment and bullying.

(2) GOsC Communications and Engagement Strategy

68. The pilot has revealed that the profession is anxious about how EDI data will be used and do not trust GOsC with it. A key theme of the Communications and Engagement Strategy on promoting trust will continue to be crucial here, which involves continuing to:

a) Align values – explaining that, like osteopaths, we want to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those with protected characteristics and those without. We must also explain our role in terms of the equality duty and why we want to have EDI data in relation to registration, CPD and/or Fitness to Practise. We are currently using sessions on the exercise of professional judgement to focus on the values we share with osteopaths in the context of making decisions.

b) Reduce the gap between the regulator and the regulated - continuing to use a supportive, approachable tone across all of our communications to encourage safe spaces to open up discussions about EDI issues between registrants and the GOsC. This also includes using more personalised messaging i.e., personal messages from GOsC named contacts. For example, recruitment of user testers for the Cloud Engage project (50% of participants at the EDI focus groups have signed up to be user testers).

c) Be an open, inclusive and coherent[22] organisation – this includes celebration of diversity across GOsC social media channels and communications which are representative, inclusive and diverse. Focus group participants commented that this had been positive, welcomed and long overdue.

d) Promote trust and be responsive - there needs to be ongoing engagement and two-way communication about EDI with regular EDI updates relating to all work we do. For example, similar to a regular patient engagement feature, but instead the focus would be on EDI i.e. how EDI issues have been considered and implemented in individual GOsC projects, policy, EDI Framework etc. Over time, it will be important to publicise findings, our actions and impact in response – the 'you said, we did' approach. For example, it is positive that the survey demonstrates a more representative (and inclusive?) profession, but recognition that there is still more to do.

[22] Further details on the Communications and Engagement Strategy can be viewed here: https://www.osteopathy.org.uk/about-us/our-work/comms-strategy/

(3) Work with the profession and external interest groups

69. There is little training and support in relation to equality, diversity and inclusion issues with regard to the osteopathic profession, for example, in relation to the needs of patients with particular protected characteristics. This is one of the reasons that we have committed to signposting and / or developing resources to support osteopaths in clinical practice provide an inclusive service to all without making assumptions. For example, the GMC's ethical hub has a wealth of interesting material to better enable clinicians to support trans patients, resources for LGBTQ+ patients to support them.

70. As part of this, we could liaise with CPD providers and regional groups to explore signposting of resources relating to equality of opportunity and value of difference that may support them to make explicit their own commitment to inclusion. Raising awareness of the importance of ongoing CPD in relation to EDI would also be important and in this respect, (a) encouraging providers to map EDI alongside the OPS in their training provision and (b) signpost CPD resources might be helpful. We also need to explore the appetite among other regulators to standardising EDI monitoring, so as to aid comparisons going forward.

71. It is also important to recognise that the survey shows that the voices of osteopaths with minority protected characteristics are often unheard. This means that we have a duty to continue to seek out and amplify inclusion and the voices of a diversity of osteopaths in our work.

72. In relation to this strand of work, the Committee is asked to consider and provide feedback on these next steps.

Recommendations:

1. To consider and provide feedback on the findings of the pilot, analysis and options for next steps.

2. To agree a preferred approach in relation to EDI monitoring.