



**Council**  
**20 July 2023**  
**Chief Executive and Registrar's Report**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
<b>Recommendations</b>	To note the content of the report.
<b>Financial and resourcing implications</b>	These are set out in the paper.
<b>Equality and diversity implications</b>	The paper sets out what we have done since the previous Council meeting on matters related to equality, diversity and inclusion.
<b>Communications implications</b>	None.
<b>Annexes</b>	A. Business Plan Monitoring Report 2023-24 B. Finance Report: two months to 31 May 2023 C. Performance Measurement Report 2022-23
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### **Key messages from this paper:**

- The report sets out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines include:
  - For 2022-23, we met once again, all 18 Standards of Good Regulation. The Professional Standards Authority published their report into our performance in June 2023.
  - We have been working with PSA colleagues to understand their approach to the 2023-24 performance review year which will be a periodic review, i.e. a more in-depth review of our performance.
  - We presented at the PSA symposium - How can we successfully collaborate towards safer care for all? - on our work with the Collaborating Centre for Values Based Research.
  - GOsC participated at Pride in London for the first time in our history alongside osteopaths, students and patients demonstrating our continued commitment to equality, diversity and inclusion.

### **Introduction**

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the previous Council meeting, which are not reported elsewhere on the agenda.

### **Professional Standards Authority for Health and Social Care (PSA)**

PSA Performance Review - 2022/23:

2. Our PSA Performance Review year 2022/23 concluded on 31 March 2023 and once again, we have met all 18 Standards of Good Regulation. I am delighted with the outcome and reflect on how this is a demonstration of the continued collaboration and partnership working between the Executive and Non-Executive teams.

The report into our performance can be found here: [GOsC Performance Review](#)

PSA Performance Review - 2023/24:

3. Members will recall that the PSA changed their approach to the annual performance reviews, moving to a three-year cycle which included one periodic review (more in-depth) and two monitoring years (lighter touch).
4. We have been in discussions with colleagues from the PSA about the 2023-24 performance review year, which will be our periodic review following two monitoring review years. Our current understanding is that the majority of the

review can be conducted through the regular dialogue meetings, which we have found to be extremely beneficial since their introduction by the PSA. There will be one targeted audit activity, which will be around the quality of early stage decision-making within Fitness to Practise.

5. We held a very useful meeting with PSA colleagues in Osteopathy House on 27 June in order to work through matters around the audit including scope, criteria, methodology, timing, deliverables and feedback. We anticipate that the audit will commence in October 2023 and we have a follow-up meeting with the PSA later in August to continue discussions.

Symposium: 6 June 2023 – How can we successfully collaborate towards safer care for all?

6. We participated in the PSA symposium on 6 June 2023 presenting on our work with the Collaborating Centre for Values Based Practice regarding our shared decision making project, alongside Ashok Handa, Professor of Vascular Surgery and Fellow in Clinical Medicine Director and Sarah Tilsed, Patients Association.

PSA Research: Perspectives on discriminatory behaviours in health and social care

7. The PSA has published a research report *Perspectives on discriminatory behaviours in health and care*, which they commissioned Research Works to undertake. The research was qualitative, a mixture of group discussions and interviews and aimed to take forward work following the publication of the PSA's Safer care for all report last year, as well as to help form part of the wider evidence base.
8. As part of the research, participants set out the markers that they think indicate how serious the behaviour is. The report argues that these markers can help inform what fitness to practise sanction is appropriate:
  - a. Intent – was the behaviour deliberately discriminatory/unfair or through lack of awareness/training?
  - b. Vulnerability and outcome for the patient – how vulnerable is the patient on the receiving end of the behaviour, how bad was the outcome for the patient?
  - c. Frequency – was this a one-off or is it repeated enough to form a pattern of behaviour?
9. The research and an infographic can be located here: [Perspectives on discriminatory behaviours in health and care](#)

## Department of Health and Social Care (DHSC)

### *Legislative reform*

10. In May 2023 we submitted our response to the consultation on regulating anaesthesia and physician associates. The Order, which would bring anaesthesia

associates and physician associates under the regulation of the General Medical Council, also outlines the template for reforming the legislation of the remaining healthcare regulators.

11. Our understanding is that DHSC are analysing the consultation responses with a view to making revisions to the Order during July. It is likely that regulators will have a very narrow window in which to respond with only significant issues being considered at that stage. We understand the plan, to lay a Statutory Instrument by the end of this year in order to facilitate the regulation of the anaesthesia and physician associates in 2024, remains on track.
12. We have no further intelligence to share on when any changes to the GOsC legislation may happen.

### *NHS Workforce Plan*

13. Friday 30 June saw the publication of the awaited NHS Long-Term Workforce Plan, which sets a plan for the next 15 years. Headlines include:
  - Plans to recruit 300,000 new staff and retain 130,000 extra healthcare workers.
  - Training places will be expanded across the sector including: GPs (50%), adult nurses (92%), pharmacists (29%), dentists (40%), dental therapy and hygiene professionals (28%), healthcare scientists (13%).
  - Almost a quarter of NHS staff (22%) will be trained via apprenticeship by 2031/32
  - New medical degree apprenticeships will train 2,000 doctors by 2031/32
14. The Plan can be read here: [NHS long term workforce plan](#)

### **Devolved nations**

Scotland, Wales, Northern Ireland

15. Due to the short period between the May and July Council meetings, we do not have any updates to provide on our work with the devolved nations.

### **Equality, Diversity and Inclusion**

16. The July 2023 Council agenda includes separate updates on the research into Under-represented groups experiences of osteopathic education and training (UrGEnT) as well as our Annual Report on matters associated with Equality, Diversity and Inclusion.
17. On 1 July 2023, GOsC participated in London Pride for the first time in our history. Walking in the parade were GOsC staff, osteopaths, students, patients and colleagues from the Institute of Osteopathy demonstrating our joint-commitment and working. We had just under 30 people participate with many

more osteopaths saying they would attend next year. We will be publishing a blog about the event and have undertaken social media.

### **Subject Benchmark Statement: Osteopathy**

18. A consultation is currently live on the Subject Benchmark Statement (SBS) for osteopathy. The consultation can be found here: [SBS Consultation: Osteopathy](#)
19. The Statement outlines the academic standards expected of graduates and articulate what they might reasonably be expected to know, do and understand at the end of their studies. SBSs offer sector-agreed reference points in the design, delivery and review of academic courses and sit alongside other Quality Assurance Agency resources such as the UK Quality Code for Higher Education, Qualifications and Credit Frameworks and Characteristics Statements in supporting aligned approaches to quality across the UK nations.
20. The Statements have been reviewed by Advisory Groups comprising academics, employers, subject networks and students to ensure a diverse range of voices and experience have been considered.
21. Fiona Browne, Director of Education, Standards and Development and Steven Bettles, Head of Policy, sat on the Advisory Group in order to assure alignment between the GOsC legal requirements for undergraduate osteopathic education and the profession consensus on the Benchmark Statement.

### **GOsC Values**

22. At the May 2023 Council meeting, Council approved its first set of organisational values. Our agreed values state that:
 

We work **Collaboratively** to be an **Influential** and **Respectful** regulator with an **Evidence-informed** approach.
23. Since the agreement of the values I have written to all GOsC Committee members to introduce and explain the values and to highlight that everyone from staff, Council members and members of committees have a responsibility to act in accordance with the values and to ensure that we are making decisions which align with the values.
24. I have received excellent engagement from the Chairs of the Investigating Committee and Professional Conduct Committee who have taken ownership of introducing the values into their discussions with the independent fitness to practise panel members. The Chair of the Investigating Committee invited me to attend a feedback session with some members of the Investigating Committee to talk directly to them about the values.
25. In addition, I have met with each GOsC staff team to discuss the values and how as individuals, teams and organisationally we need to live and demonstrate

the values so they are more than words on a page. I have been particularly impressed by the engagement and reflection staff have shown about their own work and that of the GOsC, and how we can use the values as a tool for continuous improvement. As a result of feedback received, we will also be exploring a whole staff team training/development session on the new GOsC values.

### **Chair of Council recruitment**

26. The recruitment campaign for the Chair of Council has generated 21 applications for the position. The applications have been submitted to the panel for their consideration against the agreed competencies and shortlisting takes place in July 2023 with interviews scheduled for later in the year. I will keep Council informed of progress in this recruitment campaign.

### **External meetings – bringing insight into our business**

27. Since the previous meeting we have participated in several external events with stakeholders and partner organisations which ensure that we are able to bring insight to our work. These meetings, which have not been referenced elsewhere in the report, include:

- Chief Executives of the Regulatory Bodies forum
- Phil Harper, Department of Health and Social Care
- Nockolds Corporate Complaints Forum
- Directors of Fitness to Practice forum
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Osteopathic Development Group
- National Council for Osteopathic Research
- Inter-regulatory forums – multiple

### **Business Plan monitoring**

28. The Business Plan monitoring report for 2023-24 is attached at Annex A.

### **Financial report**

29. Maxine Supersaud, Head of Resources and Assurance, will speak to the Financial Report which is attached at the Annex B.

### **Performance Report**

30. Each year Audit Committee receives from the Executive a performance report which assesses performance against agreed criteria. The 2022-23 report was considered by Audit Committee in June 2023 and is attached at Annex C.

**Recommendations:** To note the content of the report.

# Annex C to 6

## Performance measurement report 2022-23

Area of performance	Performance measures	Comments
Meeting our statutory duties and maintaining confidence	1. The public and registrants continue to have confidence in our work	<ul style="list-style-type: none"> <li>• 2022-23 saw GOsC fulfil its regulatory functions and we continued to develop a range of resources both to support the profession and to maintain delivery of our core functions.</li> <li>• In 2022 we again undertook a CPD Evaluation Survey, which we have previously reported to Audit Committee as an indication in the level of confidence in the GOsC through our implementation of the new scheme.</li> <li>• Based on the self-declaration data (as at December 2022) 88% of osteopaths (c.4790 out of 5451) had undertaken CPD across the four themes of the Osteopathic Practice Standards, which was up on previous CPD evaluation surveys.</li> </ul>
	2. We continue to meet the PSA's standards of good regulation	<ul style="list-style-type: none"> <li>• The outcome of the PSA performance review into our performance for 2021-22 was published in June 2022.</li> <li>• For the 12<sup>th</sup> successive year, all PSA Standards of Good Regulation were met.</li> <li>• Council considered the outcome of the GOsC Assessment of Performance Report that was reported to Audit Committee in the previous year. The recommendations have informed the development of the next GOsC Strategy which will be out for public consultation later in 2023.</li> </ul>

## Annex C to 6

Area of performance	Performance measures	Comments
	3. Privy Council and Department of Health intervention remain unnecessary	<ul style="list-style-type: none"> <li>• Privy Council and Department of Health default powers have not been exercised.</li> </ul>
	4. Appeals against statutory decisions are not upheld	<ul style="list-style-type: none"> <li>• We have not needed to defend any decisions of the Professional Conduct Committee in the High-Court or the Court of Appeals.</li> </ul>
Providing demonstrable public value	1. Stakeholders – including patients, registrants and partners – are satisfied with our performance	<ul style="list-style-type: none"> <li>• Stakeholders were invited to participate in our public consultations in 2022-23:               <ul style="list-style-type: none"> <li>○ Remote hearings protocol</li> <li>○ Adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths: Draft guidance on the application of the Osteopathic Practice Standards</li> <li>○ Draft Practice Note for Questioning Witnesses</li> <li>○ Draft Fitness to Practise Publication Policy</li> </ul> </li> <li>• We have continued to hold large scale and small scale webinars with osteopaths and patients, which have received positive feedback from those attending. The insights collected from these meetings informs our policy and guidance development.</li> <li>• We undertook a patients perception tracker survey this year. The full results will be presented to Council at the July 2023 Council meeting.</li> </ul>



## Annex C to 6

Area of performance	Performance measures	Comments
		<ul style="list-style-type: none"> <li>• The scope of a registrant and stakeholder perceptions survey was agreed by the Policy and Education Committee this year, with it being approved by Council outside of this reporting period (May 2023).</li> </ul>
	<p>2. We maintain/improve standards measured through:</p> <ol style="list-style-type: none"> <li>i. Outcomes of fitness to practice complaints</li> <li>ii. Volume/types of complaints</li> <li>iii. Engagement in new CPD activities and processes</li> <li>iv. Implementation/ outcomes of development projects</li> <li>v. Reduction in conditions imposed on Recognised Qualifications</li> <li>vi. Successful s32 activity (including prosecutions)</li> </ol>	<ul style="list-style-type: none"> <li>• The Investigating Committee reached a final decision in 32 cases (26 in the previous year) with 16 cases referred to the Professional Conduct Committee or Health Committee (17 in the previous year).</li> <li>• The Professional Conduct Committee concluded 19 cases, in 14 of those a sanction was imposed (19 cases concluded and 8 sanctions in the previous year).</li> <li>• The number of removals from the Register remained the same as the previous year (2)</li> <li>• Engagement with the new CPD scheme continued to be positive with registrants moving through their CPD cycles.</li> <li>• One institution saw the removal of their 'recognised qualification' expiry date enabling more flexibility in terms of visits.</li> <li>• In the year, the Council recommended to Privy Council the removal of the 'recognised qualification' (RQ) from one Osteopathic Education Institution. This was the first time in the GOSc history that an RQ was withdrawn.</li> </ul>

## Annex C to 6

Area of performance	Performance measures	Comments
		<ul style="list-style-type: none"> <li>• 14 cease and desist letters were issued. In the reporting period, 38 cases were resolved. One successful section 32 prosecution were heard with costs being awarded to GOsC.</li> </ul>
Using our resources to operate effectively	<ol style="list-style-type: none"> <li>1. We meet a range of KPIs including:               <ol style="list-style-type: none"> <li>i. Processing of registration applications</li> <li>ii. Handling of fitness to practise complaints</li> <li>iii. Performance against customer service standards</li> </ol> </li> </ol>	<ul style="list-style-type: none"> <li>• Registration application processing was within KPI.</li> <li>• Median time taken for investigating a complaint was 37 weeks (above our target of 26 weeks).</li> <li>• Median time taken for concluding a hearing was 58 weeks (above our target of 52 weeks but this was impacted by the pandemic and was seven weeks better than the previous year).</li> <li>• Corporate complaints are reported to the Audit Committee and in the year there were seven, an increase from four in the previous year.</li> <li>• There were no whistleblowing cases, incidents of fraud and no significant data breaches.</li> <li>• There were two PSA learning points reported to the Committee; an increase from zero in the prior year.</li> </ul>
	<ol style="list-style-type: none"> <li>2. We implement improvements identified from audit and other feedback</li> </ol>	<ul style="list-style-type: none"> <li>• Audit Committee reviewed the recommendations and actions identified in previous assurance audits and sought assurance that these had been implemented by the Executive as agreed. Assurance was provided to the Audit Committee.</li> </ul>

## Annex C to 6

Area of performance	Performance measures	Comments
		<ul style="list-style-type: none"> <li>Audit Committee considered GOsC reflections on PSA performance review report for 2022-23.</li> <li>No significant issues were identified by the auditors within the annual financial audit.</li> </ul>

**Table showing Value Proposition, expenditure in year, % of total budget and proportion of £570 registration fee**

Value Proposition components	Expenditure in year <sup>1</sup> £	Percentage of total spending %	Proportion of £570 registration fee used £
<b>Ensuring public protection</b>	1.58m (2023)	54% (2023)	304 (2023)
	1.65m (2022)	60% (2022)	340 (2022)
<b>Developing the profession</b>	0.69m (2023)	23% (2023)	133 (2023)
	0.58m (2022)	21% (2022)	120 (2022)
<b>Delivering robust governance<sup>2</sup></b>	0.69m (2023)	23% (2023)	133 (2023)
	0.53m (2022)	19% (2022)	110 (2022)

### What does the registration fee fund?

The headline registration fee of £570 is broken down to show the amount of spend across the GOsC value proposition in 2022-23.

<sup>1</sup> Excluding investment losses and/or charges

<sup>2</sup> Please note that the figures contained in the value proposition for Governance do not relate to the notes on Governance in the notes to the accounts.

## Annex C to 6

Proportion of registration fee spent per value proposition components

