



Council
18 July 2024
Patient Partners programme

Classification	Public
Purpose	For decision
Issue	The paper provides an overview of the Patient Partners programme including the success criteria and evaluation plans. Council is asked to agree the length of the pilot (one-year or two-years) and the selection panel recruitment and appointment.
Recommendations	<p>Council is asked:</p> <ol style="list-style-type: none">1. Option A: To agree a one year pilot of the Patient Partner Programme OR Option B: To agree a two year pilot of the Patient Partner Programme,2. To agree the selection panel and to ask the selection panel following a successful recruitment process to recommend appointment of two Patient Partners for agreement by Council.
Financial and resourcing implications	Costs relating to the Patient Partners programme have been factored into the budget approved by Council. The associated cost for implementing the programme would be expected to be no more than the cost of the current Council Associate programme. All aspects of the recruitment programme would be undertaken in-house supported by the Executive and Council.
Equality and diversity implications	One of the drivers behind the introduction of the Patient Partners programme was to promote diversity and inclusion.
Communications implications	These are contained in the paper, specifically around promotion of the two posts.
Annex(es)	A. Evolution of PEC and Council's thinking about the programme



B. Qualities required from successful candidates

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Key messages from the paper:

- In November 2023, Council agreed to pilot the Patient Partners programme, an initiative to recruit and appoint two patients to Council to act as independent 'critical friends' participating in discussions but without voting rights.
- Patient Partners must have lived experience of osteopathic care and will support GOsC in undertaking our statutory duty rather than representing a personal healthcare condition or interest.
- The programme is a key aspiration of our patient engagement strategy to create a model of co-production involving patients in decision making in the same way we do osteopaths. Both osteopaths and patients are our beneficiaries under the Osteopaths Act 1993.
- This paper asks Council to agree the length of the pilot (one or two years), the date of appointment for Autumn 2025 and the selection panel to enable progression of the patient partner pilot.
- In order to support Council to make decisions, we have provided further detail about the purpose of and background to the patient partner programme (see Annex A), the qualities we are looking for in the Patient Partners (See Annex B) and within the paper, the success criteria and how we intend to evaluate the pilot.

Background

1. In November 2023, Council agreed to implement phase one of a two-phase pilot of the Patient Partners programme.
 - a. Phase one involves piloting the appointment, in Autumn 2025, of two patients to act as independent 'critical friends' to Council, supporting GOsC in undertaking our statutory duty to protect, promote and maintain the health, safety and well-being of the public.
 - b. Phase two involves a longer term aspiration to have a lay council member with a specific focus on the patient lens and patient engagement.
 - c. Implementation of phase one is subject to a caveat that progression to phase two would be subject to any budgetary constraints that may be imposed, and that the timeline should be more flexible.
 - d. For further information please [see the November 2023 Council paper](#).
 - e. Please see Annex A for a summary of the evolution of thinking about the programme (2020-2024) and links to previous Council and Policy Education and Committee papers on the programme.

2. The purpose of the programme is to explore how we bring an explicit patient perspective into our governance, making it more inclusive with the aim of leading to better quality decision making. Currently we have no patient views directly informing strategic discussions that impact one of our key beneficiaries i.e., patients. The Patient Partners programme looks to provide both processes and outcomes which enable active consideration of patient voices alongside osteopathic voices.
3. The purpose of the pilot is to facilitate an iterative learning process to better understand the knowledge, skills and experience necessary for both GOsC and patients to ensure the programme can create the right environment to progress phase two. In addition, the pilot will help GOsC to learn more about how to develop processes that deliver decisions which demonstrably include consideration of the patient voice, helping us to build trust with patients.
4. To ensure the benefits of the pilot and ultimately the programme is realised, views have been sought on an ongoing basis from members of our Patient Involvement Forum. In June 2024 we held a group discussion with forum members to discuss the topics outlined in paragraph 9. In addition, we met separately with forum members who are involved in governance activities in other health organisations, including a member who is a Lived Experience Partner at the Health Innovation Network, a new strategic engagement role.

Discussion

How will the patient partner role work with Council?

5. An individual appointed through the Patient Partners Programme would be able to participate in all discussions (greater involvement than observers) but would be unable to vote on decisions. Additionally, they would - at the discretion of the Chair of Council - be able to attend private meetings of Council, but again, would have no voting rights.

Qualities required from successful candidates (See Annex B)

6. An essential criterion for the role is that the patient will be an osteopathic patient and will have lived experience of osteopathic treatment within the last six months.
7. Patient Partners will act as independent 'critical friends' to Council supporting GOsC in undertaking our statutory duty, always ensuring that the impact for patients is actively considered as well as the impact for osteopaths in our decision making, rather than representing a personal healthcare condition or interest.
8. Equality and inclusion are central to these posts and Patient Partners must have knowledge and understanding of principles of equality, diversity and inclusion and a commitment to their implementation.

Positive action to enhance diversity

9. We should clearly identify that we want to encourage applications from underrepresented groups and that we see diversity (of thought as well as protected characteristic) as being a strength. When promoting the posts, we will ensure that we demonstrate our commitment to equality, diversity and inclusion through our communications.

How have we tested our thinking?

10. Following feedback from our Patient Involvement Forum the additional actions have been recommended to ensure that the recruitment process is accessible and proportionate for the role we are recruiting.
 - a. The need to make clear that Patient Partner roles are different from Lay Council members, highlighting that it is specifically for strategic patients who are reflecting the patient lens more broadly.
 - i. In addition, the need to highlight that patients are appointed by Council not Privy Council which members suggested would attract a broader demographic of candidates.
 - b. The creation of a short video explaining what is different about this role which would humanise the organisation and likely encourage a greater number of applications.
 - c. Information in the application pack that includes:
 - i. An overview of what a GOsC Council meeting entails:
 1. For example, the average length of meetings, topic areas, types of input required from Patient Partners, logistics involved, how far in advance papers are provided.
 2. If the application process timeline allows candidates could attend a Council meeting.
 - ii. A link to previous meetings' minutes.
 - iii. Dates of upcoming Council meetings so that applicants are aware of the essential time commitment.
 - iv. Details on who the buddies and dedicated staff support will be for Patient Partners that include a photo and a short bio.
 - v. Reasonable adjustments.
 - d. Suggested channels for promotion of the role to reach a broader of candidates:
 - i. MSK charities
 - ii. Patients Association
 - iii. Healthwatch

- iv. National Voices
- v. NHS

Induction arrangements and ongoing support

11. To ensure the positive, constructive and supportive culture that the new Council are engendering is maintained, we recommend an induction that includes an 'introduction to the GOsC' meeting with key staff and Council members, as well as specific induction meetings with successful appointees. For example, appointees would undertake online training courses on Equality, Diversity and Inclusion, GDPR and cyber-security.
12. An additional face-to-face (if possible) session that Patient Involvement Forum members suggest includes:
 - a. How to read and annotate GOsC papers to ensure Patient Partners can efficiently curate, distil and manage information relevant to the organisation's business planning priorities.
 - b. Opportunity to meet Council buddies.
13. From an ongoing support perspective, we recommend that the Chair of Council have regular touchpoints with the Patient Partners as they bed into their roles. This follows a similar approach to how the Chair of Council operates with existing Council members.
14. We recognise that the Patient Partners will need a degree of ongoing support following their appointment. To that end, and to maintain an inclusive boardroom culture, we suggest creating a buddy system similar to that in place for Council Associates, with the Chair of Council asking two members to lend their support. The buddying system will be an informal arrangement.
15. In addition, members of the Patient Involvement Forum recommend that Senior Research and Policy Officers should act as a specific point of contact for day-to-day matters ensuring that along with the buddy scheme, there will be a dual support system.

What are the risks that are posed to achievement of the purpose of the Patient Partner programme and the Patient Partner pilot and how are we mitigating these?

Risk management

Risk	Mitigation(s)
Insufficient pool of candidates and unable to make an appointment	<p>Promotion of roles via patient-facing channels as well as board level recruitment channels.</p> <p>Senior Research and Policy Officers to promote the roles via health regulators patient engagement group.</p>

Risk	Mitigation(s)
	Information session during the recruitment process for interested parties.
Patients don't complete their term of appointment	Dual support system (buddy scheme and staff contact). Six-month check point with Patient Partners.
Lack of clarity about purpose of pilot and how we will know if it is successful or not.	Ongoing engagement with Council regards the goals, measures of success and the recruitment and implementation process with opportunity to explore and test thinking. Appointment to posts subject to Council approval. Regular progress updates.
Tokenistic engagement leading to lack of impact and potential for reputational damage	Specific questions included in Council papers asking Patient Partners for an overarching osteopathic patient perspective. Briefing for partners by buddies ahead of Council meetings to highlight areas of particular interest in upcoming meeting so they feel able to ask questions of staff presenting paper. Senior Research and Policy officers act as the point of contact for Patient Partners' queries. Meetings with the GOsC Patient Involvement Forum to discuss the issues raised at Council that pertain specifically to patients and seek their feedback. Discussion would be facilitated by Senior Research and Policy Officers.
Cultural issues such as power imbalances and dynamics, inflexible processes and unconscious bias towards patients	A robust induction process would enable Patient Partners to: <ul style="list-style-type: none"> • feel valued and more confident • quickly integrate into their role • understand the culture of Council
Ineffective governance or oversight of the programme	Clearly defining programme objectives. Regular and transparent communication among programme stakeholders. Monitoring and controlling pilot progress with six month check point with Patient Partners.

Measuring success

16. As the programme is a pilot, it is important that we understand how we intend to evaluate the success, or not, of the programme. We have tried to find a balance between obtaining the right level of data to help evaluate the new initiative, against the available resources we have as a small organisation.

17. For context the objectives for the Patient Partners programme are to:

- Further legitimise decisions made by Council by actively including the voices of all of our beneficiaries as part of decision making.
- Support us in meeting our core objectives of protecting, promoting and maintaining the health, safety and well-being of the public.
- Enhance GOsC strategies by incorporating insight, perspectives, expertise and experience from Patient Partners.
- Enable us to build closer relationships with the public and the profession based on trust and transparency.
- Demonstrate that GOsC is committed to valuing the patient voice perspective as an equal partner modelling this approach for all our stakeholders.
- Help us to reflect on how on what requirements are needed to ensure the effective creation of a lay Council member post focused on patient perspective.
- To ensure that the GOsC's values as an organisation with regards to equality, diversity and inclusion and legal obligations are met and good practice.

18. To evaluate whether the pilot programme is successful, we have tried to define below what we think success might look like from both GOsC's and the Patient Partners' perspectives, and how we can measure this.

GOsC perspective

What might success look like for the GOsC	What steps might we take to achieve success	How might we measure that success?
The Council meetings are a safe space for our Patient Partners and Council members to ask questions, suggest views informed by evidence and to	Work on inclusion, building relationships, clear understanding of role and how we will work together. Commitment to giving and receiving regular feedback,	We could ask for reflective feedback against the four stages of psychological safety : - Inclusion – partners feel part of the group and safe to belong.

What might success look like for the GOsC	What steps might we take to achieve success	How might we measure that success?
challenge others through exploration of views	commitment to identifying and resolving conflicts.	<ul style="list-style-type: none"> - Learner safety – partners feel safe to ask questions and take small risks. - Contributor – partners feel safe to contribute their own thoughts and ideas. - Challenger safety – partners feel safe to question and challenge the ideas of others (even if they are in authority).
Patient partner points have impact – either in terms of the development of a piece of policy or strategy or in terms of the influencing the thinking of other Council members	<p>Ensure that Patient Partners have the opportunity,</p> <ul style="list-style-type: none"> - in advance of the meetings, to talk through the papers, ask questions and develop their perspectives and points either with their buddy or with members of the executive team. <p>After the meeting have the opportunity to debrief and to receive</p>	<p>All members to complete questionnaire after meetings to provide specific feedback about impact of patient points to their thinking.</p> <p>Executive to complete questionnaires to provide specific feedback about how discussions have influenced next steps.</p>
Council decisions show clear evidence of taking into account osteopath, patient and other stakeholders views	Ensure clear narrative informing decisions based on evidence is recorded in the minutes.	Analysis of decisions in the Council minutes.
Demonstrate that GOsC is committed to valuing the patient voice perspective as an equal partner modelling this	Include Patient Partners in our communications activity to highlight the importance of patient engagement, through blogs, social media.	Analytics detailing the level of engagement with activities (no. of page views for news stories, ebuletin open rates etc.)

What might success look like for the GOsC	What steps might we take to achieve success	How might we measure that success?
approach for all our stakeholders		

Patient perspective

What might success look like for Patient Partner?	What steps might we take to achieve success?	How might we measure that success?
Patient Partners remain engaged in the work of the Council	<p>Regular communication, buddying and support from Senior Research and Policy Officers.</p> <p>Meetings with the GOsC Patient Involvement Forum to discuss the issues raised at Council that pertain specifically to patients and seek their feedback. Discussion would be facilitated by Senior Research and Policy Officers.</p>	<p>Patient Partners prepare for meetings in advance and ask questions of the team.</p> <p>Attendance at, and participation in, all Council meetings during their tenure.</p> <p>Patient Partners complete their term and do not leave post early.</p> <p>Positive feedback from 'buddy' as to Patient Partner engagement.</p> <p>Comprehensive induction process that meets the needs of the Patient Partners.</p>
Patient Partners work collaboratively with colleagues and develop their scrutiny and evaluation skills	Chair of meeting to ensure that Patient Partners have an equal voice in discussions.	<p>Patient Partners asked to complete a reflective self-evaluation towards end of their term.</p> <p>Success being identification of new skills which can be evidenced based on feedback from Council colleagues over their term of office.</p>

What might success look like for Patient Partner?	What steps might we take to achieve success?	How might we measure that success?
		<p>Every council member is fully committed and bought in to the programme.</p> <p>Interim review with chair.</p>
Patient Partners develop their understanding of how governance works in practice	Induction arrangements and ongoing support mechanisms in place.	<p>Patient Partner asked to complete a reflective self-evaluation towards end of their term.</p> <p>Success being identification of new skills which can be evidenced based on feedback from Council colleagues over their term of office.</p>
Patient Partners feel that they are making a difference through their contributions	<p>Regular feedback to Patient Partners.</p> <p>Meetings could be held with the GOsC Patient Involvement Forum to discuss the issues raised at Council that pertain specifically to patients and seek their feedback to reflect on and capture this. Discussions would be facilitated by Senior Research and Policy Officers.</p>	<p>Positive self-reports from Patient Partner to staff, buddies and Chair of Council.</p> <p>Patient Partners might be able to provide feedback to Council on Patient Involvement Forum discussions or other relevant patient research where relevant and appropriate.</p>

Length of the pilot

19. Council is asked to decide on whether the length of appointment should be one or two-years long. A one-year pilot would allow Patient Partners to attend four Council meetings and one Strategy Day, and a two-year pilot would enable participation in eight meetings and two Strategy Days.

Option 1 – One-year pilot

Advantages of a one-year pilot are:

- Enables us to evaluate and implement recommendations and next steps more quickly.

Disadvantages of a one-year pilot are:

- Realising some of the GOsC benefits of the pilot such as '*Council meetings are a safe space*' and '*Patient partner points have impact*' and some of the potential patient benefits of the pilot, for example '*Patient Partners remain engaged in the work of the Council*' and '*Patient Partners work collaboratively with colleagues and develop their scrutiny and evaluation skills*' may take time to develop over the course of the limited number of meetings.
- It may take time for the patient partner to fully understand the Council culture and dynamic, feel a part of this and feel and be able to effectively contribute. Ongoing relationship development pre and post meeting briefings and buddying could minimise the impact of this.

Option 2: Two-year pilot

Advantages of a two-year pilot are:

- Enables a longer period of time to realise the more qualitative or subjective benefits of the pilot such as '*Council meetings are a safe space*' and '*Patient partner points have impact*' and some of the potential patient benefits of the pilot, for example '*Patient Partners remain engaged in the work of the Council*' and '*Patient Partners work collaboratively with colleagues and develop their scrutiny and evaluation skills*'.

Disadvantages of a two-year pilot are:

- A risk of no progress being demonstrated over a period of time. This risk could be mitigated through a review at the end of one year to evaluate progression and development.

20. We suggest a two-year pilot process as preferable, particularly as this is an innovative endeavour and GOsC will be the first health regulator to appoint patients to their Council. A mid-term review could be conducted after Patient Partners have been in post to make any necessary adaptations to the programme to ensure success. Whereas a one-year pilot would not provide the necessary timeframe to gather the breadth of data and feedback needed to evaluate the programme.

Recommendation: Council is asked:

Option A: To agree a one year pilot of the Patient Partner Programme OR

Option B: To agree a two year pilot of the Patient Partner Programme,

Selection panel

21. We suggest that there should be a three person panel. This could involve the following:

- A lay council member – to ensure Council strategic oversight and a lay view
- An osteopath council member – to ensure Council strategic oversight and an osteopath view
- A member of the staff team – To ensure that the expertise in patient partnership is fed into the process and questioning.
- Anyone else?

Recommendation: Council is asked to agree the selection panel and to ask the selection panel following a successful recruitment process to recommend appointment of two Patient Partners for agreement by Council.

Evolution of thinking behind Patient Partners Programme

Patient engagement strategy overview (2020-Present)

- [In June 2020](#) we presented a review of our approach to patient engagement to the Policy and Education Committee (PEC). The review was prompted by the inadvertent erasure of the patient voice in UK-wide health policy decision-making in the context of the coronavirus.
- [In March 2021](#), we presented a paper to PEC that distilled findings from research with osteopathic patients and experts on best practice for patient engagement in the health sector.
 - PEC noted our aspiration to implement the gold standard for patient engagement by developing a co-production and co-design model of engagement across all our work.
- Since the review in 2020, our Patient Involvement Forum has grown from three to 34 members with a broad range of protected characteristics. Members have helped to shape and influence policies, strategies and communications resources (See [February 2022](#) and [February 2023](#) Council papers for evaluations). Examples include:
 - Review of Guidance for Osteopathic Pre-registration Education (GOPRE) and development of Standards for Education;
 - Communications and engagement strategy 2021-24;
 - Fitness to Practise review;
 - Shared decision making research project;
 - Range of consultations: prompting, in particular, reflection on the language used and the accessibility of the policies and initiatives under review.
- We have also been working towards creating a visible and meaningful patient voice in the future development of our strategy and governance which has evolved into the Patient Partners programme.

Rationale for Patient Partners Programme

In 2023 we produced a [horizon scanning report](#) detailing strategic patient engagement in the wider health sector to identify examples of good practice and innovation to explore the potential benefits strategic patient engagement could yield. Based on the findings we believe that Patient Partners can:

- Support us in meeting our core objectives of protecting, promoting and maintaining the health, safety and well-being of the public.
- Enable us to build closer relationships with the public and the profession based on trust and transparency.
- Inform strategy development, act as a 'critical friend' challenging thinking as well as bringing a wealth of insight, perspectives, expertise and experience to the work of the GOsC.

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- Help us to reflect further about how we put patients first, in the same way that we expect osteopaths to do in a partnership model rather than a paternalistic model. Help us proactively increase the diversity of Council.

Strategic priorities, core values and wider healthcare context:

- As a statutory regulator it is essential that we put patients at the heart of what we do and do everything we can to maximise the opportunities patients and the public have to share their views. Without the patient voice, we cannot be clear that we are not making assumptions about what patients want and need.
- This pilot programme reflects our core values:
 - **Collaborative:** Piloting a strategic engagement model will ensure that patients are at the centre of our approach to regulation by directly involving them in decision making.
 - **Influential:** By supporting and developing patients at strategic level we will ensure that we have a robust patient voice at the most senior level of our governance structure which in turn will help to enhance public protection. This will be a first for healthcare regulation, and if successful, the learning may be of use across the health regulation sector.
 - **Respectful:** Having patients involved at a strategic level demonstrates a clear commitment that we are living out our values at every level in the organisation recognising the dignity of patients to contribute to strategic decision making about patient care in partnership with osteopaths.
 - **Evidence-informed:** By listening to stakeholders, we identified factors that determine success in involving patients in governance, implementing them will guide our work and ensure the best outcomes for patients and the public.
- From a wider healthcare perspective, external inquiries and reviews have highlighted a need to focus on involving patients in health regulation:
 - The [Cumberledge Review \(2020\)](#) noted the need to strengthen the patient voice in the health and regulatory system.
 - The [Pandemic Patient Experience report \(2020\)](#) from the Patients Association which recommended that the healthcare sector 'maintain the principles and values of patient choice, shared decision making and voice, so that services are shaped by patients, disabled people and others who most need them.'

Annex A to 13

Evolution of Council and PEC's discussions

Date	Overview	Outcome
February 2022 Council meeting	We introduced concept of the Patient Council Associate programme that would be on a parity with the Council Associate programme with two patients and two osteopaths sitting on Council but without voting rights.	Council welcomed the proposal relating to the development of the programme. It was noted that in considering the proposal that there would need to be a clear purpose for the role.
October 2022 Policy and Education Committee meeting	We presented the rationale for strategic patient engagement, outlined an initial scope of the Patient Council Associate position and sought feedback on: <ul style="list-style-type: none"> • Whether the programme was the right approach for strategic patient engagement • The strengths and weaknesses of concept • Any gaps in our thinking • Barriers and enablers to implementation 	The Committee was supportive of the proposal and wanted a strong patient voice that will contribute to the GOsC discourse. Members commented on the type of patient that might be considered for an associate position with GOsC and that reliability needed to be considered. It was queried whether an Associate model was the correct approach. A patient panel was suggested as an alternative model.
June 2023 Policy and Education Committee meeting Strategic patient engagement horizon scanning report	We presented a paper that enabled PEC to discuss potential models for involving patients at strategic level. To support the discussion, we produced a horizon scanning report on strategic patient engagement in the wider health sector to identify examples of good practice and innovation.	No consensus was reached on the models and the Chair suggested that a recommendation be to Council to further consider the proposed models presented.

Annex A to 13

Date	Overview	Outcome
	<p>Two models emerged from the research:</p> <ol style="list-style-type: none"> 1. Patient Council Associate (Two representatives) 2. Patient Advisory Panel <p>PEC was asked to agree a model and make a recommendation to Council.</p>	
July 2023 Council meeting Strategic patient engagement horizon scanning report	<p>An exploratory paper was presented for discussion which included the horizon scanning report on strategic patient engagement in the health sector to identify examples of best practice.</p> <p>Two models were presented for discussion:</p> <ol style="list-style-type: none"> 1. Patient Council Associate (Two representatives) 2. Patient Advisory Panel 	<p>Members were supportive of the patient voice at a strategic level but did not consider the Patient Associate model would be viable as there is no clear progression or development pathway.</p> <p>There was support for a third option for a Council Lay Member as a Patient Representative.</p> <p>Council suggested that the Executive provide more detail at the November 2023 meeting on two options:</p> <ol style="list-style-type: none"> 1. Patient Advocate as a full lay member of Council to fully participate in the decision-making process, and 2. Patient Associate, able to participate in discussions but not be part of the decision-making process.
November 2023 Council meeting	<p>Reflecting on feedback from Council we suggested alternative titles for the programme (Patient Partner, Patient Advocate) as the</p>	<p>Phase 1 of the pilot scheme was agreed by Council: Two patient representatives informing decisions but</p>

Annex A to 13

Date	Overview	Outcome
	<p>title 'Patient Council Associate' had inadvertently conflated the purpose of Council Associate programme with the rationale for involving patients at strategic level which was about the quality of GOsC's decision making in addition to the opportunity for the individual patient to develop.</p> <p>Council was asked to decide on a model for involving patients in GOsC governance:</p> <ol style="list-style-type: none"> 1. A patient appointed in 2024 as a lay member of Council with a specific focus on patient issues, who is recruited to an agreed person specification. 2. A two-phased pilot with ultimate aim of recruitment of a patient as a full lay member: Phase 1 (2025-26): Two patient representatives informing decisions but without decision making rights. Phase 2 (2026 onwards): Recruitment of patient as full Council Lay member with decision making rights. 	<p>without decision making rights.</p> <p>Implementation of phase 1 of the pilot is subject to a caveat that progression would be subject to any budgetary constraints that may be imposed.</p> <p>The Chair commented any appointments for phase 2, recruitment of patient as full Council Lay member with decision making rights, would be from 2030 rather than 2026.</p>

Annex B: Qualities required from successful candidates

Background

The General Osteopathic Council is recruiting two new posts aimed at osteopathic patients. Patient Partners will be appointed to act as independent 'critical friends' to Council to support GOsC in undertaking our statutory duty rather than representing a personal healthcare condition or interest. Equality and inclusion are central to these posts and Patient Partners must have knowledge and understanding of principles of equality, diversity and inclusion and a commitment to their implementation.

The Patient Partners programme is a pilot and the role is likely to evolve and develop as the programme becomes established. The programme is a key aspiration of our patient engagement strategy to create a model of co-production involving patients in decision making in the same way we do osteopaths. We want to ensure that successful candidates make a real difference in improving experience of care.

Our commitment

Patient Partners will be offered training and support to understand the workings of the GOsC. Patient Partners will undertake a corporate induction in the organisation and further training will be offered as required.

Patient Partners will be offered ongoing support and will have a designated mentor buddy who will be a lay member of Council, as well as dedicated support from the Senior Research and Policy Officers.

Person specification

- Lived experience of osteopathic treatment within the last 6 months.
- Experience of working in partnership with healthcare organisations and/or patient groups to promote the patient perspective.
- Experience of influencing decision making.
- Ability to be independent in judgement and to provide support and challenge appropriately.
- Ability to provide a patient perspective and to put forward views on behalf of patients rather than represent a personal healthcare condition or interest.
- Ability to reflect the different views and diversity of patients including those living with different conditions and from different backgrounds.
- Ability to review, digest and comprehend a range of information and opinions and offer constructive criticism.
- Ability to prepare for meetings and undertake any other activities required as part of the role.
- Confidence to communicate well verbally with senior leaders about strategic issues, as an advocate for patients.
- An understanding of and commitment to the statutory role of the GOsC.
- A strong personal commitment to public service values (Nolan Principles) of selflessness, integrity, objectivity, accountability, openness, honesty, leadership.

Annex B to 13

- Excellent interpersonal and communication skills.
- Awareness and understanding of requirements of working in a regulated environment.
- A commitment to equality and diversity.

Desirable

- Experience of representing patients at Board level or in senior patient leadership positions in health-related sector (regulation, charity, education).

Example competencies

Competence	Evidence
Understanding and commitment to the statutory role of the GOsC	<ul style="list-style-type: none"> • Demonstrates a clear understanding of the role and purpose of the GOsC • Understands the need to put public and patient protection to the fore in all decision making • Demonstrates an appropriate motivation for undertaking the role
Working effectively as part of a team	<ul style="list-style-type: none"> • Listens to and shows respect for the opinions of others • Contributes effectively without dominating • Can reach consensus and support collective decisions • Respects the need to maintain confidentiality
Assessing evidence and making decisions	<ul style="list-style-type: none"> • Assimilates and engages with the detail of written material, assimilating information quickly and accurately • Is able to present an argument and articulate reasons for reaching decisions • Exercises independent judgement and ability to use information to make balanced, evidence-based decisions • Demonstrably adds value by contributing external expertise with clarity that enhances decision-making
Developing skills	<ul style="list-style-type: none"> • A commitment to personal reflection and development • Responds positively to feedback from others • Makes the most of opportunities to expand their knowledge and skills
Demonstrating fairness	<ul style="list-style-type: none"> • Demonstrates an understanding and commitment to equality and diversity • Shows a commitment to the principles underpinning the work of the GOsC • Demonstrates a commitment to the principles enshrined in the <i>Standards in Public Life</i> • Has an understanding of the importance of acting in the public interest