

## Performance Measurement Report: 2023-24

### Background

1. Council has previously adopted a set of measures against which the performance of the organisation can be assessed. Each year an annual performance measurement report is provided to the Audit Committee.
2. The areas of performance and agreed measures of success are as follows:

Area of performance	Measures of success
Meeting our statutory duties and maintaining confidence	<ol style="list-style-type: none"><li>1. The public and registrants continue to have confidence in our work</li><li>2. We continue to meet the PSA's standards of good regulation</li><li>3. Privy Council and Department of Health intervention remain unnecessary</li><li>4. Appeals against statutory decisions are not upheld</li></ol>
Providing demonstrable public value	<ol style="list-style-type: none"><li>1. Stakeholders – including patients, registrants and partners – are satisfied with our performance</li><li>2. Maintenance/improvement of standards measured through:<ul style="list-style-type: none"><li>- Outcomes of fitness to practice complaints</li><li>- Volume/types of complaints</li><li>- Engagement in new CPD activities and processes</li><li>- Implementation/outcomes of development projects</li><li>- Reduction in conditions imposed on Recognised Qualifications</li><li>- Successful s32 activity (including prosecutions)</li></ul></li></ol>
Using our resources to operate effectively	<ol style="list-style-type: none"><li>1. Meeting a range of KPIs including:<ul style="list-style-type: none"><li>- Registration applications processing</li><li>- Fitness to practise complaint handling</li><li>- Auditing of CPD returns</li><li>- Performance against customer service standards</li></ul></li><li>2. Implementing improvements identified from audit and other feedback</li></ol>

3. The existing set of measures reflect advice from the Audit Committee and Council to adopt fewer measures but to be more targeted. An assessment of performance against these measures in 2023-24 is set out at the Annex.
4. We have added financial information at the end of the performance management matrix on our 'Value proposition', and below we have described each component in more detail.

## Annex C to 7

- a. **Ensuring public protection:** This area focuses on our work to ensure patient and public protection and maintaining public confidence in the profession.

Our activities to ensure public protection include:

- the quality assurance of education and training
- developing, setting and maintaining Osteopathic Practice Standards
- maintaining the integrity of the statutory Register of osteopaths
- managing concerns through our fitness to practise processes

- b. **Developing the profession:** This area focuses on our work to ensure we develop the profession and provide appropriate support for it to be able to maintain high quality patient care.

Our activities to develop the profession include:

- supporting the profession to undertake continuing professional development (CPD) activities
- contributing funding to the National Council for Osteopathic Research
- funding a profession-wide subscription for the International Journal of Osteopathic Medicine (IJOM) and other research journals
- a range of communication activities with a new emphasis on listening and engaging

- c. **Delivering robust governance:** This area focuses on the importance of delivering robust governance. Good governance should ensure an organisation remains stable, productive and that risks are appropriately managed.

Our activities to deliver robust governance include:

- appointing, training and maintaining a governance structure that consists of the Council, the Policy and Education Committee, the Audit Committee and the People Committee
- holding Council meetings in public and making the meeting papers available in advance
- investing in our IT infrastructure and new digital ways of working
- subjecting our work to independent audits and review

## Annex C to 7

### Performance Measurement 2023-24

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>In 2023-24 we continued to fulfil our regulatory functions and we developed a range of resources both to support the profession and to maintain delivery of our core functions.</li> <li>The results of the YouGov Public and Patient Survey were published with over 1,000 members of the public and 500 osteopathic patients responding to the survey.</li> <li>The survey identified that compared with previous years, the public are more motivated to visit an osteopath as a result of knowing osteopaths are regulated. In relation to public confidence, osteopaths continue to rank around the middle compared with other healthcare professions, but the findings show a slight decrease in public confidence in osteopathy among some groups since 2014.</li> <li>We tendered, and appointed, an external company to undertake Registrant and Stakeholder Perceptions Research. The results will be available for the Council Strategy day in September 2024.</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 2022-23 was published in June 2023.</li> <li>For the 13<sup>th</sup> successive year, all PSA Standards of Good Regulation were met.</li> </ul>

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Area of performance	Performance measures	Comments
		<ul style="list-style-type: none"> <li>Audit Committee and Council received an update on the GOsC Assessment of Performance Report which showed that 75% of the recommendations had been met.</li> <li>We continue to seek improvement in our approach to Equality, Diversity and Inclusion - an area of specific focus for the PSA. Highlights from the reporting year included attending Pride in London for the first time and working with Dr Jerry Draper-Rodi on implementing findings from the co-funded research into Under-represented Groups Experiences of Osteopathic Education and Training (UrGEnT).</li> </ul>
	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 2023-24: <ul style="list-style-type: none"> <li>Draft Guidance on Imposing Interim Suspension Orders and Practice Note on Undertaking.</li> <li>Draft GOsC Strategy, through to 2030.</li> <li>Draft Guidance on Professional Behaviours and Student Fitness to Practise.</li> </ul> </li> </ul>

## Annex C to 7

Area of performance	Performance measures	Comments
		<ul style="list-style-type: none"> <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 have engaged with our fellow regulators and with the Welsh Language Commissioners Office to meet our obligations with regards to the new Welsh Language Standards which came into effect in late 2023.</li> <li>• We involved stakeholders and patients in the induction training programme for our new members of Council, held in March 2024.</li> </ul>
	<p>2. We maintain/improve standards measured through:</p> <ol style="list-style-type: none"> <li>Outcomes of fitness to practice complaints</li> <li>Volume/types of complaints</li> <li>Engagement in new CPD activities and processes</li> <li>Implementation/ outcomes of development projects</li> <li>Reduction in conditions imposed on Recognised Qualifications</li> <li>Successful s32 activity (including prosecutions)</li> </ol>	<ul style="list-style-type: none"> <li>• The Investigating Committee reached a final decision in 24 cases (32 in the previous year) with 11 cases referred to the Professional Conduct Committee or Health Committee (16 in the previous year) and in 3 cases advice was issued (3 in the previous year).</li> <li>• The Professional Conduct Committee concluded 7 cases, in 3 of those a sanction was imposed (24 cases concluded and 14 sanctions in the previous year).</li> <li>• There were no FTP removals from the Register (2 in the previous year).</li> <li>• Our fitness to practise caseload is being delayed, as is happening for other healthcare regulators, by third-party investigations and</li> </ul>

## Annex C to 7

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		<p>reviews. These third-party investigations are impacting on how quickly we can process our caseload.</p> <ul style="list-style-type: none"> <li>• Engagement with the new CPD scheme continued to be positive with registrants moving through their CPD cycles.</li> <li>• Consideration of RQ specifications / appointment of Visitors - 6 OEIs</li> <li>• Consideration of Education Visitor RQ reports (including new RQs, renewal of RQs and monitoring visits) - 2OEIs</li> <li>• RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions or annual report follow ups - 7 OEIs</li> <li>• Consideration of annual report analyses (including external examiner and internal annual monitoring reports, and information about student fitness to practise) – 7 OEIs</li> <li>• Recommendation of withdrawal of RQ – zero.</li> <li>• 11 cease and desist letters were issued. In the reporting period, 18 cases were resolved. One successful section 32 prosecution were heard with costs being awarded to GOsC.</li> </ul>
Using our resources to	1. We meet a range of KPIs including:	<ul style="list-style-type: none"> <li>• Registration application processing was within KPI.</li> </ul>

## Annex C to 7

Area of performance	Performance measures	Comments
operate effectively	<ul 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> </ul>	<ul style="list-style-type: none"> <li>• Median time taken for investigating a complaint was 33 weeks (above our target of 26 weeks) (37 weeks in the previous year).</li> <li>• Median time taken for concluding a hearing was 79 weeks (above our target of 52 weeks but this was impacted by the pandemic and was seven weeks better than the previous year) (58 weeks in the previous year).</li> <li>• Corporate complaints are reported to the Audit Committee and in the year there were six, an decrease by one compared in the previous year (7).</li> <li>• There was one incident of fraud and no significant data breaches.</li> <li>• There were no PSA learning points reported to the Committee; an decrease from two in the prior year.</li> <li>• In 2023-24 we ran recruitment campaigns to fill 16 Non-Executive positions – lay and registrant. We received over 400 applications.</li> <li>• An analysis of the applications has demonstrated that we have achieved a significant diversity in our applications across all protected characteristics.</li> </ul>
	2. We implement improvements identified from audit and other feedback	<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>

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		<ul style="list-style-type: none"> <li>Audit Committee and Council received an update on the GOsC Assessment of Performance Report which showed that 75% of the recommendations had been met.</li> <li>Activity subject to consultation was amended as a direct result of feedback received. Changes were reported to, and agreed, by Council.</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>	1.43m (2024)	47% (2024)	268 (2024)
	1.58m (2023)	54% (2023)	304 (2023)
<b>Developing the profession</b>	0.72m (2024)	23% (2024)	131 (2024)
	0.69m (2023)	23% (2023)	133 (2023)
<b>Delivering robust governance<sup>2</sup></b>	0.92m (2024)	30% (2024)	171 (2024)
	0.69m (2023)	23% (2023)	133 (2023)

<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.



### 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 2023-24.

