



**Council**  
**1 May 2014**

**GOsC 2013-16 Communications and Engagement Strategy update**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	The Council adopted a three-year Communications and Engagement Strategy in March 2013, which assists the delivery of our Corporate Plan 2013-16. This paper reports on Year One communications and engagement activity.
<b>Recommendation</b>	To note the content of this paper
<b>Financial and resourcing implications</b>	None arising from this paper
<b>Equality and diversity implications</b>	None arising from this paper
<b>Communications implications</b>	None arising from this paper
<b>Annexes</b>	None
<b>Authors</b>	Brigid Tucker and Sarah Eldred

## Background

1. At its meeting of March 2013, the Council adopted a three-year Communications and Engagement strategy to support the delivery of the GOsC Corporate Plan 2013-16. The Strategy can be found at: <http://www.osteopathy.org.uk/uploads/public%20item%2016%20-%20communications%20strategy%20final.pdf>
2. This is a 'live' strategy that must be flexible and responsive to changing external regulatory influences and evolving operational needs. As such, the strategy and its underpinning operational work plan are kept under regular review, with progress indicated through the Business Plan monitoring report. This paper reviews our communications and engagement activities over Year One of the current Corporate Plan.

## Discussion

### *Factors impacting on our work in 2013*

3. Notable developments in the wider healthcare environment have influenced and focussed our communications and engagement priorities. Most profoundly, the response of the Government, the Professional Standards Authority and the public to findings and recommendations of Francis and Berwick, arising from the Mid-Staffs Enquiry<sup>1</sup>. This made evident a clear need to promote more vigorously a stronger culture of patient-centred care, where quality and safety is core. For regulators and our registrants, this demands the widest commitment to safety, learning and improvement. The GOsC recognises it must identify and encourage appropriate professional behaviours in practice and in training and, in every dimension of osteopathy, promote transparency and a culture that supports candour. At its strategy meeting of September 2013, the Council acknowledged its duty to apply the 'Francis lens' to all GOsC work, and to encourage this approach across the profession.
4. We acknowledge also the best practice recommendations of the Professional Standards Authority, arising from its annual review of our performance. Over the year we have also derived value from increasing collaboration between health regulators across much of our work: the sharing of knowledge, experience and resources, for example, has helped shape our public engagement activities and patient research.
5. A shared agenda for developing the osteopathic profession is steadily improving the channels of communication between osteopathic partner organisations and fostering trust and collaboration. This is evident in the good progress that is being made in the eight development work streams.
6. Over the past twelve months the GOsC has conducted an unusually high number of consultations, targeting all of our key stakeholders and partner organisations, to inform policy development across all our key functions. Levels of engagement

---

<sup>1</sup> Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. February 2013.

have been good, and the feedback of good quality, but the 'technical' nature of many of the issues under scrutiny has induced us to test increasingly varied – and more direct – means of involving others in our work. This year, more than before, we have used independently facilitated focus groups and deliberative workshops, involving the public, osteopathy patients, osteopathic organisations and registrants, in an effort to understand more fully the views and concerns of our stakeholders. Lessons learned in terms of recruitment and management of stakeholder workshops, especially those involving patients and the public, are encouraging and we see this as an important area of development for the GOsC.

7. With a view to increasing our efficiency and cost effectiveness, extensive work has been underway since Summer 2013 to upgrade our web-based services. This is shaped both by survey feedback from users and emerging technology that offers our stakeholders an ever-widening range of options for engaging with us. The development and adoption of published customer service standards has also positively influenced our performance.

*Work this year to achieve our strategic objectives*

8. Informed by research and stakeholder feedback, our Communications and Engagement strategy established six high level strategic objectives, with associated goals and processes for evaluating progress over time. Work at the operational level is guided by a communications action plan. We report here key activities over the year in meeting these objectives.

**Strategic Objective 1 – to ensure the GOsC understands the needs and concerns of the public and patients and that regulatory development reflects societal expectations**

*Researching public/patient perceptions of osteopathic regulation*

9. One goal of our current Strategy is to better understand any concerns patients and the public have with regard to osteopathic care, and to identify knowledge gaps in order that we might address these in our policies and public information. In Autumn 2013 we initiated a new programme of research that will explore perceptions of osteopathy and expectations of regulation.
10. We are interested equally in the views of those who have experienced osteopathic care and those with no prior experience of osteopathy. A series of focus groups have now been conducted, in Eastbourne, London and Warrington, comprising adult participants aged 18-80 representing a diversity of backgrounds, where we tested some of the principles and assumptions on which our public protection services are founded.
11. Themes explored through the focus group discussion to date have included:
  - a. Perceptions of osteopaths in relation to other healthcare providers, in terms of safety, level of trust, standards of education and training and professionalism

- b. Awareness and understanding of healthcare regulation
  - c. Information needs, especially the needs of new patients with no prior experience of osteopathy
  - d. Patient expectations of osteopaths at various stages of the patient journey
  - e. Attitudes to raising concerns about substandard osteopathic performance and/or conduct.
12. To ensure objectivity, independent research organisation Community Research, which has wide experience in the healthcare field, was commissioned, by means of a tendering exercise, to facilitate discussion.
13. The Community Research focus group report provides rich qualitative feedback, all be it from a small representative sample of patients and the public. In the year ahead, it is planned to explore variations, if any, in public opinion in Northern Ireland, Wales and Scotland and, in due course, to test the validity of these opinions in a much larger, quantitative survey conducted on a national scale.
14. The focus group feedback to date reinforces the findings of the 2011 GOsC Patient Expectations study<sup>2</sup> and, along with making the Community Research report publicly available, we are already seeking opportunities to share and discuss the insight gained from this work with osteopathic partner organisations, and directly with registrants. Key messages have been reported already in our communications (e.g. lead article in *the osteopath*, April/May 2014) and shared with the British Osteopathic Association (BOA), which is developing new public information resources and member guidance.
15. The focus groups provided an opportunity also to test the content of our public information leaflets against public expectations: very positive feedback was received from both osteopathic patients and members of the public without knowledge or experience of osteopathy. We hope this evidence will encourage registrants to disseminate these leaflets to patients and the public through their practices.

*Increasing the level of our direct patient engagement*

16. Greater involvement of patients and the public in our work remains a priority and a challenge. By adopting a range of strategies to tackle this challenge, this year we have successfully increased the level of direct public involvement in our work:

*GOsC Patient and Public Partnership Group*

17. Our Patient and Public Partnership Group (PPPG) is a reference group of volunteers across the UK, representing an important source of external opinion

---

<sup>2</sup> Investigating osteopathic patients' expectations of osteopathic care: the OPEn project. University of Brighton, 2011.

on our evolving work. Although we occasionally meet face-to-face with some members, this is primarily a 'virtual' group and, as such, member retention is a challenge: inevitably the Group fluctuates in size and currently numbers 31 members.

18. This year we conducted a renewed campaign to recruit more members specifically from under-represented areas of the UK. We have also now introduced a dedicated periodic e-bulletin, which has been well received by members as a means of maintaining their interest and engagement in our work.
19. With this constant need to sustain and refresh membership, we promote awareness of the Group in a variety of ways: registrants are encouraged and equipped to display recruitment posters in their practices and other suitable public places; Osteopathic Educational Institutions (OEIs) support our campaign through publicity displayed in training clinics; through the GOsC website and social media, and via public/patient conference exhibitions we have successfully recruited new members.

#### *Deliberative workshops*

20. In the past twelve months we have conducted a higher than usual number of public consultations, several relating to particularly 'technical' elements of our fitness to practise rules and procedures (e.g. Rule 8, etc) and/or where there is a need to explore with our stakeholders various policy development options (e.g. CPD/continuing fitness to practise).
21. To gain valid opinion and input to these relatively complex matters, this year we have recruited and hosted a number of deliberative workshops, in which participants (patients and registrants), assisted by an independent facilitator with expert knowledge, have explored the issues and through discussion agreed recommendations. The workshop outcomes have greatly assisted our policy development and participant feedback has been very positive: workshop participants have been encouraged to join our Patient Partnership Group.

#### *Public-patient partnerships*

22. To increase our options for public engagement, we have recently formed productive links with the Healthwatch England network. Although primarily concerned with NHS services, Healthwatch England has recognised areas of common interest and has offered us practical support. To date they have raised the profile of the GOsC and our work in Healthwatch news bulletins, highlighted our public consultations and, through direct involvement of Healthwatch East Sussex and Healthwatch City of London, assisted recruitment to our focus groups and to our Patient Partnership Group.
23. We have also this year established a similar productive relationship with the Greater London Forum for Older People.

24. Working collaboratively with other healthcare professional regulators, we are taking steps to improve awareness of the role of the regulators among Citizens Advice Bureaux (CAB) staff. This included, for the first time, a joint regulators' stand at the 2013 national CAB conference exhibition (Warwick, September 2013).

#### *Social media*

25. Social media is helping to extend our reach, with Facebook proving a useful addition in engaging patients, public and osteopaths in consultations and potentially increasing awareness of the GOsC's role. Facebook postings highlighting standards, the GOsC public information leaflets, and *the osteopath* magazine have proved most popular. The GOsC Facebook page now has 774 followers and Twitter 850 (as at 14 April 2014). We have also used Twitter to respond to and comment on questions and comments from the public and registrants.

#### *Stakeholder influence on GOsC policy development*

26. Some important areas of policy development this year that have been shaped by direct patient and public input include:
- a. Guidance for osteopaths on patients' capacity to give consent
  - b. Indicative Sanctions Guidance
  - c. Guidance on Conditions of Practice
  - d. Policy on Notification of FTP Investigations and Outcomes
  - e. Rule 8 Procedure Guidance
  - f. PCC Practice Notes on Preparing for Hearing
  - g. Fitness to practise publication policy
  - h. GOsC data retention policy.
27. We are currently inviting public/patient opinion on our draft Guidance on Osteopathic Pre-registration Education, and will be seeking further patient involvement in our research on the effectiveness of regulation and the evolving continuing fitness to practise scheme as it develops over the course of 2014.
28. Other consultations conducted over the last year include Registration Appeals Guidelines and Procedures, Professional Indemnity Insurance, Fee reductions and Guidance on Periods of Adaptation.

### **Strategic Objective 2 – to increase registrant engagement in the development of osteopathic standards and other regulatory policy, and ensuring GOsC communication mechanisms correspond with osteopaths' needs**

29. In some current areas of policy development (see paras 26-28 above), it has been our goal this year to devise communication strategies that encourage a

breadth and depth of input also from registrants. Despite the relatively large number of consultations in recent months and the associated risk of consultation fatigue, the level of response from registrants has been high, suggesting that our engagement strategy is effective.

30. This is due in part to providing extensive information online and in print media, encouraging feedback through a variety of channels: online, written feedback, deliberative workshops for registrants, and discussion seminars involving Osteopathic Educational Institutions, post-graduate special interest groups, the British Osteopathic Association and other osteopathic partner organisations.

*Continuing fitness to practise*

31. Major areas of policy development that have far-reaching implications for osteopathic practice and regulation are underpinned by dedicated communications and engagement plans, routinely reviewed by the Council. Our work in relation to continuing fitness to practise is one such example. In summary, engagement to inform this project has included:
- a. March 2013: GOsC-hosted seminar involving representatives of osteopathic regional groups, the British Osteopathic Association, the Osteopathic Alliance, the Council of Osteopathic Educational Institutions, and the National Council for Osteopathic Research, to consider conclusions of the 2012-13 CPD review and Revalidation pilot and discuss options for further development.
  - b. July 2013: dedicated workshop involving patient representatives, lay and osteopathic Council members, osteopathic educational institutions and special interest society members to consider a proposed framework for a continuing fitness to practise scheme for osteopaths.
  - c. A schedule of regular briefing meetings with Osteopathic Educational Institutions, special interest groups, and the British Osteopathic Association.
  - d. Dialogue with osteopathic undergraduate and post-graduate education providers and osteopathic regional groups specifically to explore a potential role for such organisations in peer-reviewing registrants' evidence of continuing fitness to practice. The GOsC has established osteopath 'pathfinder groups' in Northern Ireland, Carlisle, Cumbria and London, to lead development and test feasibility of local peer review networks.
  - e. In developing an effective scheme of continuing fitness to practise for osteopaths, the GOsC's aim is to be transparent and inclusive. To support this, a dedicated area of the registrant website (the **o** zone) provides full information of the scheme's development. In addition, we report regularly in the registrant online and print media, and regional osteopathic groups are strongly encouraged to invite the GOsC to brief local members.

*Ensuring GOsC communication mechanisms correspond with registrant needs*

32. An extensive GOsC survey of registrant opinion conducted in 2012 invited views on the content, language and presentation of our registrant-facing information, and tested the appeal of both print and online communication mechanisms. We also sought opinion on our registrant engagement strategies.
33. Feedback was largely positive but nevertheless informed a wide range of improvements undertaken during 2013:
  - a. *The osteopath* magazine: following a tendering exercise, a new publisher has been appointed to oversee design, print and advertising sales. We re-launched the magazine with revised design and content in December 2013. We plan to conduct a follow-up readership survey in July 2013. The magazine is mailed to all registrants, on request to those retired from the Register, osteopathic partner organisations and OEI libraries, the GOsC governance structure, private health and professional indemnity insurance providers, and subscribers.
  - b. Monthly news e-bulletin: mailed to all osteopaths for whom we have an email address (currently 4,322), to lay Council and Committee members, and medical assessors on request. Revised content and design will be introduced in May 2014. We will re-survey osteopath opinion of e-bulletins in Autumn 2014 as web monitoring suggests just 50% of recipients are opening the email. Consideration is being given also to the content and aim of the periodic GOsC Fitness to Practise e-bulletin.
  - c. Online forum: introduced in June 2013, at the request of registrants, to date the **o** zone forum has been little used by registrants. We will re-survey osteopaths in June 2014 to decide if the forum is worth maintaining.
  - d. Enquiries and advice: we monitor the number and nature of queries from registrants relating to ethical issues or standards of practice (received by email, telephone etc.) and address common queries on the online forum, in our twice-yearly fitness to practise e-bulletin, and in *the osteopath* magazine.
  - e. Website re-platforming: our extensive website development project currently underway has included a comprehensive review of GOsC web content and online facilities. Content has been refreshed and/or reorganised, based on survey feedback and web analytics. To test the effectiveness of enhancements prompted by the 2012 Osteopath Opinion Survey, we plan to resurvey registrants in early 2015. Key online facilities that have been upgraded in the course of 2013 include the 'renewal of registration' and 'updating practice details' processes. Improvement work is still underway on other online facilities as part of the website re-platforming project and these will come on stream when the new websites 'go live' in Summer 2014.



**Strategic Objective 3 – to ensure registrants have a clear understanding of what is required of them as health professionals, and that osteopathic practice is in keeping with societal expectations, promoting patient safety and quality of care**

*Promoting the Register*

34. A key aim this year has been to encourage osteopaths to promote their registration as a means of reinforcing public confidence in osteopathic practice. A campaign launched in February 2014 supplied every registrant with a 'Promoting your registration' information pack. This included a new practice support leaflet advising osteopaths on how they can effectively promote public awareness of their status as registered health professionals. The GOsC has produced a range of new resources to assist osteopaths, in this, including new Registration Marks (I'm registered/'We're registered') which will replace the 'Safe in our hands' logo, supported by new public information posters. The Marks and the posters are available in both English and Welsh.
35. This campaign is highlighted regularly in the registrant online and print media and is also supported by the British Osteopathic Association (*Osteopathy Today*, March 2014). It has been incorporated into information provided to graduating students and new registrants.
36. The 'Promoting registration' pack was developed with input from osteopaths, patients and lay and registrant members of Council. We will monitor the level of uptake by registrants over the coming months to evaluate the effectiveness of the campaign and the associated resources.

*Protection of Title (Section 32)*

37. Findings of our 2012 Osteopath Opinion Survey indicated a need to more actively encourage osteopaths to report unregistered practice, and we have used the 'Promoting registration' campaign also to underline the importance of bringing unlawful practice to the attention of the GOsC. The message was reinforced as a theme in our Spring 2014 Fitness to Practise e-bulletin for registrants. From May 2014, the GOsC will be consulting widely on a new Section 32 Enforcement Policy. The policy will have the purpose of setting out the matters that we take into account in deciding whether or not to initiate a criminal prosecution, and represents an important opportunity to expand our advice to osteopaths on 'protection of title'.

*Reporting Concerns*

38. The 2012 Osteopath Opinion Survey and the Francis Report highlight a need to embed a clearer understanding among registrants of the duties and responsibilities of health professionals to voice concerns relating to patient safety. For all health regulators this is a key theme, and collaborative work is already underway to formulate common guidance for all professionals in relation to candour and raising concerns. The GOsC has already taken practical steps to

improve the navigation on our website to ensure that those wishing to make a complaint are better informed about the types of complaint we can consider and the information they should provide when making their complaint. We will be consulting widely this Summer on a proposed Whistleblowing policy setting out how the GOsC will respond to concerns raised about registrants.

*Promoting quality in practice*

39. Compliance with standards: we have this year developed further e-learning resources for osteopaths, available via the **o** zone, to promote awareness and compliance with the *Osteopathic Practice Standards* (OPS). Further information is set out in a detailed OPS implementation plan.
40. Obtaining Consent guidance: we have published and publicised in the professional media new supplementary guidance for osteopaths, setting out the differing legal requirements across the UK regarding a patient's capacity to consent to examination and treatment. This follows a consultation exercise last Autumn.
41. Advertising: continuing our work to ensure that osteopaths are aware of the advertising standards relating to healthcare promotion, we conducted a second review of registrant websites in August 2013 and, consequently, advised 90 osteopaths to check their website content. On the registrants' website, we have this year expanded and enhanced the guidance for osteopaths on advertising, to help registrants ensure their public/patient information is compliant with the OPS and the Advertising Standards Authority Code of Advertising Practice. This was reinforced in the June 2013 e-bulletin and August-September 2013 issue of *the osteopath* magazine.
42. Encouraging evidence-informed practice: to support osteopaths in meeting OPS requirements relating to 'Knowledge, Skills and performance', we have continued our collaborative work with scientific publisher Elsevier, to make available to registrants a range of online research and clinical practice journal resources, including the *International Journal of Osteopathic Medicine* (together known as the IJOM Plus Journal Package), which would otherwise be inaccessible for practitioners in private practice. Seven journals, now including *The Lancet* and *Pain*, are freely accessible to UK registrants and final-year osteopathy students via the **o** zone. To optimise registrant use of these CPD resources, we have worked with Elsevier this year also to develop apps that enable osteopaths and students to access research and clinical journals from mobile devices.
43. General guidance: to support osteopaths' compliance with wider regulatory requirements, we have in the course of the year provided guidance in the registrant media on a range of issues, including: data protection, disposal of records, patient confidentiality, and injecting rights, as well as highlighting new regulatory requirements affecting osteopathic practice in Portugal and Australia.
44. Promoting professionalism: a central recommendation of the Francis Report relates to promoting among healthcare practitioners appropriate professional

behaviours and this has been a strong theme in GOsC work this year with registrants, education providers and other osteopathic stakeholder organisations. We have widely shared the early findings of our research into professionalism currently underway among students, practitioners and patients. Workshops with osteopathic undergraduate education providers and discussion with other health regulators has generated high interest. This important work will continue to develop over the life of the current Corporate Plan. We have also launched e-learning scenarios for osteopaths to support learning and feedback. While it is difficult to measure the impact of this educational tool at this stage, feedback has been positive.

45. Responding to Francis: in the osteopath media, and by means of interactive seminars for regional and national osteopathic representative bodies, we have extensively highlighted the significance to osteopathic practice of the Francis report findings. In partnership with the osteopathic educational institutions, we have designed and delivered an interactive seminar about cultural change in osteopathic education for teaching staff to promote wider discussion on the issues raised by Francis, relating this to the osteopathic context. We are also working with other health regulators to develop common standards and guidance that promotes safer, high quality, patient-centred care.

#### **Strategic Objective 4 – to work in partnership with others to reduce practitioner isolation and promote the development of the profession**

##### *Developing an effective regional infrastructure*

46. Practitioner isolation represents a potential risk for the patient and we consider it important for the GOsC to work with the British Osteopathic Association to foster and support regional and local communities of osteopaths and increase levels and quality of peer support.
47. The GOsC hosted meetings in March and November 2013 of c.30 regional osteopathic groups from across the UK. This included workshops co-hosted with the BOA and regional leaders that examined the current function performed by regional groups (primarily CPD) and the potential for enhanced services that might strengthen the role, appeal and membership of local professional groups and reduce practitioner isolation. (Currently one in two registrants is a member of a local professional group<sup>3</sup>).
48. These discussions also addressed the role of local and regional osteopathic groups in developing data collection, mentoring schemes and support for newly qualified osteopaths making the transition from training into practice.
49. Links between the GOsC and regional communities of osteopaths are further strengthened by an on-going programme of regular visits by the GOsC Chief Executive to scheduled meetings of regional osteopathic groups, which provide an opportunity for briefings and discussion relating to regulatory developments,

---

<sup>3</sup> GOsC Osteopaths' Opinion Survey 2012.

GOSc performance, and feedback on trends relating to patient concerns/complaints. To date the CE has presented to 13 regional groups over the year of this report.

50. With a view to combatting practitioner isolation, our aim is to encourage osteopaths to regard colleagues less as business competitors but rather as professional peers and a source of support, guidance and shared learning. This would be beneficial in itself but would also play an important role in our proposed continuing fitness to practise scheme. Working with the BOA we are developing complementary approaches for promoting membership of local and regional groups among registrants and students. Jointly we are also establishing online mechanisms for regional leaders to exchange expertise and advice on the management, promotion and development of these groups, which is also enabling us to identify how we are best able to support the growth of professional peer groups.

#### *Supporting development*

51. Fostering cooperation between the GOSc, regional osteopathic groups and osteopathic stakeholder organisations (including the British Osteopathic Association, the Council of Osteopathic Educational Institutions, the National Council for Osteopathic Research, the Osteopathic Alliance and the Osteopathic Educational Foundation), in order to progress the profession's development agenda, is a fundamental strand of our communications strategy.
52. Through our representation on the Osteopathic Development Group (ODG), we contribute to the strategic leadership and management of the profession's development work.
53. This year, we convened two meetings of the Regional Communications Network (March and November 2013) to provide a forum for ODG member organisations to engage representatives of the profession at an early stage in development plans and projects, to increase general awareness and to take soundings.
54. We have recently assisted the ODG Project Coordinator to develop a clear, coordinated ODG communications plan that will assist partner organisations to engage osteopaths in the development of the profession, encourage input and wide involvement, and help to gather feedback.
55. We provide regular updates in the osteopath media to reinforce the principle of transparency and promote awareness of and confidence in the very positive collaborative work of osteopathic organisations to further develop osteopathic practice. We expect to continue to support the implementation of these projects over the next three years.

*Promoting research*

56. Through our role as a sponsor and Board Member of the National Council for Osteopathic Research (NCOR), we actively promote partnerships necessary for the development of an osteopathic research infrastructure.
57. This year we have supported NCOR to develop a research e-bulletin for osteopaths, access to which we promote through the GOsC's our own monthly registrant news e-bulletin. We also support NCOR's work to foster research awareness among osteopaths through a regular dedicated section of *the osteopath* magazine.
58. We have established an IJOM Reference Group to enable NCOR, IJOM Publisher Elsevier, the IJOM Editors and the GOsC to twice-yearly review the content and development plans for the *International Journal of Osteopathic Medicine*.
59. We have recently recruited patients to assist NCOR with the development of Patient Reported Outcomes/Experience measures (PROMs/PREMs).
60. We are working with NCOR and research leads to further develop patient information and practitioner guidance relating to risks associated with osteopathic interventions, based broadly on the findings of the GOsC-commissioned Adverse Events studies. The information is provided on the NCOR website.

*Improving the quality and safety of osteopathic practice*

61. We have established a working group representing organisations in the field of osteopathy that deal with concerns, complaints and claims relating to osteopathic practice. Partner organisations in this initiative include the British Osteopathic Association, representing the interests of almost 80% of UK osteopaths, and the major providers of professional indemnity insurance to osteopaths. Together, over the past year we have developed and adopted a common system for classifying claims and complaints about osteopaths. Data will be collected annually on a calendar-year basis, and the National Council for Osteopathic Research has been commissioned to undertake an independent analysis. From this we expect to derive a clearer picture of the circumstances that give rise to patient claims/complaints, enabling the GOsC and others to develop educational programmes that address weaknesses in osteopathic practice, and inform improvements to education, guidance and standards.

*Supporting the osteopathic education providers*

62. The GOsC maintains a programme of regular meetings (c. 4 per year) with the Osteopathic Educational Institutions (OEs) together, to ensure good channels of communications and information exchange within the education sector. This is supplemented by regular good practice seminars for OEI staff, recent events focussing on issues including quality assurance of training courses, student

fitness to practise, guidance for pre-registration education, and professionalism in osteopathy.

### **Strategic Objective 5 – to ensure our stakeholders understand, value and have confidence in regulation and the GOsC**

#### *Publicising GOsC actions and decisions*

63. In the interests of transparency and to improve understanding of the GOsC's duties and function, we have publicly reported our decisions and actions, including: the 2013-16 Corporate Plan; the Annual Business Plan, the Annual Financial Report; the Annual Fitness to Practise Report; proceedings of the 2013 Council meetings and meetings of the Osteopathic Practice Committee and Education and Registration Standards Committee; consultation feedback and resulting GOsC actions; the Professional Standards Authority annual review of GOsC performance; Section 32 prosecutions, and appointments to the GOsC Governance structure.
64. We publish and review annually the GOsC's Publication Scheme. The Scheme lists all information we make publicly available, where it is to be found, including links if the information is on our website, and how to obtain public information that is not on the website.

#### *Student engagement*

65. With a view to supporting students' transition into practice, the GOsC annually delivers a programme of on-campus presentations to all cohorts of final-year students. By this we aim to assist the process of initial registration with the GOsC, at the same time encouraging a clear understanding of osteopaths' obligations as regulated health professionals and awareness of the GOsC support and resources available to osteopaths establishing themselves in practice. We also provide final-year osteopathy students with access to the **o** zone which includes a dedicated 'Student Zone'. We routinely invite student feedback on the content and usefulness of our student support: satisfaction rates are consistently high. We also survey new registrants on their experience of the registration process to inform improvements.
66. We are currently reviewing our programme of engagement with students at an earlier stage in training, which serves to introduce the GOsC and the *Osteopathic Practice Standards*. This programme is not yet taken up in all training institutions and our aim is to introduce more widely in the next academic year a revised lecture that is more closely aligned to the needs of the OEIs and students.
67. We have also piloted facilitated student sessions in which we have provided students with their cohort feedback from our professionalism surveys, enabling them to compare this with others in the osteopathic cohort, medical students, patients and doctors. This has supported discussion of the underlying issues with themes such as dishonesty, criminal behaviour, team working, relationships with

patients and relationships with peers. Feedback has been positive and we will continue to develop this work during 2014-15.

#### *Enhancing our services*

68. Over the winter/spring of 2014 we are migrating the GOsC websites onto a new platform and content management system. We have taken this opportunity to significantly improve the navigation on the public website. We have also introduced a direct link to the 'Osteopathic standards' section from the Home page. Information about 'raising concerns' will be accessible from the 'Osteopathic standards' section, from the new 'Visiting an osteopath' section and by means of a link at the top of every web page. On the registrants' website (the o zone), a new section on 'Raising concerns' will aim guide osteopaths who become aware of incidents or behaviour that could compromise patient safety.
69. Postcode and address verification is being introduced to ensure that Register information is as accurate as possible. The new website will be based on a responsive design, allowing the Register to be more easily accessible on mobile devices.
70. Following development work on the o zone, in April we launched an o zone satisfaction survey to seek feedback on adjustments to our online services and information for osteopaths. The survey also invites osteopaths to join an o zone user group. Over the Summer we will be recruiting members of the public to review the content and test the navigability of our restructured public website.

#### *Customer service*

71. Over the course of 2013, through the staff team we developed, and subsequently have published and promoted on our website, GOsC customer service standards. We have provided staff training in good customer service and, through staff engagement, the standards and underpinning policy are kept under review to identify areas for further improvement. Wherever possible, we have embedded feedback mechanisms into all GOsC processes, services and communication and engagement activities.

#### *Welsh language*

72. We have continued to develop the GOsC Welsh Language Scheme, to ensure equality of service in Wales. Welsh language versions of the GOsC's public information leaflets, Registration Marks and 'Promoting registration' posters are now available, and the 'contact us' form on our public website is now bilingual. GOsC staff have been issued with guidelines on producing bilingual publications in accordance with the Welsh Language Scheme.

#### *Cost efficiencies*

73. Over the course of the year we have reviewed the costs of all of our primary communications and engagement activities. As a result, we have significantly

reduced the cost of our Elsevier-IJOM-Plus package for osteopaths; we have increased advertising revenue on *the osteopath* magazine, and we have brought in-house the design and production of all publications relating to registration; some of this information is now available only online. This has not to date given rise to any negative feedback.

**Strategic Objective 6 – to position the GOsC as an established and authoritative regulator, influencing the regulatory agenda across the UK and internationally**

*Influencing UK health regulation policy*

74. Health regulatory policy this year has been dominated by the Law Commissions' review and draft Bill to which the GOsC, in common with other regulators, has contributed evidence. This will be a major area of collaborative work throughout the life of the Corporate Plan. As members of a number of regulatory fora, we have also contributed to policy development relating to systems of CPD/continuing fitness to practise for health professionals, professional indemnity insurance as a requirement of professional registration, and – in relation to the Francis Report – to agree with other regulators a consistent approach to embedding a professional duty candour in our standards.
75. Across our functions, the GOsC is represented on a range of inter-regulatory groups that share expertise and learning, seek consistency in policy development, and identify opportunities for joint working. These include fora focusing on education, continuing fitness to practise, registration, regulation and complaints handling, patient and public involvement, research, media, Europe, and customer service, as well as the Chief Executives Steering Group.
76. In the context of other wider policy development, the GOsC has established a relationship with Health Education England (HEE) and a Memorandum of Understanding is proposed with a view to ensuring osteopathy is accounted for in HEE knowledge and strategies in relation to healthcare workforce planning. Last year the GOsC also provided information to the Department of Health (England) to support an analysis of the Department's regulatory impact on business.

*Conference contributions*

77. To reach a wide and international audience we presented our work on professionalism at the Association for Medical Education in Europe's (AMEE) conference (Prague, August 2013), and to the Association for the Study of Medical Education's (ASME) conference (Edinburgh, July 2013).
78. We played an integral role in the cross-regulatory planning committee to develop the 2013 Scottish Regulation Event. Along with a GOsC stand as part of the conference exhibition, we also presented to delegates on our continuing fitness to practise and professionalism work.



79. We participated in a joint regulators'/inspectorate event on 10 December 2013 in the Senedd, to provide an opportunity for Welsh Assembly Members, their staff and regulators/inspectorates to share thinking around patient safety issues.

### **Monitoring and evaluation**

80. We routinely test and evaluate the effectiveness of all our communications and engagement activities in a variety of ways, thus enabling us to be responsive to changing stakeholder needs.
81. In addition, in the course of the year ahead, we will again conduct a comprehensive survey of registrant opinion to compare with the findings of the 2012 Osteopaths' Opinion Survey. Our programme of public/patient perceptions research and an audit of our website content/services planned for later this year will also provide important indicators of progress, and outcomes will be reported to Council in due course.

**Recommendation:** to note the contents of this report on the implementation to date of the GOsC Communications and Engagement Strategy 2013-16.