



Council
14 May 2015
Communication and Engagement Annual Report

Classification	Public
Purpose	For noting
Issue	The Council adopted a three-year Communications and Engagement Strategy in March 2013, which supports the delivery of our Corporate Plan 2013-16. This paper reports on Year Two communications and engagement activity, 2014-15.
Recommendation	To note the content of this paper
Financial and resourcing implications	None arising from this paper
Equality and diversity implications	None arising from this paper
Communications implications	None arising from this paper
Annexes	None
Authors	Brigid Tucker and Sarah Eldred

Background

1. The GOsC Corporate Plan 2013-16 frames our regulatory work and its delivery is supported by a three-year Communications and Engagement strategy, adopted by the Council in March 2013. The Strategy can be found at: <http://www.osteopathy.org.uk/news-and-resources/document-library/corporate-plans-schemes-and-policies/communications-and-engagement-strategy-2013-2016/>
2. Along with its underpinning operational work plan, the Strategy is regularly reviewed, with progress indicated through our Business Plan Monitoring Reports to Council. This paper summarises key communications and engagement activities over Year Two of the current Corporate Plan. A report on Year One activities was reviewed by Council in May 2014.

Discussion

3. In year under review, 2014-15, our communications and engagement activities and resources have focused heavily in five priority areas: the replatforming of the GOsC websites; public and patient perceptions research; the development of proposals for a revised CPD scheme; stakeholder engagement in regulation policy development, and collaborative work with partner organisations, specifically in relation to the osteopathic development agenda, complaints/claims data collection, the duty of candour, and values-based practice.
4. We report here on these projects and other work, reflecting on how this contributes to the delivery of our corporate communications and engagement 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 care and regulation

5. In the current Communications and Engagement Strategy, we set ourselves the goal of establishing a better understanding of public and patient needs and concerns with regard to osteopathic care, identifying knowledge gaps in order that we might address these in our policies and public information. Over the course of 2014, an extensive programme of work was devised, developed and conducted to explore public and patient perceptions of osteopathy and expectations of regulation.
6. Our research has comprised two primary strands, the first a series of focus group events hosted across the UK last year (Eastbourne, London, Warrington and Belfast), involving both osteopathic patients and members of the public with no direct experience of osteopathy, where we tested some of the principles and assumptions on which our public protection services are founded. Social research organisation Community Research facilitated the discussions,

and produced an independent analysis of the qualitative feedback arising from these events. The Community Research report was circulated to Council in July 2014 and is published on the GOsC website. Key findings were shared with the Institute of Osteopathy, and we have used this patient/public feedback to inform advice to registrants disseminated through *the osteopath* magazine.

7. Building on the Community Research findings, in late 2014, YouGov was appointed via a tendering exercise to conduct a national survey that would test out in a much larger, quantitative study the reliability of the focus group findings. A full report on the 2014 YouGov survey, including our findings, is provided under Item 13 on this agenda. The YouGov report (April 2015) will be available on the GOsC public website.
8. Together, the research conducted for us by Community Research and YouGov has produced a rich resource that will inform and further shape our GOsC public information and our guidance and advice to registrants. Over the course of 2015-16, our aim is to consider the conclusions and implications arising from these studies in conjunction with other GOsC research (including the 2011 Patient Expectations study and analysis of patient complaints), with a view to developing practice support material for registrants, and recommendations to osteopathic partner organisations that provide information to the public.

Increasing the level of our direct patient engagement

9. We have increased significantly the role of patients and the public in our policy development, adopting a variety of strategies to ensure we gain a patient perspective where this can most effectively inform our thinking. More frequent direct involvement of patients/patient representative organisations in early-stage workshops and seminars for scoping policy is showing a positive impact on the quality of our work. Examples this year have included our work in relation to values-based practice, the development of threshold criteria for investigating complaints, guidance for pre-registration education, standards in relation to the duty of candour, and revised proposals for CPD. Feedback both from policy development leads and patient participants has been very positive.
10. Recruitment of public/patient participants for this work has been conducted primarily via our social media and websites, and with the invaluable support of osteopaths and OEI training clinics, and Healthwatch England.

GOsC Patient and Public Partnership Group

11. Our Patient and Public Partnership Group (PPG) has again proved a valuable source of external opinion on our work. The PPG operates primarily as a 'virtual' (online) reference group, a pool of some 35 members of the public and osteopathic patients, including people who have had positive and less than positive experience of osteopathic care.
12. PPG members have this year provided feedback on a range of policy consultations, including the CPD scheme proposals, the development of

Guidance on Osteopathic Pre-registration Education, and threshold criteria guidance, some members participating in face-to-face discussion events, including a deliberative workshop exploring osteopathic values (November 2014), research into the effectiveness of regulation led by Professor Gerry McGivern, Warwick Business School (see www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/), and a GOsC focus group exploring public expectations in relation to the professional duty of candour (December 2014).

13. We maintain and promote membership of the PPG through on-going recruitment campaigns that include information for registrants in the osteopathic media, promotional flyers at public events, via our website and social media, and information disseminated via wider patient networks (e.g. Healthwatch England). For PPG members we produce a periodic, dedicated GOsC e-newsletter reporting on key projects and members' role in helping us develop our work; the newsletter is well received by PPG members.

Public engagement partnerships

14. We continue to benefit from a productive partnership with Healthwatch England, whose networks and communications have helpfully raised the profile of the GOsC and our work, promoted our public consultations and assisted the recruitment of PPG members and focus group participants. We are working to strengthen relations with the Scottish Health Council, and equivalent patient representative organisations in Wales and Northern Ireland. This year we established a productive relationship with the Private Patients' Forum (www.privatepatientsforum.org) which concentrates on issues and concerns arising particularly in private sector care.
15. The GOsC is an active member of the Inter-regulatory Group for Public and Patient Engagement, and this year we together planned and hosted a number of collaborative events intended to raise the profile of UK health regulators and our work (see also paragraph 63 – Strategic Objective 6). This has included meetings with representatives of the Northern Ireland Patient Client Council, and the Public Engagement leads for the Care Quality Commission (CQC) and the Solicitors' Regulation Board, with a view to sharing good practice and (with the CQC) establishing closer collaborative working relations.
16. The GOsC is leading the development of a common Consultation Policy, establishing principles of good practice among health regulators and consistency in relation to the practical aspects of public engagement (e.g. payment of focus group participants, etc.).

Social media

17. Social media is broadening the reach of our communications and engagement, and to date our Twitter feed has 1,343 followers, including a broad spectrum of our stakeholders. The GOsC Facebook page currently has 1,049 likes, and is reaching both registrants and the public. We are finding social media a helpful

means of publicly addressing concerns or queries and monitoring emerging issues and attitudes.

18. The significance to us of social media can be illustrated by our current CPD consultation (January to May 2015). Regular postings that highlight various aspects of the proposed scheme are an effective additional means of broadening awareness and participation: one recent posting, for example, has reached over 600 people.

Stakeholder influence on GOsC policy development

19. Areas of policy development this year that have been shaped by the direct involvement of our stakeholders include:

a. *Guidance on Osteopathic Pre-Registration Education (GOPRE) – public consultation, 16 February to 16 May 2014*

- Widely publicised through all GOsC media, and supported also by targeted emails and/or presentations to the Council of the (then) British Osteopathic Association, Osteopathic Alliance representatives, osteopathic educational institutions, and final-year osteopathy students, the GOsC Patient Participation Group, and relevant patient and public representative organisations. A total of 26 formal responses were received, including respondents from all key stakeholder groups, including the public/patients, registrants, osteopathy students, osteopathic organisations and educational institutions, and inter-professional healthcare organisations, together providing a satisfactorily diverse range of views. Responses were reviewed by the GOPRE working group and representatives of the Institute of Osteopathy and the Osteopathic Alliance. Feedback informed amendments to the GOPRE Guidance which has now been published.

b. *Enforcement of Title policy – public consultation, 1 June to 31 August 2014*

- Consultation published on the GOsC websites, and announced in a direct email to registrants. Key issues highlighted in a double-page article in the June/July issue of *the osteopath magazine*, and flagged in the June, July and August 2014 GOsC news e-bulletins.
- Direct correspondence sent also to the (then) British Osteopathic Association, osteopathic educational institutions, Osteopathic Alliance member organisations and the National Council for Osteopathic Research. Similar direct notifications sent also to the osteopathic professional indemnity insurance providers, legal services, other health regulators, and public/patient representatives, including the GOsC's Patient Participation Group. Social media was also used, including a Facebook post that reached over 300 individuals.

- Only six responses were received. The low number of responses to this consultation is disappointing but may also be taken as an indicator that the draft policy was uncontroversial: this policy effectively codifies the issues taken into account by the GOsC when deciding whether to initiate a prosecution for illegal practice. This policy has now been published.
- c. *Whistleblowing policy – public consultation, 1 June to 31 August 2014*
- Consultation information dissemination as for (b) above.
 - Four responses were received, including a number of helpful suggestions from Public Concern at Work. The draft policy was amended to take account of comments and has now been published.
- d. *Threshold criteria guidance – public consultation, 1 October to 31 December 2014*
- A complex area of policy development, the consultation proposals were vigorously promoted to our stakeholders via all GOsC media. This was further supported by a dedicated focus group of patients and the public on 3 December 2014. In addition, the GOsC commissioned legal advice from leading Counsel and convened an engagement meeting with the Professional Standards Authority (PSA).
 - A total of 76 responses were received, the largest response to a GOsC fitness to practise consultation in recent times. The majority of responses came from individuals, but organisational responses were received also from the Institute of Osteopathy, the Osteopathic Alliance, two osteopathic educational institutions, one provider of osteopathic professional indemnity insurance, and from the independent Nightingale Collaboration (www.nightingale-collaboration.org).
 - The Guidance was amended in line with feedback and has now been published.
- e. *New Professional Indemnity Insurance (PII) Rules – public consultation, 3 November to 31 December 2014*
- A procedural consultation, per requirements of the Department of Health, before new rules can come into force. The GOsC had previously conducted a substantive consultation in 2013 on the proposed changes to professional indemnity insurance requirements for osteopaths. Six responses were received and the new GOsC PII Rules took effect on 1 May 2015.
- f. *Proposals for a revised scheme of CPD for osteopaths – public consultation, 9 February to 31 May 2015.*
- A major area of policy development for the GOsC, aimed at developing a system of osteopathic continuing professional development that will

satisfy public expectations of assurance that osteopaths remain up to date and fit to practise. The proposals on which we are now consulting have been developed over a number of years, involving at every stage close consultation with all our key stakeholders, including the direct involvement of patients/the public. We hosted a half-day deliberative workshop with members of the public and osteopathic patients in Belfast in June 2014 to test and inform the underlying principles of our emerging CPD scheme.

- We have also worked closely with other healthcare regulators and professional bodies, drawing on the learning, experience and expectations of others in order to devise an appropriate scheme.
- For the purposes of a public consultation, considerable information is required to adequately describe the aims, principles and operation of the proposed CPD scheme and, consequently, the consultation information is extensive. Through design and online multi-media presentation we have strived to make the consultation information clear, accessible and easy to navigate. This includes an abbreviated Summary Consultation intended to encourage public and patient responses. We have also opted for a longer consultation period than is our usual practice (16 weeks, rather than 12 weeks). We are using all GOsC media and engagement opportunities to flag the consultation as widely as possible.
- Altogether, to date we have received 78 online responses, with extensive feedback from a range of stakeholders. We are monitoring the consultation website using Google analytics, which is helping to guide our further communications activity around the consultation (see further under paragraphs 22-23 below).

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

Continuing professional development – proposals for a revised scheme for osteopaths

20. To fully involve the osteopathic profession in the development of a CPD scheme that more adequately ensures that osteopaths remain up to date and fit to practise has been a key aim of the GOsC over the past four years.
21. Building on the experience of the 2012 GOsC Revalidation Pilot and concurrent review of the existing osteopathic CPD scheme, from autumn 2013 through the course of 2014, the GOsC worked in collaboration with osteopaths and all major osteopathic organisations to shape new CPD proposals. Along with the active involvement of the osteopathic education and CPD providers, the Institute of Osteopathy, and our network of regional osteopathic groups, four osteopathic ‘CPD pathfinder groups’, located in different regions of the UK and involving

more than 50 osteopaths, worked closely with the GOsC through the course of 2014 to shape and test every element of the proposed scheme, prior to consultation. Case studies, produced by these pathfinder groups, and set in a variety of osteopathic contexts, form an integral part of the consultation package.

22. Our 2015 consultation on proposals for revised CPD requirements for osteopaths is introduced above. We regard this as vitally important to the development and quality of osteopathic practice, and recognise that an effective system depends on osteopaths' understanding of the system's aims, and ultimately the profession's support and 'buy-in'. Our engagement strategy here aims to achieve this. Devising and delivering an appropriate consultation has been an important piece of work in the second half of the year under review, and has included:
- Developing a range of consultation documentation, including short and long form consultation documents, and case studies.
 - Commissioning of a bespoke web microsite to provide easy, accessible navigation of the necessarily complex information, including a range of video material, and online feedback mechanisms. We have embedded web analytics to monitor access.
 - Monitoring feedback to maintain a regularly updated Q&A facility.
 - Introducing the consultation in early February, a direct letter was sent to all registrants, accompanied by a leaflet providing an overview of the proposed scheme and explanation of the consultation process.
 - Dedicated discussion of the proposals in all issues of *the osteopath* magazine highlighted also in the monthly GOsC news e-bulletins.
 - A dedicated CPD consultation e-bulletin, introduced in March 2015, mailed to registrants periodically throughout the course of the consultation.
 - Over the course of the consultation period, 17 GOsC 'listening events' across the UK, where representatives of the GOsC explain and discuss the CPD proposals with osteopaths.
 - An Institute of Osteopathy-hosted webinar on 6 May, providing an opportunity for our registrants anywhere to discuss the CPD proposals with the GOsC Chief Executive.
23. A full report on our CPD consultation engagement activity is available from the GOsC Communications department on request.

Ensuring GOsC communication mechanisms correspond with registrant needs

24. *The osteopath* magazine: following on from a major re-design of our magazine, introduced in Dec 2013/Jan 2014, we conducted a readership survey to further explore views particularly on the content and tone of this key publication. The

192 responses reflected a diverse range of views, but this has helpfully informed and influenced our presentation of information and overall aims for the magazine. The appointment in October 2014 of a new Editor has also been reflected in quality improvements. The magazine represents a significant investment for the GOsC and we will continue to regularly test opinion to ensure it adds value in meeting the needs of the GOsC and our target audience.

25. *Discussion forum:* at the request of registrants we introduced an osteopaths' discussion forum on the **o** zone in 2013. Despite heavy promotion, the online forum has been little used by registrants. In 2014 we invited feedback on this facility via a widely-publicised survey, which attracted just two responses. We have decided to withdraw the forum at this time, and reintroduce if/when the need arises in the future.
26. *Enquiries and advice:* the number and nature of queries from registrants relating to ethical issues or standards of practice (received by email, telephone etc.) is routinely recorded and monitored. This enables us to provide a Q&A facility, addressing common queries in *the osteopath* magazine, on the **o** zone, and in our twice-yearly fitness to practise bulletin e-bulletin.

GOsC website replatforming project

27. To achieve significant improvements to the functionality and usability of our websites, this year we carried out a major 'replatforming' project. While the user-facing design of the websites remains largely unchanged, and therefore familiar, the websites are now underpinned by a new technical structure and content management system.
28. The key aims of the replatforming were to:
 - improve online services to the public and osteopaths
 - improve the website navigation and usability
 - increase the proportion of osteopaths using the online services
 - increase staff efficiency/effectiveness as a result
29. The replatforming was informed principally by feedback from users, gathered from website surveys, the 2012 Osteopath Opinion Survey, the annual survey of new registrants, and 'good practice' information exchange between regulators.
30. Specific improvements we have achieved include:
 - Better Register search functionality
 - New online processes for renewal of registration and fee payment
 - Redesigned systems enabling registrants to update their contact and practice details online

- Personalised home pages on the o zone for osteopaths: osteopaths are greeted by name and provided with reminders about their CPD and renewal of registration dates
 - Adjustments to website navigation, particularly on the public site to improve usability
 - New site search facility, which includes searching of pdf documents
 - Mobile-friendly design.
31. The project identified further potential improvements (e.g. to improve the speed and accuracy of the 'update details' processes), and further enhancement work will continue through 2015. The findings of an audit of the quality and currency of web content were reported to the GOsC Audit Committee in March 2015, and we are following up on recommendations.

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

Exploring osteopathic values

32. One goal of our corporate communications strategy is to increase registrant awareness of the principles and values of professionalism and the duties and responsibilities of regulated health professionals. For the regulator and for the profession, identifying and promoting the core values that underpin quality osteopathic care is fundamental to ensuring effective osteopathic practice standards. Collaborative work initiated over the course of the year with Professor Bill Fulford, St Katherine's College, Oxford, and Professor Stephen Tyreman, has introduced an important programme of work exploring values-based practice in healthcare. In November 2014, we hosted an initial exploratory workshop attended by representatives of all our key stakeholder groups, entitled 'Values, Standards and Osteopathic Care'. The workshop was chaired by Harry Cayton, Chief Executive of the Professional Standards Authority, and led by Professors Fulford and Tyreman. Positive outcomes and feedback from this exercise has led to the development of a further workshop at St Katherine's, Oxford, on 20 May. This early exploratory work has been reported in *the osteopath* magazine and we anticipate engaging with the profession more widely as this area of work develops.

Promoting the Register

33. We have clear indications from patient feedback that the public feel safer and more confident when entrusting their care to a regulated health professional. We are also conscious that public awareness of osteopathic regulation could be better.

34. A key project in the second year of our current Communications Strategy has been the launch of a dedicated campaign to encourage osteopaths to more actively promote public awareness of their regulated status. To support osteopaths, we have developed and provided osteopaths with customised Registration Marks, for use on websites and patient information, and free “We’re Registered” public information posters for display in practices. The public-facing information is available in both English and Welsh. All registrants have been sent a new guidance leaflet – *Promoting your status as a registered health professional – a guide for osteopaths*. The campaign was launched in February 2014: to date 1,146 Registration Marks have been issued and feedback has been positive.
35. The ‘Registration campaign’ is regularly and prominently promoted in the registrant online and print media, and is supported by the Institute of Osteopathy. It is specifically flagged to graduating students and new registrants. In conjunction with the introduction of the new GOsC Certification Marks for osteopaths, we have withdrawn the earlier ‘Safe in our hands’ mark, which the GOsC has issued to registrants since 2002, and we have widely publicised these changes to osteopaths.
36. This project has generated positive interest among other regulators: the GOsC was invited to present this project to the Architects’ Registration Board, and the campaign was commended by the Professional Standards Authority in its annual review of the GOsC’s performance.
37. The GOsC’s 2014-15 Public Perceptions research has confirmed the importance to patients and to osteopaths of raising general public awareness of osteopathic regulation and this campaign will continue to be a priority for the foreseeable future.

Understanding patient concerns

38. The GOsC has established an important collaborative initiative with the Institute of Osteopathy and the providers of osteopathic professional indemnity insurance, together the primary organisations dealing with public complaints relating to osteopathic care. An agreement that enables us, with the assistance of the National Council for Osteopathic Research (NCOR), to annually pool and analyse our data, means that we are beginning to develop a comprehensive picture of the types of incidents and behaviours that give rise to complaints about osteopaths, their prevalence and nature. A bond of trust has grown between the collaborating organisations (several are commercial competitors), based on the shared aim of understanding the root cause of patient concerns in order to address weaknesses in practice through targeted guidance and education and ultimately drive down the volume of complaints/claims. The emerging findings we are adapting into information for registrants (e.g. ‘What do patients complain about?’ *the osteopath*, Feb-Mar 2015) and evidence for discussion with osteopathic education providers, the professional association and insurance providers.

39. A collaborative initiative of this nature is unique among regulators and of great interest: we were invited to present our experiences of this work to date at the 2015 Professional Standards Authority research conference in February.

Promoting quality in practice

40. Supporting registrant compliance with the *Osteopathic Practice Standards*, this year we have developed and promoted further e-learning modules for osteopaths, provided via the ● zone, enabling registrants to test their handling of ethical dilemmas in practice and to refresh their skills in relation to obtaining consent. We have also published a series of articles in *the osteopath* magazine that aim to assist osteopaths to enhance the quality of their CPD activities.
41. Further to support osteopaths' compliance with wider regulatory requirements, we have this year provided guidance in the osteopath media on a range of key issues, including patient confidentiality, complaints handling and advertising standards.
42. Close collaboration with scientific publisher, Elsevier, has this year further improved the content and accessibility of our research-related resources provided to osteopaths via the ● zone – the IJOM-Plus package. This is a vital learning resource for osteopaths, who as largely independent practitioners would not otherwise have access to such a rich range of professional medical journals. At the request of osteopathic education providers, this year we extended journal access also to osteopathic students in their penultimate year of training; previously access to Elsevier's Science Direct platform, which is via the ● zone, was extended only to final-year students.

The professional duty of candour

43. Over the course of 2014, the healthcare professional regulators worked closely to develop a consistent position on health professionals' duty of candour, a strong recommendation arising from the Francis Inquiry. A joint statement on the Duty of Candour was published in October 2014. In a lead item in the Oct-Nov 2014 issue of *the osteopath* magazine, for the benefit of osteopaths, we explored in detail the principles of the duty of candour, encouraging osteopaths to consider its implications in practice. This generated further debate and, to help the GOsC to develop appropriate standards and guidance, we will host a facilitated workshop with osteopaths in June 2015, building on a patient focus group exercise last December. To further inform our thinking, the duty of candour is also the subject of discussion between the GOsC and osteopathic professional indemnity insurance providers.

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

44. Collaborative work with the Institute of Osteopathy (iO) to promote the establishment, maintenance and development of regional osteopathic groups is a current priority. Regional and local groups are set up by osteopaths for osteopaths, but the burden of administering these groups is a challenge for busy osteopaths. Because we see these local communities as an essential factor in reducing practitioner isolation and increasing levels of peer support (an important element in our current CPD proposals), we and the iO see benefit in supporting the operation of these groups. We are working with the iO on developing administrative and information resources that it is hoped will help these groups to flourish.
45. Links between the GOsC and regional communities of osteopaths are greatly strengthened by an on-going programme of regular visits by the GOsC Chief Executive, in particular, to scheduled meetings of regional osteopathic groups, providing an opportunity for briefings and exchange of views. Over the course of the year, the GOsC met with 17 regional osteopathic groups across the UK.
46. To further optimise engagement between regional groups and osteopathic organisations, we continue to foster the Regional Communications Network (RCN) of regional groups. In conjunction with the iO's annual convention in October 2014, the GOsC convened a full-day RCN workshop involving some 30 regional societies from across the UK, osteopathic education providers and NCOR. The workshop usefully progressed work relating to the proposed new CPD scheme and osteopathic development work, including projects focusing on advanced clinical practice and mentoring. Once again, this RCN workshop resulted in highly positive feedback from regional and national osteopathic organisations.

Supporting development

47. The GOsC is committed to progressing the profession's development agenda through our representation on the Osteopathic Development Group (ODG), and this forms a fundamental strand of our Communications Strategy. The GOsC and the Institute of Osteopathy (iO) work in close partnership to ensure through engagement and the osteopathic media, the profession at large is involved in and informed of this work. Together we are now developing a more comprehensive communications strategy for the ODG. Current GOsC collaborative work on ODG development projects includes:
 - Regional support – development of support resources for osteopathic groups, in collaboration with the iO (see paragraph 46 above).
 - International collaboration – development of an online (microsite) resource linking key international contacts and activities relevant to UK practice.

- Leadership – in collaboration with the Open University, development of a bespoke leadership training course for osteopaths.
- Service standards –consultation on draft service standards for osteopathic practice conducted between October 2014 and January 2015. Responses and next steps are now being considered.
- GOsC funding to support projects exploring the development of a suitable framework for early career osteopaths, and an advanced clinical practice framework.
- GOsC funding to support for NCOR data collection platforms (PROMs, PILARS, PREOS).

Promoting research

48. Through our role as a sponsor and Board Member of the National Council for Osteopathic Research (NCOR), we continue to actively promote partnerships necessary for the development of an osteopathic research infrastructure.

49. This year we:

- produced a dedicated 'Research' edition of *the osteopath* magazine (Aug/Sept 2014).
- maintained a regular NCOR/research section in every issue of *the osteopath* magazine.
- Improved the IJOM Plus package (see paragraph 42 above).
- Widely promoted osteopath involvement in the NCOR-led Patient Reporting Outcome Measures (PROMs) project development.
- Printed and distributed to all registrants NCOR literature on the Patient Incident Learning and Reporting System (PILARS) and Patient Reported Experiences of Osteopathic Services (PREOS) – enclosed within the Feb/March 2015 edition of *the osteopath*, to encourage osteopaths and their patients to use these new NCOR online reporting facilities.
- McGivern 'Effectiveness of regulation' research (see www.osteopathy.org.uk/news-and-resources/research-surveys/gosc-research/research-to-promote-effective-regulation/): range of communications activities to promote wide awareness of the aims of the study, maximise registrant and patient participation, and highlight outcomes.

Supporting the osteopathic education providers

50. The GOsC continues to host a programme of quarterly meetings with the osteopathic educational institutions (OEIs) together, to ensure good channels of communication and information exchange within the education sector. This is

supplemented by regular good practice seminars for OEI staff, with recent events focusing on patient and public involvement in education, professionalism and clinical assessment. The GOsC also contributes to OEI and postgraduate provider faculty events when invited.

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

Publicising GOsC actions and decisions

51. For the purposes of transparency and to improve understanding of the GOsC's duties and function, we publicly report our decisions and actions, including: Annual Business Plan; Annual Financial Report; Annual Fitness to Practise Report; Professional Conduct Committee findings; proceedings of 2014 Council meetings and of the Osteopathic Practice Committee and the 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.
52. The meetings of Council, the Osteopathic Practice Committee and the Education and Registration Standards Committee are open to the public and we routinely publish meeting schedules, agendas and papers.

Public information

53. A series of public-patient focus group events conducted in 2014 (see paragraph 6) provided an opportunity also to directly test the effectiveness of our GOsC public information leaflets, *What to expect from your osteopath* and *Standards of osteopathic care*. Feedback on both content and presentation was unanimously positive, both from osteopathic patients and those with little or no knowledge or experience of osteopathy, confirming that this information – made available via the GOsC website and osteopath clinics – meets the public need. A Facebook post in April 2015 about the leaflet *What to expect from your osteopath* reached 2,340 people and was shared 36 times – a very high reach.
54. Our relations with external patient/public networks (e.g. Healthwatch England) provides us with further opportunity to disseminate our public information leaflets to raise awareness of osteopathic practice standards and the GOsC. These public information leaflets are regularly promoted to registrants, and PDF versions can be freely used by osteopaths on their own practice websites.

Student engagement

55. To support students' transition into practice, the GOsC annually delivers a programme of on-campus presentations to all cohorts of final-year students. This year the GOsC has conducted presentations to 305 students across 10 osteopathic educational institutions. Feedback from students and faculty continues to be highly positive.

56. All osteopathy students in the final two years of training are provided with password-controlled access to the ● zone, which includes a dedicated 'Student Zone'. We routinely invite student feedback on the content and usefulness of our online support.
57. For the first time, the GOsC has been invited to participate in a seminar hosted by the British School of Osteopathy student society Manus Sinistra, in June 2015. The GOsC Chief Executive will explore the theme of mentoring.

Enhancing our services and customer service

58. A survey of new registrants was conducted between November 2014 and January 2015 to examine the quality of our information and services for applicants to the Register (see also to Item 16 on this Agenda). We received 49 responses, largely very positive feedback on our registration resources and support. Some areas for improvement were identified and acted on, and we intend now to survey new registrants annually to maintain and develop these services.

Welsh Language Scheme

59. We have continued to develop the Welsh Language Scheme, to ensure equality of services in Wales. The GOsC is required to report annually to the Welsh Language Commissioner on our activities in compliance with the Welsh Language Act: our most recent report was submitted in July 2014. A Welsh translation of the Swansea University RQ report was posted on the GOSC public website in August 2014 and GOSC staff were reminded of their duties under the Scheme in November 2014. Welsh versions of the GOsC Registration Marks (see paragraph 34) were requested and supplied 20 times over the past year.
60. The manner in which organisations make provision for Welsh language speakers will change over the next year, with the introduction of Welsh Language Standards, which are likely to be more prescriptive than the existing Welsh Language Scheme. In preparation for the publication of draft standards for health and social care regulators (expected in late May 2015), the Welsh Language Commissioner conducted a Standards Investigation in late 2014, which required us to respond to two questionnaires covering the GOsC's current provision, our ability to meet proposed standards, and the regulatory impact of these proposed standards.
61. The GOsC liaised with the other health and social care regulators about the investigation process through regular meetings and email communications. Following the publication of the draft standards, the regulators plan to meet again in June 2015.

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

62. Working independently and with other regulators as the Alliance of UK Health Regulators on Europe, the GOsC has continued this year to monitor and influence developments relating to the implementation of the revised EU Professional Qualifications Directive (2013/55/EU). This and other GOsC work in the international arena is reviewed in the accompanying GOsC International Activity Annual Report, under Item 15 on this agenda.
63. Over the course of this year, the GOsC in conjunction with other healthcare professional regulators planned and hosted a series of parliamentary events to increase awareness of our work. These events have included receptions in the Northern Ireland Assembly (Belfast, June 2014), the Scottish Parliament (Edinburgh, January 2015), and the Welsh Assembly (Cardiff, February 2015). As a result of positive feedback arising from the 2014 Northern Ireland event, a further 'meet the regulators' reception for Members of the NI Legislative Assembly has been arranged for 2 June 2015, in Belfast. The GOsC was also represented at the annual meeting of Scottish Government/Health Regulators' Liaison Group in February 2015, this year attended by the recently-appointed Scottish Cabinet Secretary for Health, Wellbeing and Sport, Shona Robison. The event provided a valuable opportunity to raise awareness at a high level of our CPD scheme proposals and the public consultation currently underway. We also again participated in the 2014 Scottish Regulation Conference, a high profile event bringing together legislators, healthcare providers, regulators and patient support groups from across the UK.
64. The GOsC has also been actively engaged in work with the Department of Health and other healthcare professional regulators on the Law Commissions' proposals, contributing to a series of themed meetings looking at various aspects of the Bill.
65. This year the GOsC also established a Memorandum of Understanding with Health Education England (HEE), a step to ensuring that osteopathy is accounted for in HEE knowledge and strategies in relation to healthcare workforce planning.
66. We also concluded a memorandum of understanding with the Disclosure and Barring Service (DBS), which aims to ensure that information is legally and appropriately shared between DBS and the GOsC, and promote cooperation and consultation between the two organisations.
67. The GOsC's work with Professor Gerry McGivern of Warwick Business School and others, exploring the nature of effective regulation, has attracted wide interest across health regulators and we have been invited to discuss its implications at a

number of meetings, including the 2014 Scottish Regulation Conference and the Professional Standards Authority's 2015 research conference.

68. This year, the GOsC was also invited to share our work on professionalism and continuing fitness to practise at the 2014 meeting of the International Association of Medical Regulatory Authorities (IAMRA), hosted in September 2014 in London.
69. 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. Areas of collaboration include: equality and diversity, customer service, media relations, revalidation, fitness to practise, adjudication, research, committee member training, candour, European regulation and UK law reform.

Monitoring and evaluation

70. To ensure our Strategy is responsive to changing external regulatory influences, stakeholder expectations and operational needs, we routinely test and evaluate the effectiveness of all our communications and engagement activities. We collect and review feedback from all GOsC-hosted events, and we have integrated feedback loops across our websites to help us to be responsive to changing stakeholder needs in relation to our information and services – this report highlights a number of areas where we have this year conducted dedicated tests.

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