



To: Council
From: Matthew Redford
Date: 8 May 2019
Paper: C19/010

Registration Report

Classification Public

Purpose For noting

Issue This paper provides an update of registration activity covering the six-month period from 1 October 2018 – 31 March 2019.

Recommendations To note the content of the registration report.

Financial and resourcing implications None

Equality and diversity implications None

Communications implications None

Annex None

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Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 October 2018 to 31 March 2019.

Registration activities

Performance against service targets

2. The service level agreement for registering a new applicant, from receipt of a completed application, is five working days for UK applicants and 90 days for overseas applicants.
3. Performance against the targets in the reporting period was:
 - a. UK graduates/restorations: median time two days
 - b. EU applicants: median time 56 days (1 application)
 - c. Non-EU applicants: median time n/a days (0 applications).

NB: for EU and Non-EU applicants, the median time represents the period from the receipt of the initial qualification through to a completed registration application.

Registration data

Number of registrants and gender split

4. At the end of March 2019, the Register contained 5,334 osteopaths of which 50.75% of registrants are female (2,705) and 49.25% are male (2,629).

Internal Market Information (IMI) system alerts

5. Since 18 January 2016 GOsC has been complying with the revised EU Directive 2013/55/EU and sending and receiving alerts through the IMI system about any prohibition placed on a registrant arising through fitness to practise proceedings. Whether the UK will have access to IMI post EU-Exit remains to be seen although the expectation is that access will be denied.
6. In the reporting period, GOsC received 2,104 IMI alerts relating to prohibitions placed on healthcare practitioners by competent authorities, which is c.500 more than the previous six months. Each alert is checked by the Registration team, although to date, no further action has been required. Over a 12-month rolling period we have received c.3,800 IMI alerts.

Entrants to the Register

Total number of entrants to the Register	58
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of which

First time applications	39
Restorations to the Register	19

of which

Number of registrants living in the UK	50
Number of registrants living in the EU	8
Number of registrants living outside of the EU	2

Removals from the Register

Total number of removals (excluding resignations, retirements and death)	16
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of which, those removed for

Non-compliance with CPD	6
Non-payment of fee	6
Unacceptable professional conduct	3
Fraudulent application to the Register	1

7. Since the reporting of statistics to Council began, 230 registrants have been removed from the Register, with the majority removed for non-compliance with the CPD scheme rather than removed for non-payment of the registration fee. With the introduction of the three-year CPD scheme, effective from 1 October 2018, this will certainly change as removal from the Register for non-compliance with the CPD scheme will only arise at the end of a registrant's cycle.
8. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

9. Of those registrants removed from the Register, 78% (180 registrants) are below the age of 50, of which 62% (105 registrants) are below the age of 40. The age range per reason for removal is set out in the table below.

Age range	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
20-29	45	24	19	1	1
30-39	67	27	40	0	0
40-49	68	26	35	7	0
50-59	37	7	24	6	0
60-69	9	2	5	1	1
70-79	4	0	2	2	0
Total	230	86	125	17	2

Removals from the Register (gender)

10. The total number of registrants removed from the Register since reporting of statistics to Council began in October 2011, indicates 52:48 split between male to female registrants removed from the Register.
11. Regardless of gender, removal for non-compliance with the CPD requirements outweighs removal for non-payment of the registration fee.

Gender	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
Male	119 (52%)	37	65	16	1
Female	111 (48%)	49	60	1	1
Total	230	86	125	17	2

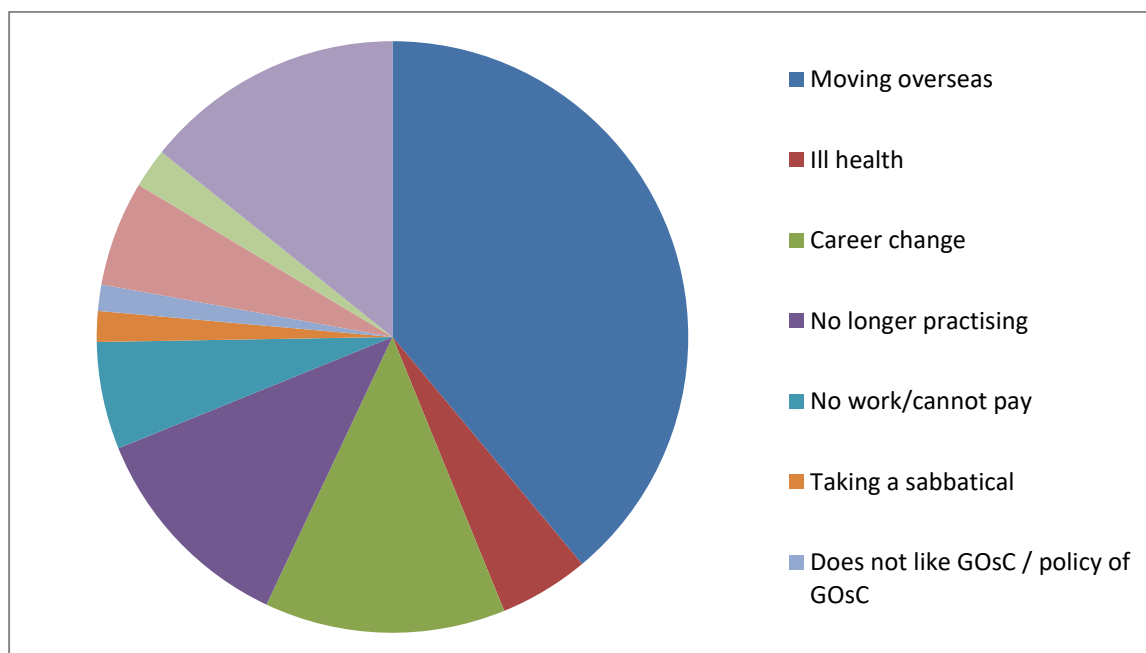
Reasons for resignations

Total number of resignations	46
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of which, the reasons cited were

Moving overseas	24
Ill health	1
Career change	4
No longer practising	4
No work/cannot afford fee/meet renewal requirements	0
Taking a sabbatical	1
Family reasons	2
Full-time study	0
Does not like GOsC/agree with policy	1
No reason provided	9

12. The graph below represents the reasons provided by registrants for their resignation from the Register since statistics were reported to Council.



Registration refusals

Number of registration appeals carried forward from previous report and heard in the reporting period	0
Number of new registration appeals lodged	0

Non-practising registrants

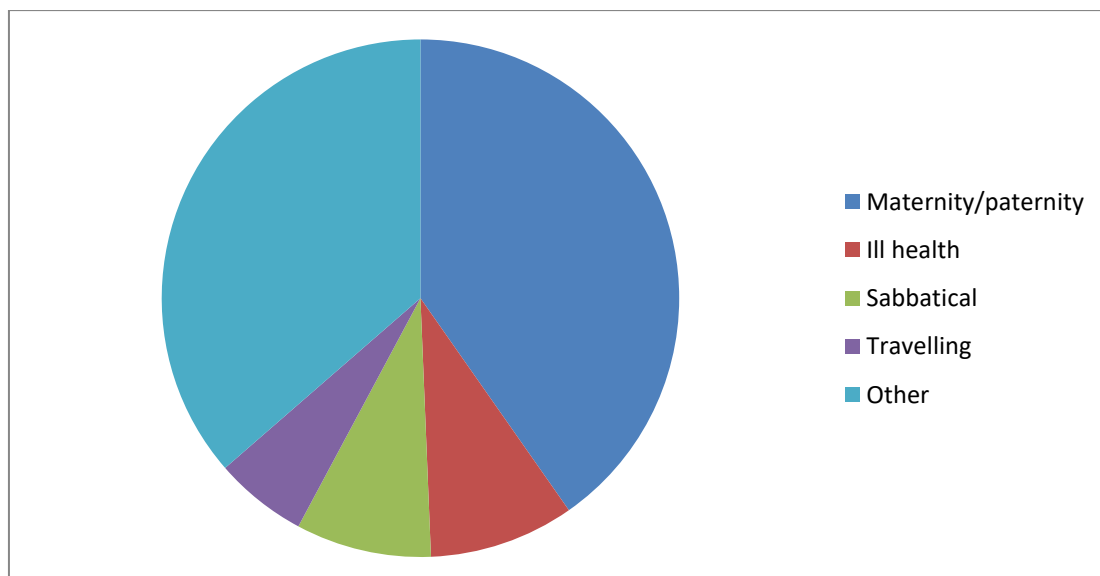
Total number of registrants who are listed as non-practising	141
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of which

Maternity/paternity	46
Ill health	8
Sabbatical	12
Travelling	8
Other*	67

*Other includes: studying; not being able to find work; relocation of home/work premises; circumstances around the loss of a spouse/parent/child; acting as a carer; research; and pursuing other careers.

13. Based on the statistics reported to Council since October 2011, at any one-time GOsC has on average 154 registrants who are out of clinical contact with patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.



CPD Audits

14. Council members have previously asked for additional information around the CPD auditing process. While this is set out below, members are asked to note that this auditing process will cease from October 2019 as all registrants would have joined the new three-year CPD cycle.

Headline CPD audit position

15. The Business Plan 2018-19 includes a commitment for Continuing Professional Development (CPD) audit activity of:
- 20% of CPD Annual Summary Forms [submitted] each month to support registrants to meet existing standards and to identify areas of good practice and development.
 - 2% of CPD Record Folders [submitted] each year to support registrants to meet existing standards and to identify areas of good practice and areas of development.

CPD Annual Summary Form audits

16. CPD Annual Summary Form audits consist of a detailed review of the activities declared by a registrant, specifically focussing on the relevancy of the activity to a registrant's osteopathic practice. An assessment will be made as to whether the activity and the associated relevancy comply with the spirit of the CPD Guidelines.
17. The Registration team has a range of letters which can be sent out following the completion of an audit. These are:

Category A	Audit passed, no further information required
Category B	Audit passed, advice/guidance provided by team for future summary form submissions
Category C	Further information/clarity required from registrant. New submission required

18. In the year ended 31 March 2019, a total of 1,051 CPD Annual Summary Forms were audited. Of these forms:

Category A	270
Category B	674
Category C	107

Of the 107 that were classified as category C audits, on re-submission:

Category A	38
Category B	69

19. The advice/guidance provided by the team in the category B and C audits often related to insufficient information being provided on the CPD annual summary form and there being limited relevancy shown as to how the CPD activity related to the *Osteopathic Practice Standards*.
20. This information is used to write articles for *the Osteopath* magazine in order to feedback to the profession learning points. The most recent article, *How to submit the best possible CPD Annual Summary Form*, was published in the October/November 2017 edition: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/the-osteopath-octnov-17/>

CPD Record Folder audits

21. CPD Record Folder audits consist of the registrant submitting the evidence to underpin the CPD activities declared on their CPD Annual Summary Form. The Registration team will then undertake a review of the Record Folder to assess whether the evidence provided matches the activities declared and the relevancy recorded by the registrant.
22. The Registration team will categorise the CPD Record Folders as:

Category A	Audit passed, no further information required
Category B	Audit passed, advice/guidance provided by team for future folder submissions
Category C	Further information/clarity required from registrant. New submission required

23. In the year ended 31 March 2019, 75 CPD Record Folder audits were completed. Of those forms:

Category A	40
Category B	0
Category C	35

Of the 35 that were classified as category C audits, on re-submission:

Category A	30
Category B	5

24. The number of audits which were categorised initially as a Category C audit is higher than in previous years. This was due to CPD evidence being missing from the original record folder submissions and further information being sought from the registrant. Council will see that on resubmission, all audits were then deemed satisfactory.

Return to practice activity

25. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves a self-assessment activity, which may then be followed by a meeting with two trained Return to Practice Reviewers.

Total number of applicants who went through the Return to Practice self-assessment process	9
Of which, the number who also undertook a Return to Practice review	4

International Registration Assessment activity

26. A total of 14 registration assessments were completed in the reporting period. During the reporting period, six applicants were found to be eligible to register with the GOsC.

Number of Non-UK Review of Qualifications	10
Number of Further Evidence of Practice Questionnaires	2
Number of Assessments of Clinical Performance	2

Recommendation: to note the content of the registration report.