



Council
11 May 2020

**THE IMPACT OF, AND GOSC RESPONSE TO, CORONAVIRUS (COVID-19):
considering the impact for osteopaths, patients, the osteopathic sector,
the wider health sector and the GOSc**

Classification Public

Purpose For decision

Issue The impact of the global COVID-19 pandemic has been significant at a macro and micro level. This paper sets out the GOSc response to COVID-19 across the full range and breadth of our activities.

Recommendations

General:

1. To consider the paper setting out the impact of, and the GOSc response to, coronavirus (COVID-19).

Section A: Education

1. To note the update about our Education function in the context of COVID-19.
2. To endorse the GOSc statement to OEIs during the COVID-19 pandemic.

Section B: Standards

1. To note the update about our Standards function in the context of COVID-19.
2. To note the joint communications from the health professional regulators and the four UK Allied Health Professions Officers.
3. To endorse the Interim guidance on infection control in osteopathy during COVID-19 pandemic
4. To endorse the Statement on Remote Consultations: key principles
5. To endorse the GOSc updated statement about osteopathic practice



6. To endorse our statement on advertising claims in relation to COVID-19

Section C: Fitness to Practise

1. To note the update about our Fitness to Practise function in the context of COVID-19.
2. To note the Fitness to Practise quarterly dataset.
3. To agree a further period of consultation on draft guidance on insurance requirements for osteopaths

Section D: Registration, including implementation of CPD

1. To note the update about our Registration function in the context of COVID-19.
2. To note the update about the implementation of the CPD scheme in the context of COVID-19.

Section E: Communications

1. To note the update about our communications response in the context of COVID-19.

Section F: Finance, Risk and Audit

1. To note the update about finance, risk and audit in the context of COVID-19.

Section G: Governance, Strategic Plan 2019-24 and Business Plan and budget 2021

1. To note the update about Governance, the Strategic Plan 2019-24 and the Business Plan and budget 2020-21 in the context of COVID-19.

Section H: Technology, business improvement and insight

1. To note the update about technology, business improvement and insight in the context of COVID-19.

Section I: Human Resources

1. To note the update about our human resources function in the context of COVID-19.



Financial and resourcing implications

Financial and resourcing implications are dealt with in this paper and set out implications for our business and the sector.

Equality and diversity implications

Equality and diversity implications are touched on in the body of this paper but require a further and more detailed impact assessment moving forward.

Communications implications

Communications implications are outlined in the body of this paper.

Annexes

Section	Title
A	Statutory function: Education
B	Statutory function: Standards
C	Statutory function: Fitness to Practise
	Annex C1: FtP dataset Q4
D	Statutory function: Registration, including implementation of CPD scheme
E	Communications
	Annex E1: Overview of COVID-19 emails, GOsC response and outputs
F	Finance, Risk and Audit
G	Governance, including Strategic Plan 2019-24 and Business Plan and Budget 2020-21
	Annex G1: Business Plan monitoring document 2020-21 – as at April 2020
H	Technology, business improvement and insight
I	Human Resources

Author(s)

GOsC staff team

Background

1. The novel Coronavirus disease (COVID-19) is unprecedented and the global community faces new and unforeseen challenges. The World Health Organization (WHO) describes the coronavirus as follows:

‘Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.

The best way to prevent and slow down transmission is be well informed about the COVID-19 virus, the disease it causes and how it spreads. Protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently and not touching your face. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it’s important that you also practice respiratory etiquette (for example, by coughing into a flexed elbow).

At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.¹

2. This is a virus with no vaccine, which is highly infectious and is causing a significantly above average death rate and particularly for vulnerable people.²
3. On 23 March 2020, the UK issued guidance which became law across the UK between 26 and 28 March 2020. The guidance provided that people must stay at home and could only leave home for specified reasons in order to protect the NHS and to save lives, including:
 - a. to obtain basic necessities, including food and medical supplies for those in the same household ... or for vulnerable persons
 - b. to take exercise either alone or with other members of their household;
 - c. to seek medical assistance ... (this includes osteopathy)
 - d. to provide care or assistance, including relevant personal care ...
 - e. to travel to work (where it is not reasonably possible to work from home.
 - f. And other very limited circumstances³

¹ See https://www.who.int/health-topics/coronavirus#tab=tab_1/

² See <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/>

³ See various Health Protection (Coronavirus, Restriction) Regulations 2020 (England, Scotland, Northern Ireland and Wales)

4. There is also extensive guidance requiring people to maintain 'social distancing', staying more than two metres away from people in other households with some groups being strongly advised to remain isolated at home for 12 weeks or more.⁴ Certain business, venues and public gatherings are required to close including for example, certain shops (unless they can operate online), gyms and pubs.
5. There is considerable pressure on the NHS because of the high numbers of patients requiring acute care and admission to intensive care units. The impact of this is that many routine services are being paused and many health professionals (including some osteopaths) are practising in different roles to those they normally practise in) in the health service.
6. This was recognised in the joint statement issued on 3 March 2020 by the Chief Executives of the statutory regulators of the health and care professions. The statement recognised that individuals may need to depart from existing procedures in order to care for patients and that health and care professionals would need to work in partnership with each other, using their professional judgement to assess risk informed by relevant guidance.

Discussion

7. There has been considerable impact on osteopathic patients, osteopaths, the way in which health professionals work, our stakeholders and our regulatory response, which we have tried to summarise within this paper.
8. This paper represents the organisation-wide response to the national health emergency and seeks to provide assurance to Council about how we are managing the impact on our statutory and other functions, while providing insight into how our regulatory approach may need to adapt in the future.
9. To help Council members navigate their way through a large quantity of information, we have broken the paper into several sections reflecting our key business areas. However, as this paper represents the organisation-wide approach – hence no single author – we would advise Council not to consider the sections in isolation.
10. For ease of reference, we have provided the sections in the table below, with hyperlinks to the start of each.

⁴ See <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

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11. At the time of drafting the paper (24 April 2020), this represents our response to date which is still evolving.

12. Recommendations arising from this paper are set out in each section below.

Section A: Statutory function - Education

Statutory function: Education

1. The COVID-19 situation has had a major impact on the provision of osteopathic education. All osteopathic educational institutions (OEs) have ceased face to face teaching and closed all teaching clinics. Many clinics are continuing online teaching, and many are updating their final assessments so the judgement about a student meeting the [Osteopathic Practice Standards](#) (OPS) is made using different sources of evidence. For example, clinical vivas exploring approaches to clinical reasoning and formative assessments are being used to inform summative judgements – consistent with what is happening elsewhere in the education context.
2. It is worth highlighting that the [Coronavirus Act 2020](#) enabled the Health and Care Professions Council (HCPC) and others to open temporary registers. HCPC have emergency powers to temporarily register students who have completed their final clinical placements. The General Osteopathic Council (GOsC) was not included in this emergency legislation because the focus was on acute care professions.
3. This means that our legislation for registration remains the same and we are not permitted to register other than in the circumstances that existed prior to COVID-19. However, we have been able to clarify our requirements whilst also showing flexibility as outlined below.
4. We issued a [statement to all OEs on 17 March 2020](#), about our requirements in the COVID-19 context. In developing our statement, we discussed with the other healthcare regulators their approach. Our statement is consistent in terms of the standards continuing but being flexible in terms of how they are met. This was also discussed with the Chair of College of Osteopathic Education Institutions (COEI). This statement was approved by the Chair of the Policy Advisory Committee (Education Committee) and is available on [our COVID-19 webpage](#).⁵
5. The statement provides that our legislation requires that the OPS are met before the award of the Recognised Qualification (RQ) and this remains the case. However, it states that we will be flexible allowing osteopathic educational institutions to adapt the ways in which they assure themselves that only students meeting the OPS are awarded an RQ.
6. The statement further explains that the general RQ conditions attached to all RQs with an expiry date, or the requirements attached to Action Plans for RQs without an expiry date, provide that the educational institutions: 'must inform the Education Committee as soon as practical, of any change or proposed change likely to influence the quality of the course leading to the qualification and its delivery, which would include substantial changes in clinical provision, changes in

⁵ <https://www.osteopathy.org.uk/news-and-resources/document-library/training/covid-19-statement-to-osteopathic-educational-institutions-from/>

Section A: Statutory function - Education

patient numbers, changes in assessments and changes in learning resource provision’.

7. The current crisis has clearly impacted on all of these, and the OEIs are thus required to inform the Committee of the changes that they’ve put in place to assure themselves as holders of the RQ that their students continue to meet the planned outcomes, and particularly that final year students are able to graduate and practise in accordance with the OPS. OEIs are also liaising with their validating universities as appropriate to agree any changes to final assessments prior to graduation.
8. We have remained in regular contact with the OEIs during the lockdown period. One (Marjon) currently does not have a Year 4 cohort, and another (LCOM) also has no current cohort, but subject to these, all have put in place plans to continue to support students with online resources and tutorials, and to undertake assessments in a range of ways. Details of each institution’s arrangements will be reported to the Policy and Education Committee in June 2020. The key element is that each OEI with a final year cohort has plans in place to assure themselves that graduates have met all outcomes, have been able to demonstrate the OPS and are fit to practise.
9. Most OEIs plan to graduate eligible students in summer 2020.
10. Currently, our major piece of policy work underway in education is the Review of the Guidance for Osteopathic Pre-registration Education (GOPRE) and the associated work on developing Standards for Training. We have been able to continue engagement on this important work during the lockdown with stakeholders and we are exploring different ways of getting feedback on a draft discussion paper.
11. Our quality assurance development is proceeding as planned with a paper about the further development of the risk framework planned for consideration to the Policy and Education Committee in June 2020.
12. Finally, our quality assurance procurement is also proceeding as planned and we are currently in the final stages of appointing the contractor.

Recommendations:

1. To note the update about our Education function in the context of COVID-19.
2. To endorse the GOsC statement to OEIs during the COVID-19 pandemic.

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Section B: Statutory function - Standards

Statutory function: Standards

1. We issue our [Osteopathic Practice Standards](#) (OPS) under s13 and 19 of the [Osteopaths Act 1993](#) (the Act) which compels us to set the standard of proficiency 'required for the competent and safe practice of osteopathy' and the code of practice which 'lays down standards of conduct and practice expected of registered osteopaths'; and gives 'advice in relation to the practice of osteopathy'.
2. We also have a general power set out in paragraph 15 of the Schedule to the Act which provides that the 'General Council shall have power to do anything which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions.'
3. We published the Osteopathic Practice Standards (2019) following extensive consultation in 2018 and they came into effect on 1 September 2019.
4. However, the impact of COVID-19 as a highly infectious disease, and specifically the way in which osteopaths work, caused us to review the need for additional guidance. This is guidance not just for osteopaths in traditional practice, but also the possibility of osteopaths working in different types of roles or working as osteopaths but remotely.
5. Consequently, we have issued the following guidance:

Joint health professional regulator statement about our approach to regulation during the pandemic

6. On 3 March 2020, [the health professional regulators issued a joint statement](#) about how they will regulate in the context of an emergency. This statement provides as follows:

'As registered professionals, the first concern of the individuals on our registers will be the care of their patients and people who use health and social care services. We encourage health and care professionals, working in partnership with each other and people using services, to use their professional judgement to assess risk to deliver safe care informed by any relevant guidance and the values and principles set out in their professional standards.

We recognise that in highly challenging circumstances, professionals may need to depart from established procedures in order to care for patients and people using health and social care services. Our regulatory standards are designed to be flexible and to provide a framework for decision-making in a wide range of situations. They support professionals by highlighting the key principles which should be followed, including the need to work cooperatively with colleagues to keep people safe, to practise in line with the best available evidence, to recognise and work within the limits of their competence, and to have appropriate indemnity arrangements relevant to their practice.'

Section B: Statutory function - Standards

Letter from the four Chief Allied Health Professions Officers, GOsC and HCPC published on 19 March 2020

7. On 19 March 2020, [alongside the HCPC and the four UK Chief Allied Health Professions Officers we signed a letter](#).
8. This states in relation to Allied Health Professionals (AHPs):

'A significant epidemic will require healthcare professionals to be flexible in what they do. It may entail working in unfamiliar circumstances or surroundings or working in clinical areas outside their usual practice for the benefit of patients, individuals and the population as a whole.

This can be stressful, and we recognise that you may have concerns about both the professional practicalities and implications of working in such circumstances. We need to keep to the basic principles of AHP best practice. As registered AHPs, you are expected to follow Health and Care Professions Council (HCPC) and General Osteopathic Council (GOsC) guidance and use judgement in applying the principles to situations that you may face. However, these also take account of the realities of a very abnormal emergency situation.

We want AHPs, in partnership with patients and individuals we care for, to use their professional judgement to assess risk and to make sure people receive safe care, informed by the values and principles in our professional standards of conduct, performance and ethics. A rational approach to varying practice in an emergency is part of that professional response. It is the responsibility of the organisations in which you work to ensure you are supported to do this. They must bear in mind that clinicians may need to depart, possibly significantly, from established procedures to care for people in the unique and highly challenging but timebound circumstances of the peak of an epidemic.'

9. These communications, jointly signed with the other regulators and the four UK Allied Health Professions Officers recognise the extra-ordinary circumstances and support osteopaths to support the national health emergency in an appropriate way, recognising that this may require working differently, as is the case for other health professionals.

Working as osteopaths

10. Guidance about working as a health professional comes primarily from the four UK Health Departments, Public Health England (PHE), Public Health Wales (PHW), Public Health Agency (PHA NI) Northern Ireland, and Health Protection Scotland (HPS) and is signposted prominently on our website. However, it has also been necessary to review our own profession specific guidance to ensure that the guidance is appropriately signposted and adapted for osteopathic practice.

Section B: Statutory function - Standards

Interim guidance on infection control in osteopathy during COVID-19 pandemic

11. Review of the OPS and the guidance for health professionals issued by agencies including the four UK health departments PHE, PHW, PHA NI, HPS demonstrated that further specific and strengthened guidance from the regulator was needed about infection control in osteopathic practice.
12. The [interim guidance on infection control](#) was initially published on 19 March 2020 and has been subsequently reviewed and updated on 24 March, 2 April and 8 April to take account of the regularly changing situation and updated government guidance.
13. Whilst osteopathic practice is not prohibited under the current guidance and legislation, osteopaths should consider carefully the guidance about staying home and saving lives and should consider seeing patients by video or the phone if appropriate.

Statement on remote consultations: key principles

14. On 2 April 2020, we also issued [a statement on remote consultations: key principles](#). This statement was drawn from a joint regulatory statement for remote consultations and prescribing, originally issued by all health regulators that regulate professions with prescribing rights.
15. At that time, it did not fit with the osteopathic context. However, due to the current context, we have adapted the key principles to support remote consultations in osteopathic practice.

Statement about osteopathic practice

16. Following the announcement of the lockdown on 23 March 2020, we were asked to advise whether osteopathic practices should close. We have been written to by some osteopaths and other health professionals as well as patients who felt that no osteopath should be practising; but we have also been written to by other osteopaths and patients who felt that osteopaths should be able to practise in the current environment.
17. We published [a statement about osteopathic practice on 24 March](#) and this was also updated on 25 and 27 March 2020. Having reviewed the legislation and government guidelines and the positions of other regulators and professional bodies we have not issued a prohibition on osteopathic practice, as this would not take into account the specific circumstances of patient and practitioner.
18. Our statement recognises there is no prohibition on practice. However, we say:

'Whilst we cannot see prohibitions for osteopathic practice within the current guidance, we urge osteopaths to consider carefully the guidance about staying

Section B: Statutory function - Standards

home and saving lives, and to consider seeing patients by video or on the phone if necessary.'

19. In exercising their professional judgement, osteopaths are required to consider:

- Government guidance about social distancing and shielding
- Triaging patients over the phone, acting within the limits of competence and referring if necessary
- What to do in the event of contact with someone with suspected COVID-19
- Ensuring they have stringent infection control procedures in line with current guidance.

20. If osteopaths exercise their professional judgement and continue to see patients, we have advised they should take account of our stringent [interim infection control guidance](#) which signposts government guidance for health professionals and highlights the importance of the discussion with the patient stating that:

'If you and your patient are satisfied that a physical appointment is necessary and appropriate in accordance with this guidance, and the benefits and risks are explained, you should ensure that you have fully implemented appropriate infection control procedures at this time.'

21. Interestingly, [the Institute of Osteopathy \(iO\) provides more specific guidance](#) in this respect. They state:

'If you choose to stay open, you should only be conducting remote consultations during the lockdown period unless for urgent and emergency cases - see the iO's COVID-19 FAQ's and guidance on these exceptional circumstances. You should not under any circumstances be in contact with anyone self-isolating or from high-risk categories. If you are remaining open for remote consultations, we have provided a guide for telephone and video consultations here and provided further advice on what constitutes an emergency, urgent or essential cases below. Remote consultations also provide an opportunity to reiterate the Government advice. A telephone triage should be used to determine the urgency of patient need, based on your professional judgement and the NHS guidance (available below) on what constitutes an emergency, urgent and essential cases, and the action that should be taken thereafter.'

Statement on advertising claims

22. We received correspondence from external sources advising that some osteopaths were making claims about osteopathy and the treatment of COVID-19. The National Council of Osteopathic Research (NCOR) has undertaken a [high-level evidence review](#).

Section B: Statutory function - Standards

23. [Our statement on advertising claims in relation to COVID-19](#) provides that:

'The Advertising Standards Authority (ASA) issues guidance on the conditions which osteopaths can claim to treat and the Osteopathic Practice Standards D1.2 requires that any advertising or promotional material, including website content, complies with the ASA guidance. Claiming in any promotional material or online content that osteopathy has a part to play in the frontline care of patients with COVID-19, is likely to breach the ASA guidance or trading standards law. COVID-19 is a highly infectious and contagious disease, and osteopaths should adhere strictly to the guidance signposted on the GOsC website at: www.osteopathy.org.uk/covid-19.'

24. We continue to review our correspondence from and with osteopaths and patients, government guidance and guidance from other regulators to ensure that our approach is consistent and appropriate.

25. We have notified the four UK Health Departments about our updated positions and guidance.

Recommendations:

1. To note the update about our Standards function in the context of COVID-19.
2. To note the joint communications from the health professional regulators and the four UK Allied Health Professions Officers.
3. To endorse the Interim guidance on infection control in osteopathy during COVID-19 pandemic
4. To endorse the Statement on Remote Consultations: key principles
5. To endorse the GOsC updated statement about osteopathic practice
6. To endorse our statement on advertising claims in relation to COVID-19

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Section C: Statutory function – Fitness to Practise

Statutory function: Fitness to Practise

1. On 26 March 2020 we published [a statement on fitness to practise activities](#) highlighting that patient safety remains the key priority.
2. We are continuing to focus attention on triage of concerns and risk management activity, prioritising high-risk investigations wherever possible. There are some activities which we can undertake online, and to meet our public protection duties we have identified those hearings which need to take precedence. We have implemented plans to run a number of virtual hearings and meetings with people attending remotely. This covers the following activities:
 - investigating committee meetings,
 - interim order hearings and
 - review hearings.
3. Hearings which have been part heard are being reviewed on a case by case basis.
4. Following government advice around the lockdown we decided to postpone all final hearings which had not commenced until 3 July 2020. This was in line with other healthcare regulators and covered the 12-week period from the initial lockdown. We have been keeping this under review.

Activities we have been able to undertake

5. We are currently running a number of virtual hearings and meetings with people attending remotely. Whilst our rules are silent as to whether hearings and meetings can be held remotely, there is no prohibition on this, and we have been careful to schedule and implement these events in a fair manner drawing learning from the civil courts.
6. The GOsC (Investigation of Complaints) (Procedure) Rules 1999 together with the GOsC (Professional Conduct Committee) Rules 2000, require that we serve notice of hearings and meetings by post and/or recorded delivery. We are currently using external legal providers to effect service on registrants by post and seeking amendments with the Department of Health and Social Care to enable us to effect proper service by electronic means.
7. In the reporting period (1 January 2020 – 31 March 2020), the Regulation Department received 34 concerns and 16 formal complaints were opened. During the same period last year, the figures were 17 concerns received and 14 formal complaints opened. This increase reflects an increase in the number of treatment related concerns from patients, including concerns about treatment without valid consent. There has also been an increase in concerns received from colleagues, including former employers and former employees. These concerns have related variously to business disputes, advertising, data management and personal conduct.

Section C: Statutory function – Fitness to Practise

8. Three applications were made to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO). Two of the ISO applications related to allegations of sexually motivated conduct towards patients. The IC determined that the ISOs were necessary in both of these cases. The third ISO application related to an allegation of borrowing money from a patient. The IC determined that an ISO was not necessary for the protection of the public but accepted undertakings from the registrant.
9. No applications were made to the Professional Conduct Committee (PCC) for the imposition of an ISO in this quarter.
10. At the time of writing, we have been able to conclude one part heard hearing. Three final hearings have had to be postponed. The decisions to postpone these hearings were made on a case by case basis and involved, inter alia, vulnerable witnesses providing evidence by video link who would have needed the assistance of regulation staff in order to do so; multiple case parties and multiple hearing dates.
11. During this reporting period, the Regulation Department serviced 11 Committee hearing and training events, including substantive hearings, review hearings, ISO hearings, IC meetings and IC training.

Impact on KPIs

12. By way of background, Council approved the new KPIs/targets for all pre-IC cases at its meeting in November 2019. As a recap, the key areas to note that necessitated these changes are as follows:
 - Since April 2018, we have been reporting to the Professional Standards Authority (PSA) from when a concern is received by the GOsC. This means that time commences when 'any piece of information received and recorded by the regulator that potentially raises concerns with the regulator that require examination'.
 - The step changes we have implemented in the past four years in relation to the initial stages of our FtP processes through the initial closure procedure and the threshold criteria.
 - The greater volume of activity being undertaken pre-IC meeting, including obtaining expert reports, supplementary statements and medical reports. The purpose of these actions is to provide the IC with a sufficient amount of information to enable it to reach decisions. It also enables the case to be 'hearing-ready' at the point of referral which means we can serve our case sooner post referral.

Section C: Statutory function – Fitness to Practise

- The Standard Case Directions (previously approved by Council) provide for a six-week period post IC to list a Professional Conduct Committee (PCC) hearing.
 - The overall 52-week target (a self-imposed target) remains unchanged.
13. As at 31 March 2020, the Regulation Department’s fitness to practise case load was 65 fitness to practise cases (48 formal complaints and 17 concerns). At the 31 March 2019, the caseload was 65 fitness to practise cases (46 formal complaints and 19 concerns).
14. Our performance against KPIs in this is set out in the table below.
15. The target for screening was exceeded this quarter, and the target for IC decisions was met. Two historic joined cases were concluded by the PCC in this quarter in an end-to-end timeframe of 193 weeks. No other substantive hearings were concluded in Q4. This is in part due to the postponement of one hearing because of the COVID-19 pandemic and in part due to the number of hearing days required across two quarters (Q4 of 2019-20 and Q1 of 2020-21) for a joined hearing involving four registrants.
16. The median figure of 193 weeks for the PCC is not a reflection of our current practice and as context, represents the closure of a case from a time when the team was experiencing staff turnover and long-term sickness in 2017-18. One case was not progressed as it should have been in the pre-screening stage and this resulted in a significant delay. Once it had been screened the case took 11 months to conclude.
17. This is very much an historical issue and aberrant from our approach and our Regulation Manager, on joining the GOsC, has implemented closer day to day monitoring to ensure the timely progression of concerns. There are no other cases of this nature within our case load.
18. The PCC median figure achieved this quarter is a demonstration of how small case numbers can disproportionately distort the measurement of performance.

Case stage	KPI	Performance target	Median figures achieved this quarter
Screening	Median time from receipt of concern to the screener’s decision	9 weeks	6 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	26 weeks

Section C: Statutory function – Fitness to Practise

Professional Conduct Committee	Median time from receipt of concern to final IC decision	52 weeks	193 weeks
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Plans for future activity

19. In light of the government announcement to extend the lockdown until 7 May 2020, together with the fact that we do not want to build up a backlog in our fitness to practise final hearings, we have been exploring how we can progress cases given some form of social distancing measures may be in place for an extended period of time.
20. This will require us to carefully assess and balance different factors, including the health of Committee members and legal assessors, registrants, witnesses and GOsC employees. To this end, we have set up an internal Case Review Group the purpose of which will be to review all cases referred by the IC, but not yet heard, to determine how hearings may be convened, including the use of some participants attending hearings virtually to maintain adequate social distancing.
21. Additionally, in tandem with the above, we are in the process of actively listing several more straightforward hearings including Rule 8 meetings and conviction/caution cases.
22. The quarterly dataset, presented to Council at each meeting, is attached as Annex C1.

Other FTP activity

23. On 12 February 2020, we delivered an induction training to Victim Support call handlers who operate the telephone helpline service for those involved in the FTP process. The Helpline, set up in December 2019, is available 24/7 to provide emotional support to complainants and registrants during investigations and hearings.
24. As reported to Council in January 2020, further to the key findings of the independent audit of our initial stages processes conducted in July and August 2019 we arranged training, which took place on 21 February 2020, for IC members on the adequacy of providing written reasons in all decisions.
25. On 15 January 2020, we brought a successful prosecution against Habib Chharawala for misuse of a protected title. Mr Chharawala appeared at Westminster Magistrates' Court and pleaded guilty to one count of using the osteopathic title while not registered with the GOsC, contrary to section 32(1) of the Osteopaths Act 1993. Mr Chharawala was fined £1,000 plus a victim surcharge of £100 and ordered to pay costs of £657.70 to the GOsC.

Section C: Statutory function – Fitness to Practise

26. The case of Amanda Purcell was listed for preliminary hearing on 20 January 2020 at Bolton Magistrates Court. Ms Purcell entered a plea of not guilty. The matter, set down for summary trial in April, has now been postponed because of COVID-19.

Professional Indemnity Insurance consultation

27. We ran a public consultation on the draft guidance on Insurance Requirements for Osteopaths from 16 January 2020 which closed on 9 April 2020. The outcome of this consultation was due to be reported to Council at its meeting in May 2020.

28. However, we received only one response, from the Professional Standards Authority. Notwithstanding the amount of pre-consultation engagement we undertook with internal and external stakeholders, we had anticipated a greater response to the consultation given the centrality and importance of the draft PII guidance to the profession. We have concluded that the lockdown has undoubtedly impacted upon this. In the circumstances we are proposing to Council that a further period of consultation is required later this year to encourage greater stakeholder engagement with the draft guidance.

Recommendations:

1. To note the update about our Fitness to Practise function in the context of COVID-19.
2. To note the Fitness to Practise quarterly dataset.
3. To agree a further period of consultation on draft guidance on insurance requirements for osteopaths

To go to start of paper: click [here](#)

Section D: Statutory function – Registration and CPD

Statutory function: Registration including implementation of the CPD scheme

Registration

1. Registrants are able to manage their registration online through the **o** zone, which is the password-protected registrants-only section of the GOsC website. While we have set up mail redirection, we are encouraging the use of the online facilities through our communication with registrants during this period of lockdown.
2. With the introduction of the lockdown measures there was an expected increase in workload for the registration team as they handled queries from registrants who were looking to understand what options might be available to them, such as converting their registration status from practising to non-practising. More information is provided later in this section.
3. Following the extraordinary Council meeting held on 9 April, when the decision was taken to introduce a direct debit deferral scheme initially for those renewing in May and June 2020, registration issued (in-conjunction with the Communications team) targeted messages to the May and June registrants who were categorised into the following four groups:
 - a. Already have a direct debit in place and have already renewed;
 - b. Already have a direct debit in place and have yet to renew;
 - c. Paid in full last year and have yet to renew;
 - d. Already renewed and paid in full or provided a payment in full (i.e. cheque not yet cashed).
4. For those registrants who already have a direct debit in place for May and June, the team have been busy updating those records to ensure the two payment-free months are at the beginning of a registration year rather than at the end. This is unfortunately a manual process and each record needs to be amended individually.
5. The table below sets out the number of registrants who are yet to renew their registration for the renewal months, March 2020 – June 2020. Data as at 23 April 2020:

Month	Expected to renew	Still to renew	Known direct debit payer	Paid prior year in full
March 2020	52	6	3	3
April 2020	45	18	11	7
May 2020	1723	1102	540	562
June 2020	516	478	245	233

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6. Since the decision to introduce the direct debit deferral scheme, 343 registrants have renewed their registration. While it would appear the number of registrants renewing their registration is increasing, we will need to remain alert to changes in the Register. Data as at 23 April 2020.
7. Where possible, normal registration activity continues albeit remotely. The one area which we have had to suspend relates to Assessments of Clinical Performance (ACP) for international applicants to the Register due to the guidance and legislation relating to social distancing. This is consistent with the position of other regulators who have paused their clinical assessments until July 2020.⁶ We have updated the relevant part of our website to reflect that position.

Register activity and statistics

8. Council receives a report from the Registration team twice a year providing an update on the registration activity undertaken in the previous six months. This registration data is particularly relevant now as it provides a picture of the Register as at 31 March 2020, a few weeks into the pandemic. This data will act as a benchmark for assessing if, and how, the Register changes over the coming weeks and months ahead.
9. The registration data provided below covers the period from 1 October 2019 – 31 March 2020. Where it is possible to provide some even more current data, for example, around the number of non-practising registrants, this is included in the narrative.

Performance against service targets

10. 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.
11. Performance against the targets in the reporting period was:
 - a. UK graduates/restorations: median time two days
 - b. EU applicants: median time 15 days (1 application)
 - c. Non-EU applicants: median time 45 days (1 application).

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.

⁶ See for example: <https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/plab-2-guide>

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Internal Market Information (IMI) system alerts

12. 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.
13. In the reporting period, GOsC received 1,694 IMI alerts relating to prohibitions placed on healthcare practitioners by competent authorities, which is 160 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 in excess of 3,200 IMI alerts. We have continued to receive IMI alerts while handling an increased volume of registration activity because of COVID-19.

Number of registrants and gender split

14. At the end of March 2020, the Register contained 5,439 osteopaths of which 50.97% of registrants are female (2,772) and 49.03% are male (2,667).
15. Updated based on new information: As at 23 April, the Register contained 5,431 osteopaths, meaning that so far, only eight registrants have resigned their registration.
16. The age breakdown of the Register at the end of March 2020 was:

Age	Total registrants
Under 30	663
31-40	1,196
41-50	1,446
51-60	1,486
61-70	546
71-80	94
81-90	7
91+	1

17. The data shows that we have 12% of the Register (648 registrants) who are 61 years of age or older.

Non-practising registrants

Total number of registrants who are listed as non-practising as at 31 March 2020	191
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18. 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

Section D: Statutory function – Registration and CPD

patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.

19. Update based on new information: The impact of COVID-19 on the profession has seen a sharp increase in registrants converting their registration status from practising to non-practising. As at 23 April 2020, we have 288 registrants with a non-practising registration status. This means a reduction in registration fee income of approximately £32k over the course of a financial year.

Return to practice activity

20. 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	6
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International Registration Assessment activity

21. A total of 7 registration assessments were completed in the reporting period. During the reporting period, four applicants were found to be eligible to register with the GOsC. As stated above, we have currently suspended assessments of clinical performance.

Number of Non-UK Review of Qualifications	3
Number of Further Evidence of Practice Questionnaires	2
Number of Assessments of Clinical Performance	2

Implementation of the CPD scheme

22. There is no provision in our legislation for the CPD scheme to be delayed as a result of the COVID-19 virus. Now that we have moved to a three-year CPD cycle from an annual cycle, osteopaths are not required to undertake 30 hours of CPD each year (and to seek authority from the Registrar to reduce this number in exceptional circumstances). Osteopaths are required to undertake 90 hours of CPD over a three-year cycle which means that flexibility is built into the scheme.
23. The nature of the COVID-19 crisis will inevitably mean that some osteopaths will find it easier than others to participate regularly in CPD activities at the current time. For example, osteopaths working in a front line role caring for acute patients in some way, or who are ill or who have caring responsibilities or home schooling responsibilities may have less time to undertake CPD, but they can catch up at a later stage in the cycle without needing agreement from the GOsC to do so.

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24. However, for some osteopaths who are not practising they could continue to keep up to date with CPD, even though they are not practising. In this respect our ongoing engagement reported below shows that it is possible to keep engaging with the scheme, gaining support from colleagues and continuing to participate in CPD as part of a community as illustrated below.

Online CPD

Pre and Post Lockdown Online engagement

25. As part of our approach to implementation of the CPD scheme, and our mitigating actions to avoid risks such as people not being able to complete the CPD scheme, we have developed and implemented a range of resources including work books, reflection templates and case studies to support all osteopaths. This includes those who are not practising or working part time to develop the skills necessary to undertake the required elements of the CPD scheme. The full range of resources is available on our website at: [CPD microsite](#)

26. In addition, we have been continuing to facilitate CPD webinars offered to osteopaths. The purpose of the webinars is to support osteopaths with the skills they need to participate in the CPD programme in the hope that they will then share these skills with others, we are not a 'CPD provider'. We have been offering webinars in the following key areas:

- Communication and consent
- Case-based discussion
- Patient feedback
- Peer observation
- Patient Reported Outcome Measures (PROMs), in conjunction with NCOR
- Clinical audit, in conjunction with NCOR
- Peer Discussion Review

27. We offer both in-depth (four session) programmes and reduced two-part sessions for time pressured osteopaths in the areas of case-based discussion, patient feedback and peer observation. We tend to offer at least two webinars a month to the osteopathic profession.

28. From 29 January 2020 to 30 April 2020 the following CPD webinars and/or focus groups took place (see Table 1). Table 1 also details:

- whether these took place pre coronavirus lockdown
- whether these took place post coronavirus lockdown and any changes or adaptations that were put in place as a direct result of the lockdown

29. The impact of these webinars is identified at the end of the table.

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CPD Webinar (Type)	Date	Brief description	Changes/ Adaptations Required
Patient feedback webinar 4 (in-depth programme)	10 February 2020	Analysis of patient feedback questionnaire responses and recording and reflecting on these findings and developing an action plan.	Pre-lockdown - None
New graduate focus groups	11 and 24 February 2020	Gaining an understanding of how recently qualified osteopaths are approaching the CPD scheme and to explore the networks that they get involved in once they begin osteopathic practice so that we and others in the sector can better support the transition into practise but also to learn from those experiences and share them with more experienced osteopaths.	Pre-lockdown - None
Peer observation webinar 1 (two-part series)	17 February 2020	Exploring how peer observation might support practice, selecting a peer, involving and informing patients (including consent – and the right to withdraw that consent at any time). Templates that can be used, preparation, on the day and after the session.	Pre-lockdown - None
LOCKDOWN			
PDR webinar (1 of 2)	17 March 2020 – <i>GOsC as an organisation became home working</i>	Review process and guidance/ template, considerations about selecting a peer and key questions that group has about the PDR. With the view to then practising completing the Standard 2 component of the PDR form.	None – Ran as intended

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CPD Webinar (Type)	Date	Brief description	Changes/ Adaptations Required
Peer observation webinar 2 (two-part series)	23 March 2020	Report back on experiences of undertaking a peer observation, compare notes and think about further steps.	Adaptation role-play exercise introduced to replace face-to-face observation for those that were not able to complete their peer observation.
Patient feedback webinar 2 (two-part series - webinar 1, 20 January 2020)	31 March 2020	Analysis of patient feedback questionnaire responses and recording and reflecting on the findings and developing an action plan.	None – ran as intended
Case based discussion webinar 1 (two-part series)	2 April 2020	Exploring case-based discussion, choosing a case for discussion, building effective feedback skills and reviewing a hypothetical case and trying out a case-based discussion with a member of the group.	Email of support sent to group prior to session checking they wish to proceed.
Patient Feedback webinar 1 (two-part series)	20 April 2020	Exploring the stages of patient feedback thinking about the areas of practice interested to explore. Deciding which method and preparing a patient information sheet Preparing the method of survey administration	Email sent offering those registered on this group to vote on their preferred way to proceed with these sessions. The options were as follows: <u>Option One:</u> Run the webinar series on patient

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CPD Webinar (Type)	Date	Brief description	Changes/ Adaptations Required
			<p>feedback, as intended and then you will have the necessary skills to administer a patient feedback questionnaire and analyse its findings when it is possible to do so.</p> <p><u>Option Two:</u> Run this webinar series on another objective activity that can be completely done online e.g. case- based discussion or peer observation as an online role-playing activity.</p> <p><u>Option Three:</u> Run these sessions to focus on another area of CPD online that the group would like to focus on Option One received the most votes.</p>
Case based discussion webinar 1 Repeat (two part series)	23 April 2020	Exploring case-based discussion, choosing a case for discussion, building effective feedback skills and reviewing a hypothetical case and trying out a case-based discussion with a member of the group.	Email of support sent to 8 osteopaths that were registered on the session on 2 April with an offer to rerun the session and the majority

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CPD Webinar (Type)	Date	Brief description	Changes/ Adaptations Required
			accepted and welcomed this offer.
Regional Leads – Planning online CPD events	21 and 30 April 2020	To explore how regional groups might run CPD sessions online in the current climate and explore the options available in terms of selecting an online platform and preparing material. As well as identify what help and support, they need to deliver future CPD activities for your group.	Direct response to need to work differently (see specific needs identified during lockdown).

Table 1: CPD webinars pre and post lockdown

Insights Observed since lockdown

30. Osteopaths registered on these webinars have tended to express that:

- Connecting was really important to them in lockdown (both with both fellow osteopaths and the GOsC)
- Keeping in touch with members of the osteopathic profession was important
- Continued levels of engagement has been observed, both in terms of value and take up (see next to bullet points).
- Engagement involved in these webinars was valued as they give participants the opportunity to go off and work with others (in an online capacity)
- There has also been additional osteopaths enquiring as to whether they can register for these sessions since lockdown
- Support received on these webinars was valued

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- They wanted to be able to build online communities for themselves or transfer existing face-to-face networks to online platforms
- There was the opportunity for new membership (regional groups)

31. Box 1, below, illustrates some of the responses that we have received from osteopaths about the webinar provision during this time of uncertainty:

"I really appreciate the effort you are going to in running and coordinating the sessions"

Participant on the peer observation webinar series

"I'm happy with your proposal, thank you for thinking of the profession"

Participant on the peer observation webinar series

"It's good of you to offer us the webinars to keep our spirits up"

Participant on the case-based discussion webinar series

"I am signed up for all of the CPD webinars - thank goodness!"

Participant on patient feedback, peer observation and case-based discussion series'

"Thank you for the fab session-It has really inspired me to get going online and not be scared of the tech stuff! I'll let you know how I get on."

Participant on the regional lead webinar session

Specific needs identified during lockdown

32. We anticipated that regional leads of osteopathic groups may be considering how to do things differently with their osteopathic group, so that they could continue to deliver the CPD activities that they would normally provide. With this in mind, we created a short survey, so that we could work out what support we could give them and their osteopathic group.

33. For example, did they need guidance on facilitating online sessions or were there particular topics that they wanted to explore with their group and needed support from the GOsC.

34. See Box 2, below, for some of the key findings from this survey:

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- 10 regional leads completed the survey (out of 40).
- 30% reported they are planning to run an online session in the near future.
- 60% reported cancelling an upcoming event that they had scheduled for their group. These cancelled sessions tended to focus on the area of knowledge and skills.
- 75% of regional leads had undertaken CPD that had been delivered online, as a participant.
- None had experience of running or facilitating online CPD sessions.
- Main challenges or concerns that were reported about running online sessions included the technology, and how it works, which platforms to use and the costs involved, skills in how to facilitate.
- The help and support that they reported needing to deliver CPD activities going forward, that they thought GOsC might be able to help with included tips and hints on how to run good online sessions, including how to engage people to participate, how to plan topics so that they are suitable for online, how to select online platforms, communication mechanisms to get people talking with each other.
- GOsC resources that were considered to be of most interest to regional groups included case-based discussion, planning CPD, How to do CPD covering the OPS theme professionalism, patient feedback, communication and consent and keeping CPD records.

35. For those regional leads that preferred to discuss in-person how we can support them we also ran two Q&A webinars on 21 and 30 April 2020.

36. With both the survey responses and the two online sessions we identified a particular need to up-skill osteopaths in delivering online CPD events.

37. In order to address this need, additional resources have been developed and piloted so that regional leads can feel more confident in an online environment (see planning online CPD slide pack supplied to regional leads).

Verification and assurance

38. As many osteopaths are currently either working on the front line or coping with the impact of lockdown whatever that may mean in their context, we have paused our verification and assurance activities for the time being. We will be able to restart these when we have a clearer idea of how life post-lockdown will look. This approach is consistent with the approach being taken by other regulators⁷.

39. Verification and assurance activities are important from the perspective of implementation of the CPD scheme because they help to give us more qualitative information about how osteopaths are in fact implementing the CPD scheme.

⁷ See for example: <https://www.pharmacyregulation.org/news/postponement-2020-revalidation-submissions>

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However, we will also be able to get this information from our ongoing webinars and also the self-reporting of CPD from the registration renewals.

40. Implementing the CPD scheme and the mitigating any risks to this are still ongoing. We will have a better idea on how osteopaths are getting on with the new CPD scheme once registration data comes through (May 2020 onwards) and we begin to focus on analysing that data. Planning for this analysis is underway and will be shared with Council later in the year.

Recommendation:

1. To note the update about our Registration function in the context of COVID-19.
2. To note the update about the implementation of the CPD scheme in the context of COVID-19.

To go to start of paper: click [here](#)

Communications

1. We quickly created a COVID-19 central hub page at osteopathy.org.uk/covid-19 allowing us to direct osteopaths and other stakeholders straight to a single page where they could find all relevant information and guidance both from GOsC but importantly from other key agencies. This was especially important given the wide-ranging sources of Government and health advice and the fast moving and regularly changing nature of the situation.
2. To help raise awareness of osteopathy.org.uk/covid-19, we not only quoted this in all our communications but added a note to the centre of the homepages of the main website and the **o** zone where we also drew attention to the fact that staff were working remotely and directed enquiries to our newly created dedicated email address: covid19@osteopathy.org.uk. We also added a home page box to our CPD site so osteopaths visiting there could quickly find our COVID advice and guidance.
3. We identified and updated relevant pages across our sites to ensure they were up to date in line with the new working arrangements for example we updated the [How to find us page in English](#) and [Welsh](#), added a note to [the Customer Service policy](#) encouraging email contact.
4. **CPD site:** In addition to adding a home page feature linking to the COVID-19 hub page, the CPD site was amended to ensure our update to the process of verification and assurance was highlighted. This process has been put on hold and we made it clear that we will no longer be contacting a sample of osteopaths at the end of their CPD year for the time being. Specifically, changes were made to pages related to the Keeping CPD records workbook, CPD guidance and Your guide to CPD. We updated the Events page suggesting osteopaths check directly with the event organisers for any cancellations or updates. We also added a note to the 'Join your local group' page in relation to checking with the organisers of the regional meetings for cancellations and updates. Extra notes were added to relevant pages to include the possibility of doing CPD and/or PDRs remotely.
5. **Social media:** To date we have posted COVID-19 information and guidance on our social media channels on more than 15 occasions, including a video statement from the Acting Chief Executive and Registrar to provide a more personal update on advice around the opening of osteopathic practices. We used our social media channels to, where possible, respond to queries with great care as these channels saw some negative comments posted. Our aim was to provide useful information and helpful responses to queries without inadvertently inciting an increase in publicly visible negative comments. The tone of reaction on social media has changed over the period from relatively negative to become more neutral, and increasingly positive following introduction of the direct debit payment referral scheme.

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6. **News stories:** During this period we have published the following COVID-19 news stories:
- [COVID-19: GOsC introduces deferral of registration fee direct debit payments](#) 15 April 2020
 - [COVID-19: GOsC's new Chair sends message of support to osteopaths](#) 2 April 2020
 - [COVID-19: Signing up to help the NHS](#) 2 April 2020
 - [COVID-19: GOsC Acting Chief Executive and Registrar provides a video update on osteopathic practice](#) 30 March 2020
 - [COVID-19: GOSC warns osteopaths not to make false coronavirus claims](#) 27 March 2020
 - [COVID-19: GOsC publishes statement on Fitness to Practise activities](#) 26 March 2020
 - [COVID-19: GOsC publishes updated statement on osteopathic practice](#) 25 March 2020
 - [COVID-19: GOsC publishes interim guidance on infection control, and other updates](#) 20 March 2020
 - [Coronavirus: joint statement from the health and care regulators](#) 3 March 2020

Communications to the profession

7. In a time of uncertainty, it is important to create reassurance and avoid a vacuum in information and communication – even when it might be a challenge to prepare and agree that information. This is especially difficult for an organisation such as GOsC which is small and yet has a vital role to play in providing up-to-date regulatory statements and guidance for our registrants.
8. The March/April 2020 issue of The Osteopath magazine was sent to print on 26 February but landed on osteopaths' doorsteps on 18 March just when the COVID pandemic had hit. As this was a time where resource was heavily focused on the important issue of dealing with and responding to the pandemic, we did not promote this issue in our usual way. We had done a good deal of preparatory work and were on track to prepare for the next issue, but the timing of this was no longer appropriate as we focussed on responding to the COVID-19 situation.
9. To ensure we kept osteopaths informed and could respond quickly and efficiently we created a slightly stripped-down version of the monthly ebulletin: COVID-19 Update, which we initially sent out twice a week. As the situation became more stable, we reduced this to once a week to avoid any communication vacuum which is known to have a negative impact. The future frequency and content is subject to change as this is very much dependent on what we have to communicate e.g. external factors such as changes in government guidance and/or the level of need and requirements of osteopaths, so we are continuing to review this regularly.
10. During the COVID-19 period, in addition to the numerous news items we published, the regular updates to the central hub page and our updates on social

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media, we were directly in touch with osteopaths in response to email or phone enquiries. Further information is provided later in this section of the paper.

11. Additionally, we have been in contact with osteopaths through the following:
- a. On 16 March, the Acting Chief Executive and Registrar, [wrote out to all osteopaths](#) (a letter was posted out to those for whom we did not have an up-to-date email address). The aim was to provide personal contact in difficult times and to encourage osteopaths to remain up to date with the public health statements and guidance that were being issued to ensure that osteopaths, their patients and the public are protected. The email was sent to the whole Register for whom we have email addresses: 5,340 osteopaths. We posted a letter out to the remaining 136 osteopaths which included 49 where the email was not successfully delivered.
 - b. On 18 March, the Acting Chief Executive and Registrar participated in an online interview with his opposite numbers from the Institute of Osteopathy and the General Chiropractic Council, hosted by the Academy of Physical Medicine. The interview was broadcast live and questions were submitted from osteopaths and chiropractors to the panel. We publicised this through social media.
 - c. On 24 March 2020, we started our COVID-19 Update ebulletin which so far we have issued on [24 March](#), [27 March](#), [3 April](#), [9 April](#), [17 April](#) and [24 April](#). At its highest point (3 April) these emails were opened by over 82% of all recipients.
 - d. On 26 March, the Acting Chief Executive and Registrar recorded [a video update about the opening of osteopathic practices](#). This was the first occasion we had managed this process remotely and involved remote guidance and editing and reviewing at a very quick rate to produce a timely video overnight.
 - e. We have received a large number of queries which we have responded to individually. Key topics for which we have published our advice/information:
 - [Registration fees](#)
 - [CPD requirements](#)
 - [Signing up to help the NHS](#)
 - [Key worker status](#)
 - [Mental health and wellbeing](#)
 - f. We also received [a petition about registration fees](#) from a number of osteopaths and this was [our response](#).

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Impact of the ebulletins

12. Following the all-registrant message that went out from the Acting Chief Executive and Registrar on 16 March, most of our ebulletins have had an extremely high 80% open rate, clearly reflecting the need for information and guidance at this time. For the most recent on 17 April (at the time of writing), this dropped to 63% which is still a significant figure and higher than our recent monthly ebulletins where a 50% open rate is the regulation sector's average.
13. We will continue to monitor these figures, and these will influence our decisions about future frequency.
14. Top 5 news items clicked on in an individual COVID-19 ebulletin from 24 March to 17 April 2020:

Date of ebulletin	Item	Clicks
9 April 2020	Signing up to help the NHS	636
3 April 2020	Statement on remote consultations	580
27 March 2020	Update video from Matthew Redford	532
24 March 2020	NHS letter supporting AHPs	529
27 March 2020	Return to/join the NHS	525

15. The most popular item signposted registrants to sign up to help the NHS (636 clicks). Overall this was the most popular single item of content across the six COVID-19 ebulletins with 2,508 clicks in total, showing the high level of interest in this initiative amongst registrants.
16. The ebulletins were successful at directing traffic to guidance and information from the GOsC, in response to the COVID-19 crisis, and there were over 4,650 clicks to that information. This included over 1,250 clicks to the COVID-19 hub of information on the GOsC's website.

Patients

17. It is critical that we recognise the impact on the COVID-19 crisis on osteopathic patients both in terms of transmission of a highly infectious disease but also on the limitations of seeking support and assistance to manage symptoms through osteopathic care.
18. To assist patients or members of the public who may be trying to contact an osteopath in the current context, we have added explanatory notes to key pages of our website.
19. To our website home page Search the Register box we have added:

'COVID-19: Some osteopaths have temporarily closed their clinics. A number are still offering urgent and/or remote consultations.'

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20. We have added a similar note to [the Register search page](#) and to the [Visiting an osteopath webpage](#):

'COVID-19: Some osteopaths have temporarily closed their clinics due to COVID-19. A number will be continuing to offer urgent and/or remote consultations, and you may be able to find someone in your area by using the Register search. If you are unable to find an osteopath, you can seek advice for an urgent medical problem from [NHS 111](#).'

21. We have also published the following in a dedicated [patient section on our main COVID-19 webpage](#):

Advice for patients wishing to see an osteopath

22. Some osteopaths have temporarily closed their clinics due to COVID-19. A number are continuing to offer urgent and/or remote consultations, so we are suggesting to patients that they may be able to find someone in their area by using our [Register search](#). If they are unable to find an osteopath, we are suggesting they can seek advice for an urgent medical problem from [NHS 111](#). There is also information on the NHS website about [What to do if you need medical help during the pandemic](#).

23. UK legislation currently permits osteopaths to see patients. However, in many cases, only essential, urgent or emergency services should be delivered, and many routine NHS services are now suspended for public protection. We are advising osteopaths to use professional judgement in determining whether it is appropriate to see patients and to carefully consider the guidance about staying home and saving lives. We are also advising osteopaths to consider seeing patients by video call or talking over the phone instead. See our [statement on osteopathic practice](#).

24. The Institute for Osteopathy (iO), the professional association for osteopathy, provides the following [advice for osteopaths](#): 'If you choose to stay open, you should only be conducting remote consultations during the lockdown period unless for urgent and emergency cases – see the iO's COVID-19 FAQs and guidance on these exceptional circumstances'.

25. If osteopaths exercise their professional judgement and continue to see patients, we have advised they should take account of our stringent [interim infection control guidance](#).

Stakeholder communications

Osteopaths

26. As set out above, the majority of our communications have been a regular stream of communications to osteopaths to support them during this time.

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Other stakeholders

Osteopathic educational providers

27. We have continued our detailed engagement regards the Guidance for Osteopathic Pre-Registration Education (GOPRE) review, RQs and educational standards re final year students during this period. We have also developed and shared [our COVID-19 statement to osteopathic educational providers to outline our position](#) (this is published in the COVID section of our website). The next meeting with the education providers is scheduled for 14 May and is expected to include on the agenda a discussion around the current COVID situation and potential future plans for osteopathic education in light of this.

Osteopathic Communications Network

28. We have met weekly with the Osteopathic Communications Network – the Communications subgroup of the Osteopathic Development Group, which comprises communications staff from the education providers. Together with the iO we have the opportunity at these meetings to hear their concerns and signpost our advice and guidance as appropriate. We have also promoted NHS interest in using their premises to the education providers.

National Council of Osteopathic Research

29. The National Council of Osteopathic Research (NCOR) has undertaken a [high-level evidence review](#) about osteopathy and the treatment of COVID-19. We promoted this on social media and in our ebulletin.

Institute of Osteopathy

30. We have liaised closely and regularly with the iO to discuss our approach, reactions we have received from osteopaths and our ongoing plans to help ensure our messages and advice are consistent for osteopaths. This was also to ensure that we can support each other as and where appropriate and that we are focussing appropriately on our roles. It is not our statutory role to lobby on behalf of osteopaths, but we can forward appropriate queries to the iO. The Chief Executive of the iO and the GOSc Acting Chief Executive and Registrar are in regular communication with each other.

Four UK health departments

31. We have kept the four UK health departments informed of our ongoing work and guidance, and that we are supporting osteopaths to return to the NHS as appropriate through our communications.

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Other regulators

32. The health and social care regulators have continued to liaise closely at Chief Executive level, at department level and through the various inter-regulatory groups which operate.
33. At the beginning of the crisis the Chief Executives of all regulators came together to issue a joint-statement to their registrants which acknowledged that during these challenging times professionals may need to depart from established procedures in order to care for patients, and that regulatory standards were designed to be flexible to provide a framework for decision-making in a wide range of scenarios.
34. Throughout March and April 2020, the Acting Chief Executive and Registrar has kept in close contact with the Chief Executive and Registrar at the General Chiropractic Council (GCC), as there are similarities in the challenges faced by our respective professions. Further Chief Executive meetings have taken place in March and April 2020, with monthly dates scheduled for the remainder of the year.
35. The inter-regulatory groups have been active during this time, sharing information and knowledge ranging from the FtP Directors group through to the inter-regulatory IT forum. These networks are critically important and enable us to retain an outward looking focus.

Professional Standards Authority

36. The Professional Standards Authority (PSA) has remained in contact with the regulators during this period. The PSA helpfully set out in a letter to the regulators what their approach would be to oversight, from the collection of the quarterly dataset and how the data would be interpreted, through to how they would interact with those regulators who were due to submit their performance review response.
37. The latter point is not a concern for GOsC as we have already gone through our performance review for 2019-20. The Acting Chief Executive and Registrar responded to the letter welcoming the outlined approach and encouraged dialogue around the interpretation of the quarterly datasets particularly for fitness to practise where we, like many other regulators, have suspended final hearings until at least July 2020.
38. The Acting Chief Executive and Registrar has met with the Chief Executive of the PSA to discuss our approach to responding to the challenges of COVID-19, and a bilateral meeting between the Chief Executives and Chairs of the GOsC and PSA has also been held.

Section E: Communications

COVID-19 email queries

39. The COVID-19 situation has resulted in a very high-number of emails from osteopaths, patients, members of the public and other health professionals seeking guidance, support and requesting action from the GOsC on a broad range of matters.
40. On 16 March 2020, a dedicated COVID-19 mailbox was set up in response to the high volume of emails from osteopaths seeking guidance on continuing osteopathic practice. On 19 March, we saw a further spike in correspondence following the Prime Minister's announcement on stringent social distancing measures. There was a further influx of emails on 23 March when we received a petition from an osteopath with 1,005 signatures requesting a suspension of registration fees.
41. From the period 16 March to 23 April 2020, 796 emails were received. This figure relates to external emails only and these are additional to usual levels of correspondence received at this time. In addition, we know that across the organisation we have received an estimated increase in excess of 265% in email correspondence and queries.

Other GOsC mailboxes

42. Email queries about COVID-19 related issues have also been sent directly to the registration and communications team mailboxes.
- a. In total, the registration team mailbox received 1,033 emails during the period 17 March 2020 to 23 April 2020. During the equivalent period last year 283 emails were received.
- i. From 17 March 2020 to 15 April 2020 the registration team received 731 emails. These were a mix of normal registration queries, non-practising queries and fee queries due to COVID-19.
- ii. Following targeted communications regards the [introduction of deferral of registration fee direct debit payments](#) the team received 302 emails. These primarily related to registrants wanting to set up direct debit instalment plans.
- b. In total, the communications team mailbox received 206 COVID-19 emails during the period 17 March to 23 April. The key themes which emerged are in line with those sent to the COVID-19 mailbox. The top three themes that were identified are: suspension of registration fees, should osteopathic clinics close and registration queries.

Section E: Communications

Key themes (COVID-19 inbox only)

43. As the COVID-19 situation has evolved, several key themes have begun to emerge. To ensure a coordinated and accurate response to these queries, the Communications team in collaboration with SMT has agreed standard answers to the most frequently asked questions. We regularly update those responses in line with changes to government and GOsC guidance.
44. It is worth noting that an overarching theme among emails from osteopaths has been a misunderstanding about the role of the GOsC as a statutory regulator or a view that this role should include activities that we do not undertake and our charitable objectives.
45. The key themes from COVID-19 correspondence and the number of emails for each respective theme are as follows:
46. **Osteopathic practice (closure of clinics) (231 emails):** The majority of COVID-19 mailbox queries relate to osteopathic practice. Initially we responded to emails from registrants who wanted the GOsC to make a clinical decision about whether the profession should continue to deliver care to patients during lockdown. Correspondence was divided between those who wanted osteopaths to continue practising and those who did not feel it was appropriate for any osteopath to continue to treat patients.
47. A significant number of registrants expressed frustration that the GOsC had not issued a directive ordering all osteopaths to cease treating patients. These emails were among the most negative and often complex, with osteopaths raising concerns about patient safety and the GOsC's perceived unwillingness to provide the profession with leadership. A smaller number of osteopaths, who wanted to continue with their osteopathic practice, emailed to request clarification on GOsC and government guidance.
48. **Reduction/suspension of registration fees (162 emails + petition with 1,005 signatures):** Among the first emails we received were from registrants who were concerned about the financial implications of the COVID-19 pandemic on their practice. They asked the GOsC to suspend registration fees during lockdown. On 23 March, we received a petition with 1,005 signatures asking for a temporary suspension of fees for all registrants.
49. Following the announcement about the deferral of direct debit fee payments for May and June renewals, we saw a noticeable decrease in queries, although it is worth noting that they have not stopped entirely.
50. **Key worker status (89 emails):** There were a number of requests asking for clarification on whether osteopaths were key workers under government guidance. We signposted to government guidance and explained that the Department of Health and Social Care advised the GOsC that osteopaths can

Section E: Communications

'make a decision for themselves based on the guidance that has been published'. We recommended that they follow the principles in the guidance closely.

51. **Registration queries (84 emails):** Registrants contacted us with a range of queries, included guidance on PII, applying for non-practising status and direct debit cancellation. We were able to direct the majority of osteopaths to relevant advice on the GOsC website and o zone. We passed complex queries to the registration team as and when necessary.
52. **Deferral of registration fees (48 emails):** Registrants in financial difficulties got in contact because they were unhappy that the deferral of registration fees announced on 15 April applies to May/June renewals only. Many asked for the policy to be reviewed as they feel it is unfair and discriminatory and that the deferral option should apply to the whole Register. The Acting Chief Executive and Registrar shared this feedback with the Chair of Council at their regular meetings.
53. It is also important to note that we did receive a wide range of positive emails from osteopaths who welcomed the deferral and thanked the GOsC for listening to the profession.
54. **Working for the NHS (39 emails):** A number of osteopaths emailed to ask the GOsC to lobby on behalf of the profession regards accessing NHS jobs. Osteopaths who had applied for posts (both paid and voluntary) contacted us with specific queries that ranged from whether they needed to maintain a registered status if their role was non-clinical, assistance with the application process, and devolved nations-specific guidance.
55. **Negative feedback (37 emails):** Complaints ranged from anger over a lack of financial support, GOsC's perceived refusal to lobby government and the NHS, and the assertion from some parts of the profession that GOsC is putting patients at risk by refusing to tell osteopaths that they should close clinics.
56. We provided consistent messaging on the role of the GOsC, explaining our statutory responsibilities, what we can and cannot do (provide clinical advice/lobby), and pointed to the communications and guidance we produced for registrants, the public and patients. Where appropriate we referred registrants to the iO. Aggressive emails were escalated to the Senior Management Team for review and response.
57. **Positive feedback (23 emails):** Osteopaths sent positive emails expressing gratitude for the support and guidance the GOsC provided the profession during these difficult and ever-changing times. They praised our regular communications, particularly the video from the Acting Chief Executive and Registrar and our continued focus on the protection of patients.
58. **Financial and business support (20 emails):** Osteopaths from a range of backgrounds - sole practitioners, clinic principals, and those who are home-based

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– who were concerned about loss of income, began contacting the GOsC on 16 March to ask what financial support and advice the GOsC would offer osteopaths during the pandemic. Many asked the GOsC to lobby government on behalf of the profession. In terms of business support, osteopaths raised issues such as insurance companies refusing to pay out compensation and not being eligible for government grants.

59. **PPE, coronavirus testing and infection control (15 emails):** Osteopaths submitted emails asking GOsC to petition the government to make PPE and coronavirus testing available to members of the profession who continue to treat patients. We advised that our role as the regulator is not to procure PPE for the profession, nor to lobby government on behalf of the profession. We recommended they contact the iO to lobby on their behalf.
60. **False advertising and research (10 emails):** Concerns were raised regards osteopaths purporting that osteopathic care can boost the immune system as well as citing the curative role osteopaths played during the 1918 Spanish Flu pandemic. Those who submitted emails were concerned that these osteopaths would try to use osteopathic practice to treat patients with the coronavirus.
61. We thanked these individuals for bringing the issue to our attention and directed them to our statement on the matter. We also directed them to the regulation team when appropriate. Osteopaths shared research about a range of topics related to osteopathic practice. We advised that we cannot endorse or promote clinical advice.
62. **CPD (8 emails):** Osteopaths wanted to know if there had been changes to CPD requirements in light of the COVID-19 situation, particularly with regards the 'working with others' element of the scheme. We advised that the CPD scheme had flexibility allowing osteopaths to spread their CPD over three years and we directed osteopaths to the CPD microsite and gave information on what type of CPD they could do in the meantime.
63. **Treating patients over-70 (8 emails):** Osteopaths emailed to ask if they should treat patients over 70. While patients emailed to ask if they should continue to see their osteopath. In recent weeks, osteopaths and other health professionals have raised concerns via the COVID-19 mailbox that they are aware that some osteopaths are treating over-70s.
64. **Professional judgement (5 emails):** The queries on this issue focused on osteopaths who wanted the GOsC to provide them with clinical advice on caring for patients during lockdown rather than leaving decisions up to osteopaths. We directed them to the COVID-19 hub page, explained the role of the GOsC and highlighted that as health professionals the decision how to treat patients was a matter for them to consider in light of government and GOsC guidance as well as the OPS.

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65. **Suspected coronavirus (5 emails):** Osteopaths who had coronavirus and had recently treated patients asked for advice on whether they should inform their patients. We advised them to contact their patients, highlighted Standard D3 of the Osteopathic Practice Standards and directed the osteopaths to NHS guidance.
66. **Patients struggling to access osteopathic care (4 emails):** Patients emailed asking for advice about where they could access treatment as their osteopath had closed their practice. Others wanted advice on whether they should attend an appointment. We directed the former to the Register search webpage and assisted them with sourcing contact details of osteopaths in their area. We provided all patients with links to our statements on osteopathic care, as well as our guidance on infection control and remote working.
67. Set out in the Annex E1 to this section is an overview of the queries, our response and the output, with a more detailed analysis of the queries with specific questions and responses extracted from the emails received.

Recommendation:

1. To note the update about our communications response in the context of COVID-19.

To go to start of paper: click [here](#)

Section F: Finance, Risk and Audit

Finance, Risk and Audit

Finance

Direct debit deferral scheme

1. Council met for an extraordinary meeting on 9 April 2020 to consider a paper outlining the impact of COVID-19 and what support it might be able to provide to registrants, balanced against the ongoing, future viability of the organisation.
2. The paper recognised the significant impact that COVID-19 was having on a profession which was primarily made up of self-employed practitioners, but that any assistance which GOsC could provide needed to be within the scope of the GOsC (Application for Registration and Fees) Rules 2000.
3. The first duty of the GOsC is to ensure the protection of patients and the public, and Council members, who, with GOsC being a registered charity are also Trustees, need to ensure decisions taken are in the organisation's best interests. This can sometimes mean there are competing and conflicting demands.
4. At the 9 April 2020 meeting, Council considered the financial impact on the GOsC of a loss of income through a change in the Register, i.e. registration fees collected not being as high as forecast. The Council needed to ensure the GOsC had sufficient cash flow in which to be able to discharge its responsibilities while trying to identify what support it might provide to registrants. It was recognised that not having a single point in time when the entire register was due to renew its registration was a disadvantage.
5. At the meeting, it agreed to introduce a direct debit deferral system for those registrants who were about to renew their registration in May and June 2020. Council agreed to keep the direct debit deferral system under review, and at an appropriate time, to consider the possibility of extending the scheme for those registrants who are due to renew their registration later in the year. For those renewing in May and June 2020, the introduction of the direct debit deferral has been welcomed and feedback received by the Registration team has been especially positive.
6. The decision needed careful thought because it was being made from a position where the data was imperfect. For example, would a significant number of osteopaths resign their registration? It was also unclear whether there would be a significant number of returned direct debits from those who were due to make a payment to the GOsC in April 2020, and if there was, what this meant for the GOsC cashflow. From a financial perspective, it is therefore pleasing to report that the number of returned direct debits in April 2020 was not significant and broadly in line with our expectations and forecasts.

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7. In considering the overarching financial position, Council recognised that not all its assets were available for easy access and use, for example, those fixed 'non-liquid' assets such as the headquarter building Osteopathy House.
8. Council noted that to manage its cashflow, if circumstances dictated, it might at a point in the future need to liquidate part of its investment portfolio, which itself had reduced by £150k (13%) due to the downturn in the stock market because of the impact of COVID-19 on the global economy. This will be reported fully in the Annual Report and Accounts which will be published later in the year post-audit.
9. The timing of a decision to extend the direct debit deferral scheme is not now. Extension of the scheme will need more data to be collected from registration renewals for May and June 2020, and at the time of writing this paper, it has only been two weeks since the original decision of Council. The Executive will continue to monitor the data through May 2020 and advise Council of its available options in early June 2020.

Risk

10. The Risk Register is a standing item for Audit Committee meetings and was last considered at the meeting held online on 19 March 2020. The Risk Register is considered by Council at alternate meetings. It was last considered by Council in January 2020.
11. The Risk Register contains a risk around 'national emergency'. At the January 2020 Council meeting we had recorded that risk as having a possible likelihood which, if it was to crystallise, the impact would be significant.
12. In March 2020, we had upgraded that risk to the highest level possible on our Risk Register – a highly probably likelihood, with a high impact (defined as 'most severe form of impact/disruption to the business').
13. The March 2020 Risk Register, presented to Audit Committee, defined the risk of a national emergency as follows:

Risk narrative	National emergency and impact on the exercise of our statutory functions and impact on UK workforce
Cause	National emergency - pandemic flu (COVID-19)
Effect	Event takes away proportion of staff workforce and/or changes the way in which GOsC operates, i.e. greater degree of homeworking
Impact	Need to be able to ensure that are our processes do not impede public and patient safety in this context
Controls in place to manage the risk	Work with other regulators to agree approach. Business continuity plan in place for remote access.

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	Telephones to be diverted to alternative numbers or messages picked up remotely.
Residual risk rating	Highest possible: Highly probable likelihood x high impact
Further action	Risk of COVID-19 pandemic significant, need to maintain abreast of advice/updates from Government.
Timeline	Ongoing
Governance oversight	Council

14. Audit Committee discussed this emerging risk and an extract of the Audit Committee minutes, from March 2020, is provided below for context:

'The Acting Chief Executive and Registrar introduced the paper which set out the new layout of the risk register including the revised scoring system. He outlined the key changes to the risk register and the new risks that were included, in particular the risk surrounding COVID-19.

He added that the risks have changed since the papers were sent out, due to the fast-changing pace of the current health pandemic, which would influence the discussion that would take place.

The following areas were highlighted during the discussion:

- a. The Acting Chief Executive advised that the discussion would mainly focus on the COVID-19 situation and the organisation's response to the operational difficulties.
- b. He stated that he agreed with the Committee that the situation required a whole organisational approach. He advised the SMT, Head of Communications and HR Manager were in regular contact.
- c. Government advice is being followed continuously by the organisation. Public health information is being signposted to all registrants via several different avenues.
- d. He advised the organisation is now working remotely but business is continuing as all staff have online access to systems and phones are being manned remotely by key staff. Staff can remotely access voicemails left on office telephones.
- e. Members asked for clarity on the security of Osteopathy House. The Acting Chief Executive advised that Osteopathy House is locked up and secure. He advised as long as London is not in full lockdown, our cleaning company will be attending the building to perform cleaning. The alarm systems are active and in place and the security company have been made aware that the building is closed so any alarms will be investigated by an on-site visit.

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- f. He advised post sent to Osteopathy House has been redirected but this will be a slower communication method and subsequently there will be a slower processing time.
- g. In terms of meetings of Committees and Council, he advised that for the foreseeable future, these would be conducted online via meeting platforms such as the one being used for today's meeting.
- h. Members asked if there were any actions that would require Council's approval or authorisation before the Executive could take action. The Chair Designate advised the Acting Chief Executive and Registrar has outlined the operational response to the risks – and we are now moving into the more challenging issues which were financial, strategic and reputational risks. He advised these were unprecedented times and the way some functions were delivered (such as FtP hearings) would need to be discussed and Council would need to be kept informed. The Acting Chief Executive and Registrar advised he expected the most serious FtP cases to be prioritised during these times.
- i. Members noted that the number of FtP cases may drop as fewer osteopaths would currently be practising. They asked whether the suspension orders under review would occur. The Acting Chief Executive and Registrar advised the reviews of suspension orders would likely occur in a virtual environment.
- j. The Acting Chief Executive and Registrar advised, in response to member's questions about the registration fee for osteopaths, that the GOsC was still required to work within the confines of its legislation despite these difficult circumstances. He recognised the pressures that would be placed on the osteopathic community and added this would be the same for other healthcare professionals in private practice such as dentists and chiropractors.
- k. He advised that all of the available options would need to be explored, weighing all of the pros and cons, and that the business plan and annual budget may need to be recast.
- l. It was noted that emergency legislation was being put through for recently retired healthcare professionals of the GMC, NMC, HCPC and Social Health England. The Acting Chief Executive and Registrar advised that osteopaths are Allied Health Professionals, so they may be included in future emergency legislation but not at this time. The Chair Designate noted there was a joint statement by health care regulators about how individual registrants would be dealt with.
- m. The conversation moved towards the financial and business/organisational risks.

Section F: Finance, Risk and Audit

- n. The Acting Chief Executive and Registrar advised this will be a very difficult and challenging time for the GOsC and that there would need to be scenario planning. There was no single point in time where all registrants renewed their registration which would make it challenging to work out what the impact would be on the profession as a whole. He advised there would probably be a spike in osteopaths changing their registration status to that of non-practising, but we would need to keep an eye on this.
 - o. Members asked how the Executive were planning to stress test these issues. The Chair Designate advised the most important thing to do is identify the areas of work/business that can be suspended or put off so that the SMT have the time to focus on scenario planning and to assess the bigger picture.'
15. Audit Committee advised the Executive not to create a new COVID-19 Risk Register as the immediate priority was business continuity and the need for ensuring a whole organisation approach to managing the response.
16. This Council paper is in effect, an articulation of that whole organisation approach, to provide the assurance that we are managing the impact of the national emergency (COVID-19) risk.
17. To provide further assurance for Council that other important risks have not been overlooked the Executive retains oversight of the Risk Register and this will be updated for the Audit Committee meeting in June 2020, reported next to Council in July 2020.

Audit

18. The GOsC financial year-end is 31 March annually, with the external financial audit scheduled for May. This allows the audit fieldwork to be completed in time for the auditors to report on the control environment to the Audit Committee in June, with the Annual Report and Accounts presented to Council in July. This is the timetable we were working towards for the financial year-end 31 March 2020 and the subsequent audit.
19. Clearly the impact of COVID-19 means that the audit fieldwork will not be taking place in Osteopathy House in May 2020; however, at this stage, we have not changed the timetable. From the perspective of the Executive, while we recognise it will be more challenging due to the nature of homeworking, we remain confident that we will be able to prepare the audit files, ready for external review, to our usual high standards.
20. Crowe, the external financial auditors, presented their audit plan to the Audit Committee at the meeting held online on 19 March 2020. Audit Committee discussed the implications of the fieldwork being conducted remotely and the auditors felt that the majority of the testing could be completed virtually. Further

Section F: Finance, Risk and Audit

information can be found in the minutes of the Audit Committee which are set out under the 'reports for noting' section of the Council agenda.

21. There may be some practical issues to overcome during the audit which commences on 11 May 2020; however, the Executive will manage those as they arise. The timetable for the external financial audit remains as follows:

Audit fieldwork commences	11 May 2020
Close out meeting (Acting Chief Executive and Registrar, Registration and Resources Officer, Crowe)	5 June 2020
Audit Committee (consideration of the Audit Findings Report and draft Annual Report and Accounts)	25 June 2020
Council meeting (Annual Report and Accounts presented to Council for signing)	9 July 2020
Annual Report and Accounts to be laid before both Houses of Parliament	By 30 September 2020

22. If any unforeseen issues arise during the audit which might impact on the timetable, the Chair of Council and the Chair of the Audit Committee will be immediately alerted to the situation.

Recommendation:

1. To note the update about finance, risk and audit in the context of COVID-19.

To go to start of paper: click [here](#)

Section G: Governance, Strategic Plan, Business Plan

Governance, including Strategic Plan 2019-24, Business Plan and Budget 2020-21

Governance

1. The GOsC moved to homeworking on 17 March 2020. The Audit Committee and the Remuneration and Appointments Committee were scheduled to meet in Osteopathy House on 19 March 2020, and these events were quickly converted to online meetings. Both meetings were conducted online without any technical problems and minutes of the meetings can be found elsewhere on the Council agenda.
2. Council met virtually for an extraordinary meeting in April 2020 to discuss the financial implications arising from COVID-19 and to consider what support might be offered to registrants. As a result of that meeting, Council agreed to introduce the direct debit deferral scheme, initially for those renewing their registration in May and June 2020, and to keep open the possibility of extending the deferral for future months if financially viable.
3. We have held induction meetings for our three new members of Council and further induction meetings are currently being scheduled which will be conducted online.
4. The public agenda for the May 2020 Council meeting has taken a very different shape to that which was initially planned. As a result of the COVID-19 situation, we have deferred the following items from the May 2020 agenda:
 - Talk from Alan Clamp, Chief Executive of the Professional Standards Authority
 - Investment in IT – procurement of new CRM system
 - Professional Indemnity Insurance Guidance – consultation result analysis
 - Questioning witnesses – practice note consultation
 - Value project – tender document
 - GOsC consultation policy
5. We will assess when these items might be presented to Council in the future.
6. Interviews for the new independent member of the Remuneration and Appointments Committee (RaAC) were held online and we are pleased that Kate Husselbee will be joining the committee bringing with her a wealth of experience.
7. The Chair of Council and the Acting Chief Executive and Registrar have remained in close contact with each other throughout this period and have established regular 1:1 meetings in order to have a dedicated time set aside to discuss key matters which are often routed in good governance. Further meetings have also been established between the Chair of Council and the two SMT Directors. This is to ensure there are open communication channels between the Chair of Council and those key individuals responsible for delivering our key statutory functions.

Section G: Governance, Strategic Plan, Business Plan

Strategic Plan 2019-24

8. The statutory context within which the GOsC operates is the [Osteopaths Act 1993](#) (the Act) which requires us, as the independent statutory regulator, to regulate and develop the profession of osteopathy, with our overarching objective being to protect the public.
9. Our statutory objectives are:
 - a. To protect, promote and maintain the health, safety and well-being of the public.
 - b. To promote and maintain public confidence in the profession of osteopathy.
 - c. To promote and maintain proper professional standards and conduct for members of the profession.
10. The [GOsC Strategic Plan 2019-24](#) set out four strategic goals:
 - a. We will support the osteopathic profession to deliver high quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.
 - b. We will build closer relationships with the public and the profession based on trust and transparency.
 - c. We will develop our assurance of osteopathic education to produce high quality graduates who are ready to practise.
 - d. We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.
11. The Strategic Plan was designed as an enabling document which set out the overarching approach that Council intended to follow during the five years until 2024. The plan signalled our intention to focus on the development of the profession, consistent with our statutory remit, and where possible to invest further in that development. A priority for Council was to strengthen and deepen partnerships with all our stakeholders in a period of change both in healthcare regulatory legislation, and in the new status of osteopaths as Allied Healthcare Professionals.
12. Because the Strategic Plan was designed as an enabling document, it did not specify timelines for when certain activities would be completed as that level of detail should sit within annual business plans. While the COVID-19 pandemic will have a significant impact on the business plan year 2020-21, and while it is unclear how long it will be before things return to normal, at this stage, Council does not need to consider revising its overarching Strategic Plan.

Section G: Governance, Strategic Plan, Business Plan

13. The environment in which healthcare professionals work has changed, and will continue to change, and Council will therefore need to be mindful about that new context when considering and scrutinising future business plans presented by the Executive. However, while the business plan activities may need to be constructed in a way which reflects the new environment, the overarching strategic goals do not need to be revised.

Business Plan and budget 2020-21

14. The Business Plan and budget for financial year 2020-21 commenced on 1 April 2020. At the time of writing the paper, 23 April 2020, the Executive have assessed the impact of COVID-19 on the plan as drafted.

15. A large part of the plan is 'on track' and this is because activities can either be continued during the crisis (i.e. they are driven by staff resource) or are scheduled to commence later in the year and it is too early to say there will be a delay to those activities.

16. The Business Plan monitoring document is attached as Annex G1; however, for ease of reference we have set out below those business plan activities which we know have been delayed or cancelled due to the impact of COVID-19.

Strategic goal: We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.	
Begin verification and assurance activity for osteopaths who have completed year 2 of their first CPD cycle.	Delayed
Undertake consultation on draft Guidance on Insurance Requirements for Osteopaths for Council approval and publication.	Delayed
Strategic goal: We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.	
Publish and disseminate findings from public and patient involvement in osteopathic education.	Delayed
Work with educational providers, patients and others, to understand and develop further patient participation in education and training.	Delayed
Strategic goal: We will build closer relationships with the public and the profession based on trust and transparency.	
Review visibility of information to support participants in hearings and publication of decisions.	Delayed

Section G: Governance, Strategic Plan, Business Plan

Pilot tools to explore effective decision making and whether the tools provide ways of embedding standards in practice.	Delayed
Work with educational providers to understand and develop best practice for the involvement of patients in osteopathic education.	Delayed
Work with patients and osteopathic education providers to continue to support the further development of patient participation in education and training.	Delayed
As a registered charity, develop greater links with our local community for example, via a work placement scheme.	Delayed
Strategic goal: We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.	
Manage the complaints caseload in an efficient, effective, fair and timely way seeking to achieve a target of 12 months for the majority of fitness to practise complaints to reach a hearing.	Delayed
Update and review existing information and support to osteopaths under investigation in our FtP procedures to ensure alignment with the changes made to KPIs/targets.	Delayed
Develop and consult on guidance for the PCC on questioning of witnesses.	Delayed
Update and consolidate the guidance to Screeners.	Delayed
Continue to explore a performance review scheme for legal assessors and expand the existing pool of legal assessors.	Delayed
Consult on changes made to the PCC bank of conditions.	Delayed
Ensure the quality of registration assessments, including engagement, training and appraisal of GOsC registration assessors and return to practice reviewers.	Delayed
Seek feedback from those using or applying our registration processes (including registrants, registration applicants and registration assessors) in order to better understand their experiences and improve our registration system.	Delayed
Monitor activity of individuals removed from the Register during 2019-20 and 2020-21, writing 'cease and desist' letters and prosecuting them as necessary, as described above.	Delayed

Section G: Governance, Strategic Plan, Business Plan

Undertake an Equality and Diversity audit to inform the development of actions we should take to further enhance our work in this area.	Delayed
In-conjunction with our fellow healthcare regulators, attend London Pride 2020.	Cancelled
Commence and conclude a review of governance arrangements with the new Chair of Council.	Delayed
Develop our capacity for enhanced research including data collection, analysis and insight.	Delayed
Present a business case to Council for investment in technology, specifically CRM, to ensure (a) GOsC better uses data and (b) for the introduction of more streamlined and cost-efficient processes.	Delayed
Implement IT proposals to enhance and streamline our work.	Delayed
Develop GOsC approach to Corporate Social Responsibility (CSR) by benchmarking our work against other organisations.	Delayed
Review and report on CSR activities undertaken and identify actions to enhance our work.	Delayed

17. Some, but not all, of the business plan activities which have been delayed correlate to a reduction in expenditure. For example, we had planned to conduct an equality, diversity and inclusion audit using external consultancy to provide an independence to the audit. The scope of the audit was approved by Audit Committee in March 2020, but the commissioning of the audit has been delayed while we assess our overall financial position in light of the COVID-19 pandemic.

18. We continue to explore the financial impact of COVID-19 on our income, (reduction in registration fees, a reduction in interest receivable and a reduction in advertising revenue from The Osteopath magazine), and on our expenditure, through the delay/deferral of activities. The position is evolving, and it would not be prudent to make firm decisions at this stage. However, Council can expect to be kept closely informed as the position becomes clearer over the coming weeks and months ahead.

Recommendation:

1. To note the update about Governance, the Strategic Plan 2019-24 and the Business Plan and budget 2020-21 in the context of COVID-19.

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Section H: Technology, business improvement and insight

Technology, business improvement and insight

Technology

1. Following a restructure in 2017 where IT expertise was introduced into the staff team, we have been modernising our infrastructure, upgrading our equipment, enhancing our security and improving our overall IT resilience. This included, among other activities, the introduction of a new homeworking solution and the move from a cloud environment hosted by a third-party to a cloud environment which GOsC had administration control over. All of these IT activities undertaken from 2017 to date, meant that when the COVID-19 pandemic struck, we were able to switch to homeworking and continue our business operation without significant IT issues.
2. When we closed Osteopathy House on 17 March, staff were able to work from home utilising the IT homeworking system, which effectively replicates the office environment, except for being able to print. The homeworking system, which benefits from multi-factor authentication security, also has in-built security features to prevent data leakage. In order to ensure the homeworking system was able to function for up to 25 staff members we needed to expand the capacity of the server estate which supports the homeworking solution.
3. Office telephones were forwarded to mobile numbers and all staff have the facility to dial into their office voicemails and retrieve any messages left for them. The IT Manager quickly introduced temporary mobile telephones for key workers across the organisation who would be fielding most of the diverted telephone calls. In addition, only where relevant but importantly from an equality and diversity perspective, the IT Manager visited staff at home in order to ensure they had the right equipment in order to fulfil their job roles. For those staff members who need reasonable adjustments, this was an essential task.
4. There has been a substantial increase in staff IT queries handled by the IT Manager, which is to be expected as we implement a completely new way of working. The facility of remoting onto equipment being used by staff from remote locations has made resolution of queries easier. However, given the speed at which the office was closed, and homeworking introduced, there have not been any significant areas of challenge that we need to report to Council.
5. During this period, work has been undertaken with the Regulation function to introduce online Investigating Committee meetings and Professional Conduct Committee hearings. This approach was not one the GOsC had undertaken before and the feedback from those involved has been extremely positive. We will continue to explore how we can make this approach work even better in order to make online meetings/hearings more of the norm.
6. The COVID-19 pandemic has made us recognise even more acutely that we need to consider what further technological enhancements we can make to our business. From eliminating manual processes through to moving from

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application-based systems to online platforms, this might be for example, our registrant's database, our financial accounting system and our telephony. We need to explore how we can remove some of the limitations that remote working causes, such as not being able to print or scan, accessing paper-based information currently held in the office through to managing corporate equipment on a long-term or permanent working from remote location basis.

7. What is clear however, is that we will need investment in our business in order to move towards a 'digital-first' approach and further enhance the resilience of our technological infrastructure.

Business improvement and insight

8. While the impact of COVID-19 on our business has been significant we need to use this unforeseen situation as a disruptor for change and to try to maximise the opportunities for streamlining our future business operation.
9. With the entire staff team being forced to embrace homeworking we have needed to quickly identify new ways of working, many of which have caused us to question the way we did things previously. For example, the external financial audit is being conducted remotely this year, and we have needed to adapt how we prepare the audit files. There is one audit file, which historically, has been a labour intensive, manually processed file. The homeworking scenario has forced us to reassess our processes, and by looking at the problem through a different lens, we have identified a more efficient way of producing the information needed for the external auditors. It is unlikely that we would have done that without being forced to embrace COVID-19 as a disruptor for change.
10. There are other ways in which our business can be streamlined. One obvious change that we have embraced is the concept of virtual meetings. The Audit Committee and Remuneration and Appointments Committee, both half day meetings, were held online in March 2020 and the business was conducted smoothly. It would seem entirely reasonable to conduct future meetings online thereby reducing travel costs, being more efficient for members of the committee particularly osteopaths who are likely be taking time out of practice and improving our environmental footprint.
11. At an appropriate point in the future we will need to consider our learning from the current situation in order to assess what we might do differently in the future if we were faced with a similar 'crisis' scenario. We need to reflect on whether we have sufficient systems, data and insight across the full range of our business to enable us to respond in an effective manner.
12. Empowering our staff team to own change is critically important and in order to capture their ideas about how our business operation might be enhanced, we have asked staff to identify learning from the current situation in order to make the business better in the future. We have asked them how and what we can

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change, and we anticipate that the ideas which are generated will stimulate debate about how the GOsC business can be transformed in the future.

Recommendation:

1. To note the update about technology, business improvement and insight in the context of COVID-19.

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Human Resources

1. Our staff are our most important asset and therefore we have needed to ensure the approach we have taken in response to the COVID-19 pandemic provides the necessary level of support for our people.
2. In line with Government guidance to follow social distancing and to limit unnecessary travel by working from home where possible, the decision was taken to close Osteopathy House on 17 March 2020 and to establish the staff team as home workers.
3. We have diverted office phones to mobile devices for some key staff members, and all staff can dial into their office voicemails to pick up any messages which may have been left. The telephone message has an introduction explaining that we have implemented homeworking and we have updated our website home page to the same effect. We are encouraging contact by email. We have also put into place a mail redirection.
4. While those practical matters, such as telephone and post redirection are required, from a Human Resources perspective, it has been important to ensure that we maintained regular communication and contact with our people and that the high-performing culture of the organisation was not damaged.
5. A noticeable feature of homeworking is the increased sense of isolation through the reduced amount of contact employees may normally expect to have with each other in a traditional office setting. We have been conscious of supporting staff through this transition and encouraging colleagues to be open about any anxieties in order to promote and maintain mental health and wellbeing.
6. It is important that we recognise different members of staff will respond to the homeworking arrangements in different ways and the current level of uncertainty caused by the pandemic might mean an increased level of stress and anxiety for everyone. For those who manage people, we recognise the need to be even more attuned to how our staff are feeling during this time. We are heartened that we have not experienced an increase in sickness among the staff team, however, we need to remain mindful of the risk and to manage this appropriately.
7. While we have ensured that normal business, such as team meetings and 1:1s, continue to happen albeit using online technologies, we recognise the need for flexibility in our approach as our staff will be experiencing new challenges which they would not experience had they been working in Osteopathy House. For example, some staff members have children and will need to adapt their homeworking arrangements in order to care for, or provide education to, their children. Where this is the case, we have taken a flexible approach to the current circumstances in order to maintain morale, and to preserve productivity, and the culture of the organisation.

Section I: Human Resources

8. Our Human Resources Manager has been in regular contact with staff members to ensure our employees have a safe space to share any worries and to provide that human interaction which can be missing from a homeworking arrangement. We have an Employee Assistance Programme (EAP) and, where relevant, our Human Resources Manager has been able to direct staff to those available resources. We are aware that the EAP is being utilised significantly more now than at any time since its introduction.
9. The staff team identified an opportunity for maintaining contact with each other through the establishment of a virtual coffee morning/afternoon, where for an hour, staff can come together to talk about non-work matters. These forums have been very popular with colleagues sharing ideas on how to maintain mental and physical health and wellbeing during the lockdown period.
10. The Senior Management Team (SMT) has tried to be as visible as possible and have been active in arranging team meetings, coffee mornings and sending organisation-wide communications. This will continue for as long as the lockdown and/or homeworking arrangements continue.
11. It is likely that social distancing arrangements will continue for some time, and it should not be automatically assumed that when the lockdown is lifted and the economy is gradually restarted we will be able to fully reopen Osteopathy House and convert all of our staff back to office workers.
12. We have a diverse staff team and we will need to carefully consider their needs and assess the risks which might be posed to them. Indeed, if we are able to make a success of homeworking, there might be an increase in flexible working requests from our staff.
13. In addition, we would also need to consider the needs of visitors to Osteopathy House such as Council members, fitness to practise panellists and witnesses, and how we might be able to maintain their safety and wellbeing.

Recommendation:

1. To note the update about technology, business improvement and insight in the context of COVID-19.

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