



Council
20 May 2021
Chief Executive and Registrar's Report

Classification	Public
Purpose	For noting
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	To note the content of the report.
Financial and resourcing implications	An oral report on the financial year 31 March 2021 will be made to Council.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equality, diversity and inclusion.
Communications implications	These are discussed in the report.
Annexes	A. Business Plan monitoring document 2020-21
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Key messages from this paper:

- The report sets out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines include:
 - Our PSA performance review for 2020-21 is continuing. PSA asked targeted questions around five standards and we have submitted our response. We await to hear from the PSA about next steps.
 - The PSA covid learning review has been published and features two case studies from the GOsC.
 - The DHSC have published their consultation on regulatory reform titled, ['Regulating healthcare professionals, protecting the public'](#). The deadline for consultation responses is 16 June 2021.
 - We have issued a joint communication with the Advertising Standards Authority and the Committee for Advertising Practice.
 - We continue to engage with the devolved administrations; patients and registrants ensuring we listen and bring their insight back into our work.

Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the previous Council meeting, which are not reported elsewhere on the agenda.

Professional Standards Authority for Health and Social Care (PSA)

Bilateral meeting:

2. In March 2021, the Chair of Council and the Chief Executive and Registrar met with their opposite numbers at the PSA for a bilateral meeting. This was the first opportunity for us to meet Caroline Corby, the new PSA Chair, and we held a productive meeting where we discussed the performance review process consultation, our approach as a regulator and the regulatory reform agenda.

Performance review:

3. The 2020-21 Performance Review commenced in January 2021 and the PSA Scrutiny Panel met in March. The PSA Scrutiny Panel received an initial recommendation to seek further information against five standards and a set of targeted questions were received in April 2021. We have responded to those questions and we await feedback from the PSA on their assessment of our performance against the standards. We will keep Council informed of developments as we become aware.

4. The PSA held a consultation on their approach to the Performance Review process in early 2021 to which we responded. We highlighted the benefits of the process and identified areas where we felt the process could be enhanced, specifically through greater dialogue and collaboration during the year between the Executive and the PSA Scrutiny Officers.

COVID learning:

5. We reported to Council previously that the PSA had initiated a project to review learning for professional regulation from the first phase of the COVID-19 pandemic (January 2020 to July 2020). The learning review looked at how key decisions were made, assessing the effectiveness of the different approaches and identifying learning for the future.
6. The report - ['Learning from COVID-19, A case-study review of the initial crisis response of 10 UK health and social care regulators in 2020'](#) was published on 15 April 2021.
7. The report identifies a number of recommendations across two main areas: maximising the longer-term value from pandemic response actions; and preparedness for future crisis and future business as usual.

The recommendations include, but are not limited to:

- Reviewing the impact of technological enhancements to ensure stakeholders are not excluded from engagement with regulators, diminishing public trust in regulatory decision-making.
 - Evaluating and assessing the experience of all stakeholders who have participated in virtual hearings.
 - The way in which context will be taken into account at each stage of the fitness to practise process.
 - Reviewing the ethical dilemmas encountered by health and social care professionals during the pandemic.
 - Reviewing the design of regulators standards functions to identify whether there might be approaches to the development and promotion of standards that would better support both fastmoving, high-risk situations. The PSA suggest reviewing the potential of a single, multi-disciplinary code of conduct.
 - Reviewing the role of regulators in providing support for registrants and how this fits with the role of the professional representation bodies.
8. While many of the recommendations already feature in our Business Plan 2021-22, such as undertaking a review of our learning from virtual hearings and

providing support for registrants around wellbeing, the Executive intend to bring a paper to the July 2021 Council meeting which articulates our response to the COVID learning report and the recommendations made by PSA.

9. To support the report, each regulator provided case studies on different areas – our focused on re-integrating the patient voice into our work and the development of guidance. A summary of the two case studies are provided below with the full case studies available in the PSA report.

Case study 1: re-integrating the patient voice into regulation

10. The case study highlighted that we had recognised very quickly that when the pandemic occurred the patient voice was diminished, and in many ways, erased from the production of guidance and new laws. This was evidenced through work undertaken by other organisations as well as our own experience. The case study highlights how we interacted with patients to re-integrate their voice into our regulatory approach.
11. Headlines from the case study include:
 - a. The lockdown has highlighted the need for better, more meaningful and personal communication.
 - b. Themes and messages from patients were that decisions should be made with them not for them: they should be involved in the discussion.
 - c. Patients fed into the development of guidance about fitness to practise hearings in the context of the pandemic.
 - d. A model of 'co-production' is our aim and that as a regulator, we should not assume we know what is best for patients. What we do is for patients, and their voice should be more integral to our operations and our strategy.
12. Our learning and reflections have informed how we will work in the future with a clear focus on our regulatory approach being patient centred with the development of key standards and fitness to practise guidance.

Case study 2: producing COVID specific guidance

13. The case study highlights the gap which exists for independent healthcare practitioners in interpreting and applying government and public health guidance. It is also demonstrated the work we did to signpost guidance to the profession and how we worked quickly to provide guidance that enabled the swift continuation of our public protection activity around fitness to practise.

14. Headlines from the case study include:

- e. The challenge of professionals wanting definitive answers from the regulator on matters which were in the arena of professional judgement and responsibility.
 - f. The need to continually check and reassess the position(s) being taken in the context of a rapidly evolving and dynamic environment and ensuring that we were signposting to information that covered all parts of the UK.
 - g. That new guidance was needed to ensure our core statutory duties. This was informed by patient focus groups.
15. Our learning and reflections are that regulation should not be a barrier to responding to a crisis. We recognise the challenges in trying to translate guidance that is designed for one context to another (in particular delivery of safe care, in accordance with the public health guidelines in the independent sector), and we continue to signpost guidance for osteopaths and we continue to work closely with the Institute of Osteopathy.

Department of Health and Social Care (DHSC) and the Department for Business, Energy and Industrial Strategy (BEIS)

DHSC:

16. The DHSC have published their consultation on regulatory reform titled, ['Regulating healthcare professionals, protecting the public'](#) on 24 March 2021. The deadline for responding to the consultation is 16 June 2021.
17. A fuller paper considering the content of the consultation is contained on the Private agenda of Council.

BEIS:

18. We met with representatives BEIS on 22 April 2021 to discuss their policy proposals specifically in relation to the recognition of overseas qualifications and the implementation of international recognition agreements (if required). We have agreed to keep in communication and to raise any questions/concerns we have with them.

Advertising Standards Authority

19. Council will be aware that we have been working with the Advertising Standards Authority (ASA), who are the advertising regulator. Our working relationship with the ASA led to the development of a joint-communication which reaffirmed our shared view that for an approach to regulation to succeed, and which was patient-centred, organisations needed to collaborate and work in partnership with each other. This includes ensuring that advertising is legal, decent, honest and truthful.

20. A joint-communication between the GOsC, ASA and the Committee for Advertising Practice (CAP) was issued in April 2021 to the profession and our stakeholders. We have published the [statement on our website](#).

Devolved nations

Scotland:

21. Since the previous Council meeting we have written to Carolyn McDonald, Chief Allied Health Professions Officer (Scotland) to provide a briefing note about the GOsC, our work and our response to the pandemic. We have offered to meet with Carolyn and/or colleagues to discuss how we might develop the relationship between GOsC and colleagues in Scotland, however, we have yet to receive a response.
22. We have been invited to participate in a consultation on the creation of a Patient Safety Commissioner for Scotland and the consultation deadline is 28 May. The consultation can be found here: www.gov.scot/publications/consultation-patient-safety-commissioner-role-scotland/
23. We have responded to the consultation from Health Improvement Scotland on the draft Emerging Concerns Protocol and we have indicated that would accept the invitation to become signatories.

Wales:

24. Since the previous Council meeting we have written to Ruth Crowder, Chief Allied Health Professions Officer (Wales) to provide a briefing note about the GOsC, our work and our response to the pandemic. This followed our earlier meeting with Ruth.
25. In March, we attended the PSA conference 'Regulatory developments and the Welsh Context'. The event was opened by Vaughan Gething, Minister for Health and Social Services with short, targeted presentations from the PSA, Health Education and Improvement Wales and Social Care Wales.
26. A clear focus of the presentations was the need for each organisation to be flexible to the challenges of the pandemic; to recognise that there has been significant change much of which was for the better, but not all; and, that patients and the public needed to have their voice heard within the context of the rapidly changing environment.
27. During the group discussions, I referenced the GOsC case study on re-integrating the patient voice and the need for more meaningful, personal information which ensured that decisions were made with patients, not to them.

28. We have reported to Council previously that the Welsh Commissioners Office was interested in working with us to develop a case-study about our promotion of the Welsh Language on the Statutory Register of Osteopaths. This remains the case and we are awaiting further information from the Welsh Commissioners Office about how they might like to proceed. We will keep Council informed if this work progresses further.
29. Additionally, our Senior Communications Officer has been sharing our experience of promoting the Welsh Language with other regulators, specifically the General Medical Council who were keen to understand more about our approach.

Northern Ireland:

30. Since the previous Council meeting we have written to Jenny Keane, Chief Allied Health Professions Officer (Northern Ireland) to provide a briefing note about the GOsC, our work and our response to the pandemic. This follows the meeting we have previously held with Jenny.
31. We have also been in communication with Jenny Keane's office to help facilitate access to the coronavirus vaccination for osteopaths who are registered in Northern Ireland.

Isle of Man

32. We have been liaising with the Isle of Man government to confirm the listing of the GOsC as a prescribed person in the Public Interest Disclosure (Prescribed Persons) Order 2014. This work is ongoing.

Equality, Diversity and Inclusion (EDI)

33. Since the previous Council meeting, we have publicised the draft EDI Framework 2021-24 to the profession and wider stakeholders. The framework was also discussed at the Audit Committee and Remuneration and Appointments Committee and all insights and perspectives will help inform the version presented to Council in July 2021 for approval.
34. Separately, the PSA have engaged a consultant to undertake an EDI audit of their activities and performance, and as part of that work, we were asked to meet with the consultant to offer our views and insights. The meeting was productive with the consultant offering favourable views about our style, approach and insight on EDI related matters.
35. As part of our work on the Guidance for Osteopathic Pre-Registration Education (GOPRE), the Director of Education, Standards and Development met with groups who held protected characteristics in order to get their feedback and insight on the draft GOPRE. Further information can be found in the paper later on the Council agenda and in the Equality Impact Assessment.

36. In February 2021, we promoted LGBT+ History month through an email banner and in April 2021, we promoted Stress Awareness month through similar means that also included a link to our website where registrants could find resources to help with wellbeing.

Nockolds briefing: learning from the pandemic

37. We reported to Council in February that Nockolds Solicitors were due to publish their [second regulatory briefing paper](#) was issued, which featured the GOsC reflections on health regulation.
38. The headlines from the briefing paper were:
- a. The pandemic has highlighted that the need to ensure the patient voice is not lost and that our regulatory approach is truly patient-centred.
 - b. That we needed to communicate frequently about wellbeing.
 - c. Collaboration within the osteopathic sector and the wider healthcare sector was essential, and we must make sure we do not lose that in a post-pandemic world.
 - d. From a business perspective, there were positive changes which had occurred and the GOsC operation, moving-forward, will be a more efficient and cost-effective organisation.
39. We have promoted the Nockolds briefing through our website and social media channels.

Staffing

40. Following a reorganisation of the Communications team, Clare Conley, Senior Communications Officer (Publications) has left the GOsC. We thank Clare for her service to the GOsC during her four years in post. In April 2021, we welcomed Maxine Supersaud to the GOsC in the role of Interim Head of Resources and Assurance. Maxine will be focusing on activity connected to the financial year-end audit and the Annual Report and Accounts.
41. At the end of December 2020, we ran a staff survey which collected feedback across a range of areas, including:
- Recognition and feedback
 - Job satisfaction
 - Personal development
 - Relationship with manager
 - Relationship with peers
 - Culture and values

42. The overall results were positive across all sections, with all propositions receiving an across the board 'agree' from staff. The results of the staff survey were shared, unfiltered, with the staff team at an all staff meeting, and a full report was made to the Remuneration and Appointments Committee in March 2021. Council members can access the committee paper through DocMonster or by emailing mredford@osteopathy.org.uk if they wish to seek further detail.

External meetings – bringing insight into our business

43. Since the previous meeting we have participated in several external events with stakeholders and partner organisations which ensure that we are able to bring insight to our work. These meetings include:
- Bilateral meeting, Chair/Chief Executive, PSA
 - Bilateral meeting, President/Chief Executive, iO
 - Chief Executives of the Regulatory Bodies forum
 - Sub-group of the Chief Executives (CO-POD)
 - Directors of Fitness to Practice forum
 - DHSC, BEIS meetings on EU/EEA applications post UK exit from the EU
 - DHSC: regulatory reform meetings
 - Directors of Resources of the Health Care Regulators forum
 - National Council of Osteopathic Research Board and Trustee meeting
 - Osteopathic Development Group meeting
 - Inter-regulatory Registration forum
 - Inter-regulatory Performance Group forum
 - Inter-regulatory Public Engagement and Involvement Group
 - Inter-regulatory forum: Care Quality Commission, Emerging Concerns
 - Inter-regulatory forum: Alliance of UK Regulators in Europe
 - Inter-regulatory forum: Equality, Diversity and Inclusion
 - Independent Monitoring Authority for the Citizens Rights Agreement (EU and EFTA citizens living in UK and Gibraltar)

Progress against the 2020-21 Business Plan

44. The final Business Plan monitoring report for 2020-21 is set out at Annex A, and we are pleased that even with the coronavirus impact, the significant majority of our activities were delivered on time and within budget.

Financial report

45. The financial year end 2020-21 commenced on 1 April 2020 and concluded on 31 March 2021. As with previous years, the final results are subject to change following the audit and a verbal report will be provided to Council as the dispatch of the May Council papers happens so soon after the year-end closes. The verbal report to Council will include an update on the financial year-end audit which is due to commence on 17 May 2021.

Recommendations: to note the content of the report.