

# Annex C to 6

## Performance assessment measures

1. The table below sets out the performance assessment measures which have been agreed by the Audit Committee.

<b>Area of performance</b>	<b>Measures of success</b>
1. Meeting our statutory duties and maintaining confidence	<ol style="list-style-type: none"><li>1. The public and registrants continue to have confidence in our work</li><li>2. We continue to meet the PSA's standards of good regulation</li><li>3. Privy Council and Department of Health intervention remain unnecessary</li><li>4. Appeals against statutory decisions are not upheld</li></ol>
2. Providing demonstrable public value	<ol style="list-style-type: none"><li>1. Stakeholders – including patients, registrants and partners – are satisfied with our performance</li><li>2. Maintenance/improvement of standards measured through:<ul style="list-style-type: none"><li>- Outcomes of fitness to practice complaints</li><li>- Volume/types of complaints</li><li>- Engagement in new CPD activities and processes</li><li>- Implementation/outcomes of development projects</li><li>- Reduction in conditions imposed on Recognised Qualifications</li><li>- Successful s32 activity (including prosecutions)</li></ul></li></ol>
3. Using our resources to operate effectively	<ol style="list-style-type: none"><li>1. Meeting a range of KPIs including:<ul style="list-style-type: none"><li>- Registration applications processing</li><li>- Fitness to practise complaint handling</li><li>- Auditing of CPD returns</li><li>- Performance against customer service standards</li></ul></li><li>2. Implementing improvements identified from audit and other feedback</li></ol>

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### Performance assessment 2018-19

Area of performance	Performance measures	Comments
Meeting our statutory duties and maintaining confidence	1. The public and registrants continue to have confidence in our work	<ul style="list-style-type: none"> <li>75% of respondents to the 2019 CPD Evaluation Survey said they felt they adequately understood the new CPD scheme which could be seen to reflect a level of confidence in the GOSc's implementation of the new scheme. The survey also showed that 51% of osteopaths report they have used the four themes of the Osteopathic Practice Standards (OPS) to identify their learning needs. This is an 8% increase on 2017-18 figures, suggesting more osteopaths are steadily using the OPS when planning and recording their CPD.</li> <li>As reported previously, public perceptions survey undertaken in May 2018. Confidence among osteopathic patients higher than for any other healthcare profession they use (95%). Confidence among non-patients was lower at 50%. Little change since previous survey in 2014.</li> </ul>
	2. We continue to meet the PSA's standards of good regulation	<ul style="list-style-type: none"> <li>In 2018-19 all of the standards of good regulation were met.</li> </ul>
	3. Privy Council and Department of Health intervention remain unnecessary	<ul style="list-style-type: none"> <li>Privy Council and Department of Health default powers have not been exercised.</li> </ul>
	4. Appeals against statutory decisions are not upheld	<ul style="list-style-type: none"> <li>Two appeals were lodged in the reporting period against decisions made by a fitness to practise panel.</li> </ul>
Providing demonstrable public value	1. Stakeholders – including patients, registrants and	<ul style="list-style-type: none"> <li>No stakeholder survey undertaken in 2018-19, although stakeholders invited to participate in GOSc policy consultations and survey evaluations</li> </ul>

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	<p>partners – are satisfied with our performance</p>	<p>of which there were six in the reporting period.</p>
	<p>2. We maintain/improve standards measured through:</p> <ul style="list-style-type: none"> <li>i. Outcomes of fitness to practice complaints</li> <li>ii. Volume/types of complaints</li> <li>iii. Engagement in new CPD activities and processes</li> <li>iv. Implementation/ outcomes of development projects</li> <li>v. Reduction in conditions imposed on Recognised Qualifications</li> <li>vi. Successful s32 activity (including prosecutions)</li> </ul>	<ul style="list-style-type: none"> <li>• The Investigating Committee considered slightly more cases (58 compared to 53 the previous year<sup>1</sup>) with 34 cases referred to the Professional Conduct Committee or Health Committee.</li> <li>• The Professional Conduct Committee made a decision in 30 cases, of which 28 related to Unacceptable Professional Conduct and two related to criminal convictions.</li> <li>• There was an increase in removals from the Register (5 in 2018/19, 1 in 2017/18) and a decrease in 'allegation not proven' outcomes compared to the previous year (9 in 2018/19 and 14 in 2017/18).</li> <li>• Engagement with early adoption of the new CPD scheme continued to positive with registrants moving into their first year on the scheme.</li> <li>• Four renewal of recognition visits undertaken in the reporting period. Specific conditions attached the Recognised Qualification awards on a spectrum of none to several depending on nature/position of OEI.</li> <li>• 45 cease and desist letters were issued. In the reporting period, 49 cases were resolved. No prosecutions took place.</li> </ul>

<sup>1</sup> Fitness to Practise Report 2017-18

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<b>Area of performance</b>	<b>Performance measures</b>	<b>Comments</b>
Using our resources to operate effectively	1. We meet a range of KPIs including: <ol style="list-style-type: none"> <li>i. Processing of registration applications</li> <li>ii. Handling of fitness to practise complaints</li> <li>iii. Auditing of CPD returns</li> <li>iv. Performance against customer service standards</li> </ol>	<ul style="list-style-type: none"> <li>• Registration application processing was all within KPI.</li> <li>• Time taken for investigations inside KPI at 14 weeks (against 16-week target). Time taken to conclude cases was inside KPI at 49 weeks (against 52-week target).</li> <li>• CPD audit targets – 20% of summary forms and 2% of portfolios were met.</li> </ul>
	2. We implement improvements identified from audit and other feedback	<ul style="list-style-type: none"> <li>• Audit activity suspended for one year to allow staff focus on implementation of CPD scheme.</li> <li>• Five-year assurance audit plan agreed for 2019-24. Focus on IT and FTP in year 1 of plan.</li> <li>• Decision review group continued to meet to support audit of fitness to practise cases.</li> <li>• No significant issues were identified by the auditors within the annual financial audit.</li> </ul>