



**Council**  
**18 November 2020**  
**Chief Executive and Registrar's Report**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
<b>Recommendations</b>	To note the content of the report.
<b>Financial and resourcing implications</b>	The financial report for the seven months to October 2020 is annexed to this report.
<b>Equality and diversity implications</b>	The paper sets out what we have done since the previous Council meeting on matters related to equality, diversity and inclusion.
<b>Communications implications</b>	These are discussed in the report.
<b>Annexes</b>	A. Business Plan monitoring document 2020-21 B. Financial report to 31 October 2020
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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:
  - Ongoing dialogue/engagement with the Professional Standards Authority
  - Greater communication/activity with the devolved nations
  - An increase in the number of patients who have joined our patient involvement group
  - Registrant engagement around the implementation of the Continuing Professional Development scheme
  - Continued focus on matters of equality, diversity and inclusion.

## 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)

2. In August 2020, the PSA accepted the resignation of its Chair, Dame Glenys Stacey, who was asked to take over at the exams regulator Ofqual following the challenges faced by the education system during the global pandemic. Antony Townsend was appointed as Acting Chair in September 2020 and a process to appoint a new permanent Chair is underway with an announcement expected in the first quarter of 2021.
3. A bilateral meeting between the GOsC and PSA was held in October 2020. We discussed a range of topics including regulatory reform, two reviews commissioned by the PSA into the learning from COVID-19, and into the annual performance review process, and the healthcare sector symposium events which are being held online in early November 2020.
4. The Chief Executive and Registrar met with the PSA Chief Executive, Alan Clamp, in October 2020 as part of our regular engagement. The discussion focussed on maintaining statutory responsibilities during a sustained period of homeworking and the open consultation on the PSA business plan and budget, which includes the annual levy charged to regulators.
5. As reported above, the PSA have commissioned two reviews. The first, into learning by the regulatory sector from COVID-19, requested an initial call for evidence which will be followed by a wider piece of research. Our response was themed across eight areas being:
  - Collaboration across the healthcare sector
  - Collaboration within our osteopathic sector
  - Regulatory reform

- Patient voice
  - Consistency across the sector
  - Equality, Diversity and Inclusion
  - Wellbeing
  - Increasing diversity of roles
6. The second PSA commissioned review was into their process of conducting the annual performance review. We made an initial submission to the PSA which will inform a consultation they are expected to launch imminently. Our submission recognised that a robust and transparent process is needed for the performance review to be credible, but there needs to be value for the regulators, which could be delivered through the easier identification of best practice across the sector.
  7. Within our response we welcomed having the PSA Scrutiny Officer attend our Council meetings, and we encouraged PSA to have a greater degree of dialogue with us in order that we can explain our work and explore any questions which PSA might have that need not wait until the performance review process is underway. We also identified that the process needed to be flexible to adapt to challenging and evolving circumstances, such as the pandemic, and that we felt the overall process would be enhanced if there was a greater emphasis placed on quality and outcomes.
  8. Colleagues from the Professional Standards and Regulation team attended the PSA Candour and Whistleblowing online seminar and this is reported on elsewhere in the report.
  9. The annual PSA symposium was held online this year across three half-day events in early November. An oral update on the symposium events will be made at the Council meeting.

### **Department of Health and Social Care (DHSC)**

10. The Chief Executive and Registrar met with our DHSC contact, Mark Bennett, in July 2020 to discuss our COVID-19 response, which included the financial pressures placed on the GOsC and how we might be able to amend our registration rules around the reduced registration fee.
11. As part of building working relationships with our stakeholders, the Chair of Council also met with our DHSC contact in July 2020.

### **NHS England and NHS Improvement**

12. In July 2020, the Chief Executive and Registrar met with Suzanne Rastrick, Chief Allied Health Professions Officer (England) where the impact of the global pandemic on the profession was discussed along with the approach that we were taking to review the Guidance for Pre-Registration Osteopathic Education (GOPRE) and how we were reflecting upon existing NHS frameworks. After the

meeting, information about our GOPRE review was sent to Suzanne and her team. We have agreed to meet every six months and future meeting dates are in the diary.

## **Devolved nations**

### **Scotland:**

13. In July 2020, we corresponded with the Scottish Health Department to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to take, to highlight advice and guidance for osteopaths working in Scotland. We received positive feedback from the Scottish Health Department and we will ensure that we will maintain communication with them. In addition, we will be looking to establish communication with the Chief Allied Health Professions Officer (Scotland).
14. In September, we attended a webinar hosted by the PSA on candour and whistleblowing in the context of the COVID-19 pandemic in Scotland. The webinar considered the role that a public forum like Care Opinion can play in facilitating dialogue between care providers and patients leading to change. It also looked at some of the factors that inhibit candour and create barriers for whistleblowing by health care professionals in the context of the COVID-19 pandemic. In our context, we see the potential for this work to fit in with our patient activity and how stories about healthcare experiences may be shared and managed in a constructive and supportive way.
15. We have been part of a wider working group contributing to the Professional Regulation Conference held annually in Scotland. The 2020 conference was cancelled due to the COVID-19 pandemic; however, the 2021 conference has now been set for 1 November 2021 which we shall attend.
16. Since July 2020 we have expanded the representation within our Patient Involvement group following the recruitment of nine new patients from Scotland. The patients were recruited to join our group by the Vice-President of the Institute of Osteopathy, Glynis Fox, and we are grateful for her assistance. More information about our patient involvement work can be found later in the report.

### **Wales:**

17. In August 2020, we corresponded with the Welsh Government to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to take, to highlight advice and guidance for osteopaths working in Wales. On the back of this correspondence we received an invitation to meet with Ruth Crowder, Chief Allied Health Professions Officer (Wales) to discuss how we can develop closer links with Wales. Unfortunately, this meeting was cancelled at the last moment due to Ruth Crowder being called away to deal with an urgent work matter. We are seeking a new meeting date.

18. At the beginning of October 2020 we submitted our response to the Welsh Government consultation on the Welsh Language Scheme Standards. We ensured that our response highlighted the need for proportionality as was as for clarity in specific areas, as otherwise those regulators with limited resources will struggle to deliver on the ambitions of the Welsh Language Scheme.
19. The Welsh Government held a policy making standards event connected to the Welsh Language Scheme in October 2020. This was attended by the Director of Education, Standards and Development who reported that the Welsh Language Commissioner is seeking to develop an inclusive approach which ensures that the Welsh language is not treated any less favourably than the English language. Specifically the Commissioner will be seeking to understand how organisations demonstrate they have thought inclusively about issues which might impact on the Welsh language, such as whether to translate or not.
20. As a result of the policy making standards webinar, we will be reflecting upon how we ensure that we have fully considered our Welsh language requirements when we develop consultation documents and when we make policy decisions.
21. We have also responded to a thematic questionnaire from the Welsh Language Commissioner on whether there was any impact on the Welsh Language and associated services we provide to Welsh speakers due to the pandemic.

#### Northern Ireland:

22. In August 2020, we corresponded with the Department of Health (Northern Ireland) to set out our regulatory response to the COVID-19 pandemic and the steps we had taken, and continued to take, to highlight advice and guidance for osteopaths working in Northern Ireland. While we have not yet received a response we will follow-up on our correspondence including writing directly to the Chief Allied Health Professions Officer (Northern Ireland).
23. We reported to Council at previous meetings that following a review of regional engagement activity we identified that more direct engagement was needed with osteopaths in Northern Ireland. We continue to engage positively with osteopaths in Northern Ireland through running CPD webinars and presentations, which have been adapted through the COVID-19 pandemic. Interest in the webinars was high with 17 of the 24 osteopaths registered in Northern Ireland taking part, which meant we had to split participants into two groups.

#### **Patient involvement**

24. As referenced earlier in the report, the Patient Involvement Group was recently expanded. We have eleven new patient representatives, nine of whom are from Scotland.

25. Over the summer we held two online focus groups to explore the impact of the coronavirus pandemic on patient perspectives about osteopathic practice. The first focus group took place on 4 June as lockdown restrictions began to ease. The second was held in late August to gauge how patient views had evolved as the UK moved to a state of 'new normal'. In addition, we conducted one-to-one telephone interviews with patients who did not feel comfortable using video conferencing.
26. A mix of ten patients from Scotland, London, and the south east of England took part in the online focus groups and calls, ranging in age from mid-thirties to early eighties. Four of the participants regularly attend education provider clinics while the majority are either new or returning patients of sole practitioners in private practice. Patients taking part in August had not previously engaged with GOsC and they received introductory phone calls as well as a trial run of GoToMeeting to ensure to ensure they felt valued, informed and confident about participating.
27. All participants are keen to participate in future engagement activities.

#### *Key findings*

28. There were marked differences between the two groups' attitudes to treatment. At the first focus group there was a strong sense of risk aversion to treatment, with none of the attendees having sought treatment during lockdown and expressing reservations about booking a treatment in the near future. In contrast, many of the participants in the August focus group had long term health conditions and had accessed telehealth appointments during the pandemic. All but one of these patients had booked face-to-face treatment very soon after lockdown restrictions eased and they continue to have regular appointments with their osteopath.
29. In both focus groups there was a strong sense of having the right to make decisions for themselves about their care and the right to access it. Unsurprisingly a common concern focused on safety and infection control as a result of being in close contact with an osteopath. This included the need for transparent health and safety policies as well as detailed communication from osteopaths before, during, and after treatment. Underpinning some of the patients' decision-making appeared to be a lack of confidence and trust in government guidance and data, rather than a lack of trust in their osteopath.

#### **Registrant engagement**

30. We have continued to engage with registrants since the July 2020 Council meeting through consultations around policy development (reduce fee consultation, insurance requirements consultation) as well as undertaking webinars with profession to improve the delivery of the CPD scheme.

31. We have facilitated CPD 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

32. Prior to the pandemic we would normally offer at least two webinars a month to the osteopathic profession. But since the pandemic, we have increased our provision of online webinar activity to the profession quite considerably, so as to continue to maintain engagement with the profession on a regular basis. We have also seen there has been a demand and appetite from the profession to engage with these online sessions, particularly since lockdown.

33. In the period from 1 July 2020 to 31 October 2020, the Professional Standards team hosted 23 webinars with osteopaths across the UK.

<b>Type of webinar</b>	<b>No. of webinars</b>
Case-based Discussion	5
Peer Observation	4
Patient Feedback	3
Peer Discussion Review	11
<b>Total</b>	<b>23</b>

34. During July-August we introduced the 14-day CPD challenge, where osteopaths could complete their objective activity with us in just 14 days via online webinars in either case- based discussion, patient feedback or peer observation. A similar model to that which is typically offered at Summer Schools, which gave osteopaths the opportunity to either catch up with their CPD or complete it over a very short/ intense period of time.

35. As a result of this online engagement we have listened to these osteopaths and acted on what they have said in the following ways:

- Osteopaths reported the element of the new scheme they were most concerned or confused about was the Peer Discussion Review (PDR) and so we have started running more PDR webinars to assist osteopaths.
- Osteopaths told us that peer observation is difficult during COVID-19, so we have developed a role-playing activity which can be completed online during this time instead.

- Osteopaths told us that they want to capture their patient's views about seeking treatment during COVID-19, so we have developed several patient feedback survey templates on the impact of COVID-19 for them to use.
  - Osteopaths have told us that the PDR template was not user-friendly and difficult to use. Consequently, we have revised the template make it more user-friendly and accessible.
  - Osteopaths have told us that they are concerned about their learning with others activity, so we have continued to run more webinars and set up a dedicated section on the CPD website on virtual remote CPD.
  - Osteopaths said they have had to cancel/reschedule face-to-face, regional group activities as a result of COVID-19, so we held sessions with regional leads on how to run online CPD events. We developed a resource pack available for any osteopaths that are interested in hosting/facilitating online sessions with a group of osteopaths/professionals.
36. During August to September 2020 we began preparations for our annual CPD evaluation survey, which involved extensive user testing from registrants. The draft CPD evaluation survey had two phases of user testing. As part of these testing phases, a total of 10 osteopaths, each with different approaches to practise, agreed to be user testers. These user testers brought a range of experience to the survey:
- sole practitioners
  - multi-disciplinary practitioners
  - CPD webinar participants
  - regional leads
  - new graduates
  - extremely experienced osteopaths
  - committee members
  - osteopathic education providers
  - osteopathic research
37. The CPD Evaluation Survey 2020 was launched on 7 October 2020 and the survey will remain open until 31 January 2021 for the entire registrant population.

### **Equality, Diversity and Inclusion**

38. The Business Plan 2020-21 set out activity for an equality, diversity and inclusion audit, which was initially paused at the beginning of the COVID-19 pandemic. We have now restarted this activity using an independent auditor. Work has included staff surveys, workshops and structured conversations. The audit report is due imminently and will be reviewed and assessed by the Senior Management Team. The report will also be shared with Audit Committee outside of the



normal meeting cycle to avoid waiting until late March 2021 before discussing the findings.

39. Since our previous meeting we have shared information internally, and also externally, on a number of equality, diversity and inclusion matters including: LGBT+ Pride month; abolition day and Black History Month. We will continue to use our social media to recognise important equality and diversity matters. Additionally, the staff team have also established an internal EDI steering group with the aims of:
  - Coordinating our internal and external activities on the subject
  - Influencing and guiding our communications work to ensure that we have good representation across everything that we do
  - Curating and providing the opportunity for staff to contribute to content on our website and social media for equality and diversity campaigns
40. In July 2020, The Chief Executive and Registrar, Senior Research and Policy Officer and colleagues from the Institute of Osteopathy, attended an online 'roundtable' Equality, Diversity and Inclusion workshop which was facilitated by NHS England and NHS Improvement to discuss inequalities within the workforce arising from the COVID-19 pandemic. Further workshops are being planned for 2021.
41. Over the summer months we have developed our materials and associated resources which sit around our non-executive recruitment process. This has included seeking insight from some members of the governance structure about any barriers which might exist that could prevent applications from individuals from a Black, Asian or Minority Ethnic (BAME) background. For our fitness to practise vacancies we ensured that our recruitment materials were more welcoming, including an introduction piece from the Chair of Council, and that the images we used were diverse. We supplemented the recruitment materials with a video promoted on social media from an existing member of the Investigating Committee and an article within the osteopath magazine. We gathered data on how applicants became aware of the vacancies and we will analyse this information and report to the Remuneration and Appointments Committee at its next meeting.
42. In September 2020, the Chief Executives of the GOsC and iO met with a group of BAME osteopaths who wished to share their insight about the challenges facing BAME students and osteopaths. It is hoped that this initial conversation will lead to future meetings and conversations.
43. We recognise that we do not hold a full set of equality and diversity data across our registrants and we are continuing to explore how we might be able to undertake a data collection exercise to enhance the data we hold. This would allow us to better understand the Register and any implications associated with our policy development agenda.

## **Guidance for Osteopathic Pre-Registration Education (GOPRE)**

44. The review of GOPRE and the development of specific Standards for Osteopathic Education commenced in the summer and two stakeholder reference group meetings have been held, with a full report made to the Policy and Education Committee (PEC) meeting in October. A copy of the papers can be made available on request from Steven Bettles, Policy Manager:  
[sbettles@osteopathy.org.uk](mailto:sbettles@osteopathy.org.uk)
45. The original indicative timetable aimed at an implementation of GOPRE and Standards for Education in September 2021. We reflected that this was an ambitious timeline, and which gave little time between approval by Council and implementation by the Osteopathic Education Institutions (OEIs).
46. As the implementation needs to be from the start of an academic year, which for most is September, we have revised the timetable leading to implementation in September 2022. This gives a longer lead in post sign-off in which we can help OEIs to ensure that they are ready to implement the outcomes and standards. This also provides greater flexibility to manage the uncertainties of the forthcoming academic year, given the COVID-19 pandemic and the impact this may have on the education sector. This was approved by PEC in October 2020.

## **National Council for Osteopathic Research (NCOR) online conference 2021**

47. In January 2021, NCOR will be holding their annual conference, this year using online technology. The conference will take the form of a short, ten minute presentations with five minutes for questions. Talks can be on any topic but they must be well researched and supported by evidence. NCOR welcome research studies and position 'pieces', well-argued philosophical ideologies, theories or commentaries.
48. The Professional Standards Team submitted, and had accepted, three abstracts on:
  - CPD evaluation (understanding the changing patterns of CPD over time)
  - Patient engagement (ensuring the patient voice is heard)
  - Quality assurance (exploring GOPRE in the changing context of osteopathic education)

## **Coronavirus (COVID-19)**

49. At the July 2020 Council meeting, members asked for assurance that the Executive had plans in place to manage those business plan activities which had paused due to the COVID-19 pandemic. The Business Plan monitoring report was revised to provide that assurance to Council members and was circulated to members between meetings. The updated monitoring report is annexed to this paper.

50. We completed a series of risk assessments and held a workshop with the staff team to talk through our approach to making Osteopathy House a COVID-19 secure environment. Our risk assessment approach follows the structure of the Government guidance, 'working securely in an office environment' and is updated frequently as the guidance evolves.
51. The impact of the COVID-19 pandemic continues to be felt and we are mindful that the situation remains fast-changing. As a regulator of a profession which does not predominately work within the NHS there was, and continues to be, a gap in terms of the government guidance issued to healthcare professionals operating within the independent sector. This has placed a greater onus on professional bodies and regulators to collaborate to understand how guidance applies within our context.
52. From an internal team perspective we continue to hold COVID-specific team meetings three times per week to consider emerging developments/themes and, if required, to adjust our workplans. Thinking about our core statutory responsibilities, the following updates apply:
- **Education:** ongoing and closer monitoring of the OEIs delivery of education; increased sector engagement and enhanced PEC monitoring of standards; continuing update to draft guidance documents issued.
  - **Standards:** ongoing review of government legislation and guidance to ensure consistency with our standards; reviewing and updating our issued guidance; the impact on business as usual activities e.g. delays to aspects of our planned research (values and boundaries)
  - **Fitness to Practise:** with Osteopathy House now being a COVID-19 secure environment, we have commenced some blended fitness to practise hearings. Further detail is provided in the Fitness to Practise Report.
  - **Registration:** we are working towards the restart of Assessment of Clinical Performances and we have been in liaison with the University College of Osteopathy where the assessments are held to understand the implications of how the assessments might be undertaken.

## Advertising

53. The Chief Executive and Registrar and Director of Fitness to Practise held a constructive meeting with the Good Thinking Society in July 2020 to discuss osteopathic advertising. If Good Thinking Society identified concerns with osteopaths advertising, we encouraged them to raise the concerns locally with the osteopath(s), and if they did not believe the issue had been addressed, to then forward information to the advertising regulator, the Advertising Standards Authority (ASA). We explained it was the ASA who were best placed to determine whether there had been a breach of advertising standards, and if they did issue a determination against an osteopath, we would consider that through

our fitness to practise process. We explained that sending advertising concerns directly to the GOsC was not appropriate as we are not the advertising regulator.

54. In September 2020, a trilateral meeting was held between the GOsC, the Institute of Osteopathy (iO) and the ASA. This meeting was initially scheduled for March 2020 but was postponed due to the pandemic. The meeting helped to re-establish relationships between the GOsC, iO and the ASA, and there was agreement to meet more frequently, and where appropriate, to share information between our organisations. There was also agreement between the GOsC and ASA to explore how we might be able to issue a joint-communication to the profession, which builds upon the communication issued in 2016. This will be part of our ongoing engagement activity with the ASA.

### **Whistleblowing report**

55. Since April 2017 all professional healthcare regulators are required to publish an annual report on the whistleblowing disclosures made to them. The [Whistleblowing Disclosures Report 2020](#) was jointly published by the health and social care regulators in September 2020 and was published on our website.

### **Council strategy day**

56. Council met virtually in September 2020 for its strategy day which had a focus on communications and engagement. The purpose was to inform our future approach to communications and engagement which will be articulated in a new strategy document. This will be discussed on the Council private agenda.
57. Council members are encouraged to provide any feedback to the Executive on how the strategy day was structure, what went well and what could be improved so that future events are enhanced.

### **Regulatory collaboration**

58. The Chief Executive and Registrar's of the GOsC, General Chiropractic Council, General Pharmaceutical Council, General Optical Council and General Dental Council have formed a working group to explore how, as the smaller bodies in the regulatory family, we might be able to work even more closely together, recognising that there is already a great deal of collaboration at individual team and Director level.
59. Initially we wish to explore opportunities for activity, such as joint-procurement.

### **Staffing**

60. A reorganisation of the Registration and Resources team commenced in September 2020 with the staff consultation process concluding in October 2020. One position was made redundant and we are currently recruiting for a Head of Resources and Assurance with interviews scheduled for November 2020.

61. Effective from 9 November, we will be very pleased to welcome David Bryan to the GOsC as our new Regulation Manager.

### **External meetings – bringing insight into our business**

62. 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:

- Chief Executives of the Regulatory Bodies forum
- Directors of Fitness to Practice forum
- GOsC and General Optical Council bilateral meeting
- GOsC and General Dental Council bilateral meeting
- GOsC and General Pharmaceutical Council bilateral meeting
- GOsC and Social Work England bilateral meeting
- GOsC and Pharmaceutical Society of Northern Ireland bilateral meeting
- Meetings with the Council of Osteopathic Education Institutions
- Joint Healthcare Regulators: EDI Forum, Registration, Performance Group
- Inter regulatory patient engagement fora with GMC, GOC, NMC and GPhC
- National Voice webinar – what matters to people for health and care, covid-19 and beyond
- National Voice webinar – Patient. Noun. Adjective.
- Care Quality Commission – health and social care regulators form
- Emerging Concerns Protocol Steering Group
- Responding to Concerns Partnership Group
- Care Quality Commission – learning from COVID
- Westminster Health Forum – NHS People Plan
- Regulatory Literacy: Traverse

63. While we are horizon scanning to bring insight into our business, we also wanted to report to Council where organisations are looking at our approach and learning from what we do. Since the July 2020 meeting we have been asked by the British Acupuncture Council and the Osteopathic Council of New Zealand if they might use materials we have produced around registration and CPD, providing us with the appropriate credit. We are delighted that our materials were being seen as gold standard in this way.

### **Progress against the 2020-21 Business Plan**

64. The 2020-21 Business Plan monitoring report is set out at Annex A.

### **Financial report**

65. The financial year end 2020-21 commenced on 1 April 2020. The financial report covers the period ended 31 October 2020. This paper is set out at Annex B.

**Recommendations:** to note the content of the report.