



Council Meeting

25 November 2021

Equality Diversity and Inclusion: approach to piloting the collection of equality and diversity data for the osteopathic profession

Classification	Public
Purpose	For decision
Issue	We wish to collect equality, diversity and inclusion data for the osteopathic profession. We set out our approach to the specification and collection of equality, diversity and inclusion data for consideration.
Recommendation	To agree our approach to piloting the collection of equality and diversity data for the osteopathic profession 2021-22.
Financial and resourcing implications	Our approach to data and insight is being resourced primarily through staff time and expertise. We have a cost of c.£1000 for survey software and analysis support.
Equality and diversity implications	We are updating our data about the protected characteristics of registrants to enable us to better understand the impact of our regulatory activities and any unintended consequences on people with particular protected characteristics. This paper demonstrates our approach to doing this.
Communications implications	<p>Collection of personal data about protected characteristics is sensitive and can feel intrusive. However, without more comprehensive data about protected characteristics we cannot be sure whether our regulatory activities (education, standards, CPD, fitness to practise) are having any unintended consequences.</p> <p>We are working with stakeholders to seek advice about our approach to collection of EDI data and the communications around this. These are outlined in the paper.</p>
Annexes	Annex: Draft Information sheet and pre-pilot EDI survey
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Key messages from this paper

- Due to the pervasive nature of equality, diversity and inclusion and following detailed feedback from our Policy and Education Committee, our osteopathic educational providers and the Director of the National Council for Osteopathic Research, we are proposing a pilot to collect equality and diversity data about protected characteristics from registrants.
- This pilot will test out examples of potential discrimination to highlight the importance of the collation of the data, the communications messages around the survey, the survey questions, and the protected characteristics specified.
- The intention is to be sensitive and develop an approach which is more profession led, softer in its landing and more subtle, which will help us to understand any unintended consequences of our regulatory approaches and interventions for particular groups, which will in turn inform our future strategy.
- In addition, we are trying in other approaches to enhance the collation of our equality, diversity and inclusion data over time, including specifying the characteristics as part of our registration renewal process, so it hopefully becomes a more comfortable process over time.
- We are seeking Council's agreement to our approach including our proposal to undertake a pilot of the equality and diversity survey of our registrants and feedback on communication messages surrounding this approach to allay fear and encourage participation.

Background

1. Our Business Plan for 2021-22 states that we will 'develop and begin to implement a data and insight strategy to enhance our capacity for research including data collection, analysis and insight.' This work will also help to feed into the evaluation of the effectiveness of our communications and engagement strategy as well as our strategy and policy moving forward.
2. Our desired regulatory outcomes might include our strategic goals, aims concerning equality and diversity, communication and engagement, and those longer term aims of the CPD scheme for the osteopathic profession. There are a range of desired outcomes:
 - a. Supporting high quality care for patients
 - b. Strengthened education and implementation of standards
 - c. Trust in our work from our stakeholders
 - d. Reduced concerns and complaints
 - e. Being a forward looking, agile and innovative regulator

3. We might also add that we would like to be assured that our standards are the right ones, reflecting our contemporary, diverse society, context and approach and that we prepare the profession for the future (perhaps thinking specifically about what a successful and thriving profession providing good quality care might look like in four or five years' time.)
4. Further, the aims of our Equality, Diversity and Inclusion (EDI) Framework 2021-24 pervade all of the outcomes in paragraphs 15-17 and are:
 - a. '*promote equity* ... 'ensure that our regulatory activities are fair and free from unlawful discrimination and that this is reflected in the standards we set for the osteopathy profession which therefore promote equal opportunity and access to the osteopathy profession'
 - b. '*value diversity*... 'communicate and engage with a diverse range of stakeholders in an accessible and timely manner. We will continue to recognise the strength which exists in diversity and we will ensure we value this in our recruitment, development and ongoing work of staff, non-executives and stakeholders.'
 - c. '*embrace inclusivity* ... 'ensure our culture and values enable those who work with us to be their true selves without hesitation, and for their views to be included fully with respect and dignity.'
5. Thinking about our desired regulatory outcomes is important, because our data and insight should provide sources of data to demonstrate whether the outcome is achieved or improving over time.

Discussion

6. At the Policy and Education Committee (PEC) on 15 June 2021 the Committee's feedback was sought on the staged approach for the implementation of the longer-term approach to data and insight, the proposal to undertake an equality and diversity survey of GOS's registrants and feedback on communication messages surrounding this approach to allay fear and encourage participation.
7. At the Committee meeting members provided feedback, which required some further consideration and reflection. Points made included the risk of the collection not being understood by the profession, the need for piloting, exploration of whether data could be collected anonymously, exploration about whether areas of concern and discrimination actually experienced could be recorded and care in terms of communication messages.
8. On 2 August 2021, the Executive met with Professor Dawn Carnes, to further gain specialist research expertise to explore some of the issues highlighted by the PEC and begin to develop an alternative research approach, which might be

more acceptable to registrants which was softer in intent and more subtle in approach.

EDI work of other regulators

GCC

9. The General Chiropractic Council announced in its 6 October newsletter that in January 2022 they were going to be asking all registrants to update their EDI information. See the link to their messaging to registrants as to why updating their EDI information was so important: <https://www.gcc-uk.org/gcc-news/news/entry/gcc-2022-registration-and-edi-update>

GMC

10. In October, we met with two members of the GMC policy team, David Winks and Julian Makhoul who were undertaking a piece of work which considered the best way to collect gender and gender identity data. At present the GMC only ask their registrants if they are male or female.
11. Currently, the GMC are seeking views on how gender and gender identity are being collected by other regulators, the British Medical Association, LGBT+ groups and women's groups. It was considered that the wording of these questions were of particular importance and any changes to be proposed would be based on their findings and would go through their governance structure and then be added to their database system. We asked for their feedback on our proposed approach outlined in this paper and they commented that it was a thoughtful approach with substantial progress made and had given them points to reflect upon.
12. Our proposed approach is to run a pilot EDI survey with registrants before EDI monitoring becomes part of the registration and renewal process (which is planned to take place in due course, as part of the Cloud Engage project), so as to be able to take feedback from registrants into account and be more collaborative and profession driven in our approach. The main issues highlighted by PEC and how GOsC intend to address them, are set out in the Table below:

Issue	Response and Reasoning
Questionnaire validity and adopting a profession led approach	We need well tested questions, consequently the proposed questions will be: (a) user tested with GOsC EDI and patient groups before the pilot will be opened to registrants (b) piloted to further refine questions, before it becomes part of the Registration and renewal process.
Sensitivity to avoid	The pilot survey will include an information sheet which will provide sensitive messaging around helping osteopaths to understand the:

Issue	Response and Reasoning
<p>alienating registrants who already feel marginalised or overpowered by the reach of the regulator and/or alienate more registrants</p>	<ul style="list-style-type: none"> • Purpose of the survey • Who the pilot survey is for? • Why participating matters • Benefits to them and the wider profession in participating • Importance of testing <p>The pilot survey itself will contain the following:</p> <ul style="list-style-type: none"> • To get osteopaths to consider the context, before completing details on their own protected characteristics there will be a short section which will measure sentiment (equity, inclusion, and diversity) and some open-ended questions to provide space for registrants to draw on experiences and illustrate examples • Under each of the questions there will be details of 'why we ask this question?' – possibly using examples, where we can, of actual discrepancies in the representativeness of the osteopathic profession (for example comparing societal representation Census 2011 or 2021 (if available) and osteopathic profession related e.g. KPMG, 2011¹) <p>Supplementary communications will also be employed</p>
<p>Anonymity and trust (i.e. not attributable data), as might be considered too intrusive</p>	<p>Anonymity is useful for profiling the profession and contextual information and recognises sensitivity. But anonymity is not helpful in supporting the purpose i.e. understanding whether the GOsC is being inclusive or whether particular regulatory activities are being inadvertently discriminatory. This was because it was difficult to recognise the impact on diverse populations with protected characteristics of specific activities. However, stakeholders who were consulted emphasised the importance of ensuring a safe space for osteopaths to share their protected characteristics with us given the sensitivity of the data requested.</p> <p>For these reasons the pilot survey will collect both attributable and non-attributable EDI data, by asking registrants: Would you be prepared to put your registrant number/ name to this? Y/N Please provide an explanation to help us better understand and sense check concerns registrants may have about this. This will help us to tailor our communication messages further.</p>

¹ KPMG (2011) How do osteopaths practise? <https://www.osteopathy.org.uk/news-and-resources/document-library/continuing-fitness-to-practise/kpmg-report-a-how-do-osteopaths-practise-ozone/>

Issue	Response and Reasoning
GDPR	<p>The survey will be compliant with General Data Protection Regulation (GDPR) and under this GOsC has a legal obligation to attempt to collect data relating to EDI in terms of impact on its core functions, in line with privacy note</p> <p>The information sheet (as described above) will contain details of purpose, how and who will use the data, frequency of use, storage, access, and reporting).</p>
Issue of response rate	<p>We recognise that response rates can be low for such work, and as a result there is a need to incorporate non-survey ways of collecting this data also.</p> <p>With this in mind, we also envisage collecting qualitative EDI data routinely at regular intervals via our regular engagements and workshops asking registrants if there is anything as an organisation GOsC could do better or change to be more inclusive as well as conversations with registrants who we do not hold email addresses for. Therefore, engaging the profession's reflective practice. This would hopefully help registrants drive the agenda, GOsC would then be seen as proactive and not intrusive.</p> <p>We will also build a qualitative component into the pilot.</p> <p>Further, in the longer term, we will look at incorporating the specification of the data, once finalised, into the registration renewal process when it switches to Cloud Engage from December 2022 / January 2023.</p>
Reframing questions or providing clarity on specific questions.	<p>We have made changes to the pilot survey, taking account of:</p> <ul style="list-style-type: none"> • Difference and disability, including neurodiversity. • Clearly distinguishing hearing, speech and visual impairments. • Clarity on working patterns, full time and part time.
Using the renewal process to obtain the data	<p>This will only happen after testing with user groups and the pilot survey has been completed and evaluated but will be tied into our overarching Cloud Engage project (from 2023).</p>

13. An indicative timeline is provided below:

Draft design of pilot survey	November 2021 (see Annex) for the current draft pilot survey
Testing messaging, information sheet and pilot survey with EDI group and patient group	December 2021
Take feedback into account, including integrating examples, understanding the 'why' questions and rework survey and messaging materials	January - February 2022
Run communications campaign to sign up registrants to the pilot – Why it matters to you and the osteopathic profession?	February – March 2022
Pilot with Registrants (including setting parameters of purposive sample (i.e. a sample based on the characteristics of the population, possibly using KPMG (2011) ² to set these)	March- April 2022
Simultaneously run some online qualitative focus groups (non-survey ways to capture experiences and thoughts)	March – April 2022
Report to Council on EDI pilot findings	May or July 2022
Incorporate new coding into internal database as part of the Cloud Engage project	July 2022 to November 2022
EDI Monitoring becomes integral part of registration processes	February 2023

Recommendations: To agree our approach to piloting the collection of equality and diversity data for the osteopathic profession 2021-22.

² KPMG (2011) How do osteopaths practise? <https://www.osteopathy.org.uk/news-and-resources/document-library/continuing-fitness-to-practise/kpmg-report-a-how-do-osteopaths-practise-ozone/>