



Council
25 November 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	The financial report for the six months to 30 September 2021 is attached at Annex B.
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 - 31 October 2021 B. Financial report: six months - 30 September 2021
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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 report for 2020-21 has not yet been published: this will happen on 29 November 2021.
 - Rachel Heatley was keynote speaker at the PSA Symposium, Bridging the Gap, where she spoke about our work with patients. We co-presented the session with one of our own patient representatives, Sandra Frost.
 - We are continuing to engage with the regulatory reform agenda and the KPMG review of the number of regulators.
 - We have continued to try to progress our work with the devolved nations. Since the previous meeting of Council, we have met with the Scottish Complementary and Alternative Medicines Services Team and also Tony Rednall from the Nursing Directorate who are responsible for the Allied Health Professions in Scotland, who invited GOsC to a meeting following our briefing note sent to the Chief Allied Health Professions Officer.
 - We have continued to ensure Equality, Diversity and Inclusion is embedded within 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.

Council activity

Council Strategy Day:

2. Council met in September 2021 for its Strategy Day where it considered its reflections and learning arising from the pandemic, its role in the development of the profession and how it can ensure it remains a high performing Council team.
3. The discussion on Council's role in developing the profession was important to ensure there is a shared understanding of our purpose/direction. Further discussion on this will follow at future Council meetings.

Online recruitment event:

4. GOsC held a half-day online recruitment event in September 2021 for osteopaths who were interested in undertaking future governance roles. There were 18 expressions of interest with ten osteopaths able to attend on the day. A

recording of the event was made available to all 18 osteopaths. We have feedback from attendees which suggests colleagues have identified how to make better applications and intend to apply to future positions as they arise.

Court of Appeal (Wray):

5. The Court of Appeal case (Wray) was held on 14 October 2021. We do not expect to hear the judgement for several months and once known we will advise Council.

Whistleblowing Report 2021

6. The latest joint regulatory report on whistleblowing disclosures was published in September 2021. The report shows how we have handled whistleblowing concerns as well as our work with Victim Support. We published a news article to accompany the publication of the report.

Professional Standards Authority for Health and Social Care (PSA)

Chair/Chief Executive meeting:

7. In early November 2021, the Chief Executive and Registrar met with the Chief Executive of the PSA, Alan Clamp for a 1/1 meeting. These meetings happen quarterly and discussion at the November meeting centred on the PSA's business plan and fees consultation, the performance review process (current year and planned changes) and the regulatory reform agenda.

Performance review:

8. At the time of writing the report (8 November), the 2020-21 Performance Review Report has not yet been published as we have been discussing the content with PSA colleagues. We understand the publication date will be 29 November 2021.
9. The PSA are currently consulting on changes to the performance review process which has the ambition of streamlining the process and making it more proportionate and agile. The proposals would see PSA undertake a full review of a regulator every three to five years (timing being consulted upon) with the intervening period being subject to annual monitoring.
10. The consultation also seeks to embed enhanced dialogue and communication which is something that we have been encouraging PSA to introduce as we feel this would eliminate any unwelcome surprises arising from the performance review process and would enable better understanding on all sides.

PSA Symposium - Bridging the gap:

11. We were delighted to be asked by the PSA to be a keynote speaker on the first day at their Symposium, Bridging the gap, in November 2021. We were asked to discuss our work and learning on ensuring the patient voice was included across the work of the regulator. Demonstrating our commitment to co-production, Rachel Heatley, Senior Research and Policy Officer, was joined by Sandra Frost, one of our patient representatives for the presentation to the stakeholders attending the symposium.

Department of Health and Social Care (DHSC); Department for Business, Energy and Industrial Strategy (BEIS) and Department of International Trade (DIT)

DHSC:

Regulating healthcare professionals, protecting the public:

12. The consultation ['Regulating healthcare professionals, protecting the public'](#) closed in June 2021 and we understand the DHSC intend to publish their analysis of the consultation responses by the end of 2021. We will share this with Council when the DHSC response is published.
13. Since the July 2021 meeting we have seen sight of different iterations of the draft Section 60 orders for three of the four modules associated with regulatory reform being: Education and Training, Registration and Governance and Operating Framework. At the time of writing the report the Fitness to Practise module has not yet been published.
14. We are contributing to the inter-regulatory discussions on these modules which will form the basis for changes to the legislation, initially, of the General Medical Council (GMC). We understand that a consultation on these changes to the GMC legislation will be held in 2022.

Independent review into the number of regulators:

15. Within the proposed Health and Care Bill are expected proposals to extend the powers of the Secretary of State for Health and Social Care so that they may, using secondary legislation, take a profession out of regulation, close a regulator, have the power to extend the ability for a regulator to delegate functions, and clarify which other groups could be brought into regulation.
16. The DHSC commissioned KPMG to undertake an independent review of how these powers might be used which includes a review of the regulatory landscape and the number of regulators.
17. The Chief Executive and Registrar and Chair of Council met with KPMG in August 2021. The meeting formed part of KPMG's process to understand the healthcare

regulatory sector. Subsequently, KPMG issued a request for data alongside a range of survey questions in August 2021. We developed our response and submitted this to KPMG in September. KPMG held a workshop with regulators to further discuss the role of the PSA at a meeting in October.

18. We are continuing to engage with KPMG on this activity and we understand that they will be submitting their report to DHSC before the end of this year.

Independent Medicines and Medical Devices Safety Review:

19. The Government have published their response to the report of the Independent Medicines and Medical Devices Safety Review:
<https://www.gov.uk/government/publications/independent-medicines-and-medical-devices-safety-review-government-response>
20. Recommendation 8, which has the most impact for all regulators, starts at page 75. This relates to Conflicts of Interest and Recommendation 8 of the report states that transparency of doctors interests needed to improve. It was suggested the GMC register should be expanded to capture this information. The Government response agrees that transparency of doctors interests should be improved but it did not agree the register of the GMC was the place to do that, instead it should be dealt with at employer level.
21. The response sets out that it considers that **all** healthcare professionals should declare their relevant interests, and that there will be a regulatory requirement for all to declare relevant interests and that this information is published locally at employer level. Paragraph 9.11 refers to healthcare regulators and says:

...Regulators will ensure their standards, guidance, and communications are clear that registrants must declare all of their competing and potentially competing interests. Each professional regulator has standards their registrants must adhere to. These standards set out the professional values, knowledge, skills and behaviours required of all healthcare professionals working in the UK. It is a requirement of all registered healthcare professionals' registration that they meet these standards. A failure to meet these standards, in a way that poses a risk to patient safety or public trust in registered healthcare professionals, will put registrants' registration at risk. The regulators will ensure this approach is effectively communicated to their registrants via appropriate channels. In addition, all healthcare regulators have committed to reviewing their joint statement on conflicts of interest. This sets out the expectations of how doctors and other professionals, working in healthcare, should act in relation to avoiding, declaring, and managing actual or potential interests.

22. We already reference transparency around interests within the Osteopathic Practice Standards (OPS) (D8). We are also highlighting our [current guidance and case studies on conflicts of interest to registrants in our communication channels](#). We can consider whether further enhancement to our guidance is necessary in our future OPS reviews.

Botulinum Toxin and Cosmetic Fillers (Children) Act 2021:

23. The Botulinum Toxin and Cosmetic Fillers (Children) Act 2021 came into effect on 1 October 2021. The new law (which applies to everyone in England, not just businesses) means that it will be a criminal offence to administer botulinum toxin, or a filler by way of injection for a cosmetic purpose, to a person under-18 in England and to make arrangements for, or book an appointment to provide, these treatments to any person under-18 in England.

BEIS:

Professional Qualifications Bill:

Clause 4 regulations - recognition agreements

24. Currently the Professional Qualifications Bill is progressing through Parliament. As part of this work, all healthcare regulators were contacted as it had been identified that we might benefit from the inclusion of powers within the Bill which would enable regulators to enter into recognition agreements (Clause 4).
25. The regulations under Clause 4 would not compel the regulator to enter into recognition agreements as that decision would remain within the regulators own discretion. It would be possible for a regulator to acquire the powers under Clause 4 without any immediate intention to use the power.
26. We have taken the view that it is better to have the power and not immediately use it than to miss a future opportunity by declining the powers now. We have advised DHSC and BEIS that we wish to be included under the Clause 4 regulations.

DIT:

Trade negotiations

27. Following the UK decision to leave the EU, Government is establishing and negotiating Free Trade deals. The DIT has established a Regulated Professions Advisory Forum, which will provide strategic advice on trade-related matters that concern regulated professions. The Forum will provide representatives from the authorities responsible for regulated professions, such as healthcare, with the opportunity to share views on trade-related regulatory matters.
28. All regulators have been invited to attend the forum - led by Lord Grimstone - which is scheduled to meet approximately three times a year. I will be attending the forum on behalf of the GOsC.

Council of Osteopathic Educational Institutions (COEI)

29. We have continued to meet monthly with the new Chair of COEI, Ian Fraser, and provide appropriate support to help COEI with its developing thinking around its future and strategic direction.
30. In September 2021, we held our first in-person meeting since the beginning of the pandemic with COEI, with some members being in Osteopathy House and some members online. The meeting was productive with discussion on the consultation on Guidance for Osteopathic Pre-Registration Education and Standards of Education and Training, and conflicts of interest.

Equality, Diversity and Inclusion (EDI)

31. Building on the EDI discussion which had taken place in June 2021 at the Policy and Education Committee, the Chief Executive and Registrar, Director of Education, Standards and Development, and Senior Research and Policy Officer met with Dawn Carnes, Director of the National Council for Osteopathic Research to discuss collection methodologies for EDI monitoring data.
32. We have continued to promote and support, through social media and internal channels, our commitment to EDI including messages at the end of Eid, the start of the Jewish New Year, Black History Month and World Suicide Prevention Day. We have also undertaken EDI activities around the consultation on the Guidance of Osteopathic Pre-Registration Education and Standards for Education and Training, and in support of ongoing GOsC non-executive recruitment.
33. To mark Black History Month, our staff team met to watch 'Nursing Whilst Black' a 2020 Royal College of Nursing YouTube presentation from Dr Claire Chatterton, historian of nursing, and Yvonne Coghill CBE, former head of the NHS Workforce Race Equality Standard programme. We held a discussion on our reflections from watching the presentations, our learnings and how we can all be better allies.
34. Council agreed to co-fund research into under-represented groups experiences of education and training (UrGEnT). The first meeting was held in August 2021 to establish terms of reference and roles/responsibilities. Further updates will be provided to Council as the project develops.

Devolved nations

Scotland:

Scottish Regulatory Conference

35. The Scottish Regulatory Conference, scheduled for 1 November, has been cancelled due to pressures on the wider workforce in Scotland. No dates have been proposed for when the conference might now take place. The GOsC was to

participate in two parts of the conference – a presentation on our work with patients and a panel discussion around the need to reform healthcare regulation.

Complementary and Alternative Medicines Services Team and Nursing Directorate (responsible for allied health professions in Scotland)

36. The Chief Executive and Registrar, Director of Education, Standards and Development and Policy Manager met with the Scottish Government in September. The meeting was called by the Complementary and Alternative Medicines Services Team in response to briefing documents we had sent the Scottish Chief Allied Health Professions Officer. Also invited was Tony Rednall from the Nursing Directorate with responsibility for allied health professions in Scotland. The aim of the meeting was to build relationships with the Scottish Government, increase awareness and understanding of the quality of osteopathic regulation and standards and to understand how we can work together to support patient care.
37. The meeting was positive in that there was a recognition of the distinction between statutory regulation and complementary therapy (CAMS) oversight. It was confirmed there were no barrier to patients accessing osteopathy as funding decisions could be made locally. They were keen to know more about 'complementary therapies' now as during COVID they received a lot of correspondence about various therapies and how important they were in terms of contributing to the health and wellbeing of the Scottish Public particularly when people were finding it more difficult to access GPs.
38. We were advised of their need for more information about how osteopathy works and what it does in Scotland to help patients – they wanted evidence and data. We agreed to keep in touch and provide links to evidence and data – and we also emphasised the role of the professional body in terms of lobbying for allied health professional status.

Northern Ireland:

39. Since the July 2021 meeting of Council we have been recruiting for a Council member, Northern Ireland, to replace Joan Martin who demits at the end of March 2022. This process is ongoing and we will keep Council informed of progress.

Wales:

Welsh Language

40. Following the July 2021 meeting of Council where the Welsh Language Scheme Annual Report was approved, we have submitted this to the Welsh Language Commissioners Office. In addition, we sent a briefing note to the Welsh Chief Allied Health Professions Officer to update them of our report and also to the Welsh Health Minister.

41. We have received the Welsh Language Commissioners Assurance Report 2020-21 - '[Stepping forward](#)'. The report considers the difficulties identified by public sector organisations as they responded to the pandemic as well as highlighting effective practice identified. The Commissioner identified that some organisations were able to ensure the Welsh Language remained central in planning during the pandemic but this was inconsistent and also that the gap between those who have sufficient arrangements in place and those who didn't widened during the pandemic.

Department of Health and Care Wales

42. We are currently in communication with the Department of Health and Care in Wales who are looking to receive a regular update from our statutory register about those osteopaths in Wales, such as names and practice details. We will provide updates to Council as this activity develops.

Staffing

43. Since the previous meeting of Council there have been three staff changes; one leaver and two new starters.
44. Nyero Abboh, Regulation Assistant, has left the GOsC having secured promotion into a Regulation Officer role with the Association of Chartered Certified Accountants. We wish Nyero every success for the future and look forward to hearing about her future successes.
45. Within the Regulation team we have appointed Susan Alisigwe as our new Regulation Assistant and Michelle Kankam as our new Regulation Officer.

External meetings – bringing insight into our business

46. 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
 - Sub-group of the Chief Executives (CO-POD)
 - DHSC: regulatory reform meetings
 - BEIS: Professional Qualifications Regulators Roundtable discussions
 - Directors of Fitness to Practice forum
 - Directors of Resources of the Health Care Regulators forum
 - Meeting with Nick Jones, Chief Executive and Registrar, General Chiropractic Council
 - Meeting with Maurice Cheng, Institute of Osteopathy (iO)
 - iO Chair, Chief Executive bilateral meeting
 - NCOR Board and Trustee meeting
 - University College of Osteopathy graduation ceremony

- Nockolds Complaints Forum
- Meeting with Karen Middleton, Chief Executive, Chartered Society of Physiotherapists
- Osteopathic Alliance board meeting
- Osteopathic Development Group meeting
- Inter-regulatory forum: Care Quality Commission, Emerging Concerns
- Inter-regulatory forum: Alliance of UK Regulators in Europe
- Inter-regulatory forum: Equality, Diversity and Inclusion
- Inter-regulatory forum: research
- Inter-regulatory: horizon scanning workshop

Progress against the 2021-22 Business Plan

47. The Business Plan monitoring report as at 31 October 2021 is set out at Annex A. We are pleased to report that the majority of activities are on track with just three activities slightly delayed due to resourcing challenges within staff teams (review of the FTP Publication Policy and consultations on 'Practice note on questioning witnesses' and 'remote hearings protocol'). These activities have revised timelines within the current business plan year.
48. There is just one activity which has been postponed and this relates to a proposed tender for external audit services. We have postponed the tender because we have identified the opportunity to participate in a group tender with fellow healthcare regulators next year which may yield greater benefits for us.

Financial report

49. The financial report for the six months to 30 September 2021 is set out at Annex B. Maxine Supersaud, Head of Resources and Assurance, will attend Council to present the results.

Recommendations: to note the content of the report.