

Meeting of Council - Public








Wed 20 November 2024, 12:00 - 15:25

Osteopathy House, 176 Tower Bridge Road, SE1 3LU

The 125th meeting of the General Osteopathic Council to be held in public on Wednesday 20 November 2024 commencing at 12.00 noon and concluding at 15:25pm before a closed session for Council.

Declaration of conflict of interest: Members are reminded to make a declaration of a conflict of interest that they may have in relation to items on the agenda.

Agenda


12:00 - 12:10 10 min	1. Welcome and apologies <i>Information</i> <i>Chair of Council</i>
12:10 - 12:10 0 min	2. Questions from observers <i>Information</i> <i>Chair of Council</i>
12:10 - 12:10 0 min	3. Minutes of the 124th public meeting of Council <i>Decision</i> <i>Chair of Council</i>  Public Item 3 - Public Minutes of Meeting July 2024.pdf (17 pages)
12:10 - 12:10 0 min	4. Matters Arising <i>Information</i> <i>Chief Executive & Registrar</i>  Public Item 4 - Matters arising - FINAL.pdf (3 pages)
12:10 - 12:20 10 min	5. Chair's Report <i>Information</i> <i>Chair of Council</i>  Public Item 5 - Chair's report November 2024 - FINAL.pdf (1 pages)
12:20 - 12:30 10 min	6. Chief Executive and Registrar's Report <i>Decision</i> <i>Chief Executive & Registrar</i>  Public Item 6 - Chief Executive and Registrar Report - FINAL.pdf (11 pages)
12:30 - 12:45 15 min	7. Assurance reporting <i>Information</i> <i>Chief Executive & Registrar and Head of Resources & Assurance</i>  Public Item 7 - Assurance reporting - FINAL.pdf (2 pages)  Public Item 7a - Annex A - Business Plan Monitoring, 31 October 2024 - FINAL.pdf (19 pages)  Public Item 7b - Annex B - Finance Report, September 2024 - FINAL.pdf (12 pages)

12:45 - 13:15 8. Fitness to Practise Chairs' Reports

30 min

Discussion

Chairs: Investigating Committee and Professional Conduct and Health Committees

 Public Item 8 - Fitness to Practise, Chairs Report - FINAL.pdf (13 pages)

13:15 - 13:30 9. Fitness to Practise Report and Dataset

15 min

Information

Director of Fitness to Practise and Head of Fitness to Practise

 Public Item 9 - FtP Quarterly Report - Q1 - FINAL.pdf (6 pages)

 Public Item 9a - Annex A - FTP dataset Q1 - FINAL.pdf (9 pages)

13:30 - 14:15 Lunch Break

45 min

14:15 - 14:30 10. Budget Strategy

15 min

Decision

Head of Resources & Assurance

 Public Item 10 - Budget Strategy 2025-26 - FINAL.pdf (8 pages)

14:30 - 14:45 11. CPD Guidance: Publication for consultation

15 min

Decision

Head of Education & Policy

 Public Item 11 - CPD Guidance and PDR review - FINAL.pdf (6 pages)

 Public Item 11a - Annex A - PDR Template - FINAL.pdf (9 pages)

 Public item 11b - Annex B - Draft CPD Guidance 2024 - FINAL.pdf (15 pages)

 Public Item 11c - Annex C - Equality Impact Assessment - CPD Guidance-PDR Update.pdf (12 pages)

 Public Item 11d - Annex D - CPD Guidance and PDR template review - Consultation document - FINAL.pdf (10 pages)

 Public Item 11e - Annex E - Consultation Strategy - CPD Guidance and PDR template review - FINAL.pdf (3 pages)

 Public Item 11f - Annex F - CPD Guidance and PDR template review - Consultation document - FINAL.pdf (10 pages)

14:45 - 15:00 12. Guidance about Professional Behaviours and Student Fitness to Practise

15 min

Decision

Head of Education & Policy

 Public Item 12 - Student Fitness to Practise & Professional Behaviours - FINAL.pdf (5 pages)

 Public item 12a - Annex A - Post Consultation updates - Guidance on Student Fitness to Practise - FINAL.pdf (37 pages)

 Public item 12b - Annex B - summary of post consultation changes - FINAL.pdf (3 pages)

 Public Item 12c - Annex C - Table of issues considered with responses - FINAL.pdf (17 pages)

 Public Item 12d - Annex D - Equality Impact Assessment template - FINAL.pdf (15 pages)

15:00 - 15:15 13. Six-month Registration Report

15 min

Information

Registration Manager

 Public Item 13 - Registration report - FINAL.pdf (8 pages)

15:15 - 15:20 14. Meeting of the Policy and Education Committee Oct. 2024: Unconfirmed minutes

5 min

Information

Chair of the Policy & Education Committee

Scott Marcia
08/11/2024 12:08pm

15:20 - 15:25 15. Any other business

5 min

Information

Chair of Council

15:25 - 15:25 16. Questions from observers

0 min

Information

Chair of Council

15:25 - 15:25 17. Date of next meeting

0 min

Thursday 6 February 2025

Scott Marcia
08/11/2024 12:08:27



Meeting of Council

Minutes of the 124th Meeting of Council held in public on Thursday 18 July 2024 at Osteopathy House 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference

Unconfirmed

Chair: Jo Clift

Present: Gabrielle Anderson (CA) (Online)
Dr Daniel Bailey (Online)
Harry Barton (Chair, Audit Committee)
Elizabeth Elander (Chair, People Committee)
Sandie Ennis
Simeon London
Professor Patricia McClure (Chair, Policy & Education Committee)
Laura Turner (CA)

In attendance: Steven Bettles, Head of Policy and education (Item 12)
Fiona Browne, Director of Education, Standards and Development
David Bryan, Head of Fitness to Practise (Item 7)
Dr Stacey Clift, Senior Policy and Research Officer (Items 11) (Online)
Rachel Heatley, Senior Policy and Research Officer (Item 13)
Banye Kanon, Senior Quality Assurance Officer
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communication, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar
Marcia Scott, Council and Executive Support Officer (Online)
Stacey Towle, Senior Communications Officer

Observer/s Daniel Collis, Vice-President, Institute of Osteopathy (iO)(Online)
Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR) (Online)
Rhys McCarthy, Scrutiny Officer, Professional Standards Authority (PSA) (Online)
Sheena Wynn, Senior Regulation Officer
Fergus Doyle, FtP Case Manager

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Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to stakeholder observers:
 - Daniel Collis, Vice-President, iO
 - Dr Jerry Draper-Rodi, Director, NCOR
 - Rhys McCarthy, Scrutiny Officer, PSA
2. Apologies were received from:
 - Gill Edelman (Lay Member)
 - Jess Davies (Senior Communications Officer)

Item 2: Questions from Observers

3. There were no questions from observers.

Item 3: Minutes

4. The minutes of the 123rd public meeting, 16 May 2024, were agreed as a correct record subject to the following amendment:

Item 6: Chief Executive's Report – Finance Report: Paragraph 11a:

- a. For the year end 31 March 2024 the income was just under £3m with expenditure, including designated funds, just over the same sum. The GOsC had a net surplus of c.£15k.

Item 4: Matters arising

5. The Chief Executive introduced the report which asked that Council note the work streams which are ongoing:
 - a. The expansion of the pool of Legal Assessors: this work has been delayed as the GOsC was handling in-depth questions arising from the PSA Performance Review Process.

The Executive expect to have concluded this activity by September 2024.
 - b. Social Media Policy: the final compliance check remains an outstanding action. It is expected to have concluded by end July 2024.
 - c. Annual Registration Report: the Executive will reflect on the benefit of producing an annual registration report and present conclusions to Council with the next registration update in November 2024.

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- d. North East Surrey College of Technology (NESCOT) RQ: Privy Council are to confirm from the that the qualifications have been renewed (Full-time MOst, BOst; Part-time BOst)
 - e. Duty of Candour: It was confirmed that the Duty of Candour Research Report had been published.
6. In discussion the following points were made and responded to:
- a. It was confirmed that the Duty of Candour report had been published with the headlines being that patients prefer clarity, honesty, openness, transparency and dialogue.

Noted: Council noted the matters arising from the meeting of Council 16 May 2024.

Item 5: Chair's Report

7. The Chair presented her report and update on activities to date. The following points were highlighted:
- a. PSA/Health Regulator Chairs' Roundtable (9 July): the focus for discussions included the NMC Independent Review on Culture, and recruitment of non-executives.
 - b. Introductory meeting with the NMC Chair (16 July): The meeting took place post publication of the NMC Independent Review with some of the issues raised by the report being the main topic of the discussion.

Noted: Council noted the Chair's report.

Item 6: Chief Executive and Registrars Report

8. The Chief Executive introduced the item which presented a review of activities and performance since the last Council meeting and not reported elsewhere on the agenda.
9. The key messages and following points were highlighted:
- a. The Professional Standards Authority published their report into the GOsC's performance for 2023-24. The GOsC had once again passed all Standards of Good Regulation for the fourteenth year demonstrating to the public, patients and stakeholders a robust system of regulation.
 - b. Members of the Executive attended and participated in three regional roadshows organised by the Institute of Osteopathy, with more to follow in 2024 and 2025.

The GOsC will be stepping back into the international osteopathic arena with plans to attend the Osteopathy Europe (OE) Conference in Luxembourg and

the Osteopathic International Alliance (OIA) Conference in Sydney, Australia. Both events will take place in October 2024 with feedback to Council at its November meeting.

- d. There have been discussions with the People Committee on the implications of the judgement handed down in relation to NMC v Somerville. Decisions for Council will come later in the business year.
- e. The People Committee met in June 2024 and have recommended changes to the payment of reading fees for Professional Conduct Committee members and payment for mandatory online training for new members of the governance structure.

10. In discussion the following points were made and responded to:

- a. Mandatory Online Training and payment: In relation to the recommendation the Chair of the People Committee advised that the relevant online mandatory online training applied to all members of the governance structure (Council, Council Associates, and Committee members – Fitness to Practice, statutory and non-statutory members) - to ensure requisite knowledge was kept up to date.
- b. Clarification on payment: it was agreed that payment of time to complete online training was specifically for those members who were paid day rates.
- c. International matters: the Osteopathic International Alliance (OIA): the online discussions with Australian and New Zealand counterparts covered a number of similar themes being faced by the profession in the UK including:
 - Concerns relating to falling/flatlining student numbers
 - The respective pathways to join competent authorities. A consultation from New Zealand is expected this year and will be shared with the GOsC once launched.

Another meeting is scheduled in September 2024 ahead of the OIA Conference at the end of October 2024.

- d. The Chair commented that the GOsC's current thinking on how to smooth the path for those who might wish to train as osteopaths in the UK and then return to practise in their home countries was a primary reason for the GOsC to become more active in the international forum; to consider this and other issues facing the profession more widely.

Noted: Council noted the content of the report.

Agreed: Council agreed that a reading fee for Professional Conduct Committee members be automatically paid where the total number of pages in the bundle exceeds 750 pages.

Agreed: Council agreed that the mandatory online training modules for members of the governance structure who receive a daily fee be a paid activity amounting to no more than a half-day fee.

Item 7: Assurance Report

11. The Head of Resources and Assurance introduced the item which provided a set of assurance reports to Council on the performance of the organisation.
12. It should be noted these reports had previously been annexed to the Chief Executive and Registrar's Report, however, a new agenda item has been created specifically for assurance reporting.
13. In discussion the following points were made and responded to:

Business Plan and Monitoring

- a. Strategic Priority - Strengthening Trust: It was suggested that the activity at page 6: *Enhance how we develop and use our people (executive and non-executive) so we maximise the talent at our disposal*, might be reworded to better align and be consistent with the priority 'to enhance/improve our relationships with those we work with so together we can help protect patients and the public'.
- b. It was also suggested that the activity could be broadened to include how the GOsC recruit, develop, support and utilise (develop a people strategy). It was noted that this had been an area of discussion at the meeting of the People Committee. It was agreed that the suggestion would be taken on board and wording reviewed.
- c. In response to comments about on the Monitoring Report format it was explained this was reflective of the Business Plan agreed by Council at its meeting in May 2024, in terms of activity, measurable actions, timeline and additional columns representing status. The monitoring colours would change as the business plan progresses through the year.

Further discussion about the Business Plan and measurements of progress against activities would take place at the private session of Council in November.

Financial Report to 30 June 2024

- a. In response to the question as to whether historically a substantial deficit in relation to the income from the registration fees had ever been experienced by the GOsC, it was explained that the income stream had never varied radically to any degree. It was explained that the majority of renewals and fee payments takes place between the months of May to September, with renewal letters being sent slightly earlier than the set renewal date. This

means that the flow of income runs at a slightly different cycle with a variance in the deferred figure.

- b. It was asked if there might be a need to review the budget for IT infrastructure and if necessary review overall budgetary planning. It was explained that budgets would be continuously reviewed throughout the year and if necessary budgets could be reallocated. It was noted that a number of new IT projects had recently started with significant amount of upfront spending and that there might be a need for some reforecasting of the budget. The Audit Committee had been reviewing the approach to different IT projects and the development of a financial and asset framework would further support this work.

Annual Performance Measurement (APM) Report 2023-24

- a. It was explained that the APM review and report were activities established for Council to self-reflect on its performance. It was not something required by the Charity Commission.
- b. It was confirmed the APM report had been reviewed by the Audit Committee. The Chair of the Audit Committee commented that the context was understood but did have some concern that it could divert focus from other areas of importance to Council. To ensure the APM remains useful and relevant it was suggested that this should be considered in November 2024 as part of the Council seminar discussion on performance metrics.

Noted: To note the assurance reports as set out.

Item 8: Understanding Fitness to Practise: Presentation

- 14. The Director of Fitness to Practise gave a presentation on the work of the Regulation team and the Fitness to Practise Committees and processes. A case study was presented by the Head of Fitness to Practise to demonstrate and consider how legislation works in practise.
- 15. The highlights of the presentation covered:
 - a. The Legislation – relating to concerns, self-referrals, allegations, unprofessional conduct, professional incompetence, criminal convictions, impact of health conditions on ability to practise.
 - b. Initial stages procedures - threshold criteria, Screeners and screening decisions
 - c. Investigating Committee – considers whether or not a case to answer, if a case to answer referral to the Professional Conduct Committee
 - d. Professional Conduct Committee – considers whether allegation is well founded (if allegation based on UK criminal conviction no further action), imposes sanctions, imposes conditions, removal from the Register
 - e. Health Committee – considers whether an allegation is well founded, imposes conditions of practice, imposes sanctions, no power to remove from Register.

- f. Professional Standards Authority: Standards of Good Regulation.
- g. The Independent Support Service for patients, witnesses and osteopaths.

Noted: Council welcomed and noted the presentation on the work of the Regulation Team and the Fitness to Practise Committees.

Item 9: Fitness to Practise Report and dataset

16. The key messages of the Fitness to Practise Report and dataset were:

- a. In this reporting period, an increased number of concerns were received (23) in comparison to that of the previous quarter (15).
- b. As of 30 June 2024, 4 of the 18 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC) had been listed. A breakdown of the cases awaiting hearing can be found in the [quarterly dataset](#).
- c. The PCC considered a restoration application in which it concluded to restore the applicant to the Register of Osteopaths subject to Conditions of practice.
- d. An induction training day was held for the new IC panellists at Osteopathy House on 21 May 2024.
- e. Bespoke remote training has been arranged for all IC, PCC and legal assessors on the European Convention on Human Rights (ECHR) and the Equality Act (including the public sector equality duty) in decision making for 10 and 25 July 2024.

17. In discussion the following points were made and responded to:

- a. It was confirmed that the Dataset median-time would be presented at the next meeting of Council without third-party information.
- b. It was clarified that a registrant going through a fitness to practise process would be able to continue working unless there was a suspension order placed upon them by either the Investigating Committee or Professional Conduct Committee. This happened in only the most serious of cases.

Noted: Council noted the Fitness to Practise report.

Item 10: Annual Report and Accounts 2023-24

18. The Head of Resources and Assurance introduced the item which sought Council's approval for the publication of the Annual Report and Accounts for the financial year 2023-24.

19. The key messages and following points were highlighted:

- a. The annual financial audit was undertaken by Haysmacintyre in May and June 2024.

- b. The Executive developed the Annual Report which details the activity undertaken in the year across the GOsC's four strategic goals, the narrative around the areas of risk and the financial report, which includes the Value Proposition, the articulation of where the regulatory approach adds value.
 - c. The audit ran smoothly for the most part, except for two changes which were brought to attention of the Executive by the auditors quite late in the process.
 - d. No new control points were identified; the three control points from the previous year were resolved in during the year.
 - e. The Audit Committee recommended the Annual Report and Accounts to Council subject to Council noting the reversal of the prior provision in relation to an employment tribunal case that involved the Nursing and Midwifery Council.
 - f. Audit Committee considered information provided by the Executive on whether the GOsC was a going-concern. The Executive and Audit Committee concluded that the GOsC remains a going-concern.
 - g. Council was asked to approve the Letter of Representation to be signed by the Chair alongside the Annual Report and Accounts.
 - h. The Annual Report and Accounts would be laid before both Houses of Parliament by 30 September 2024, there was also a need to submit the accounts to the Charity Commission within nine-months of the GOsC year end.
20. Council had no additional comments or questions and agreed the recommendations as set out.
21. The Head of Resources and Assurance was commended in recognition of the lead and work he had undertaken to complete the financial audit and the Annual Report and Accounts. The Communications Team was also acknowledged for its work on the Annual Report.

Council noted and agreed the following recommendations:

- a. Council noted the Audit Findings Report.**
- b. Council noted the Letter of Representation to be e-signed by the Chair of Council.**
- c. Council agreed to remove the provision from the accounts and replace the provision with a contingent liability.**
- d. Council approved the Annual Report and Accounts for e-signing by the Chair of Council.**

e. Council noted the annual reporting requirements associated with the Charity Commission.

Item 11: CPD Evaluation Survey 2024

22. Dr Stacey Clift, Senior Policy and Research Officer, introduced the item which presented the findings of the CPD Evaluation Survey 2024 exploring the extent to which the intended benefits of the CPD scheme have been realised and what enhancements are required to the CPD guidance as a result of the findings.
23. The key messages and following points were highlighted:
- a. In June 2024, the Policy and Education Committee considered the draft Report of the CPD Evaluation Survey 2024 (in progress) examining the impact of the continuing professional development (CPD) scheme, in terms of extent to which the three¹ strategic objectives of the scheme had been achieved and the benefits realised.
 - This research is innovative for the GOsC as the organisation moves from assessing engagement with the scheme (in previous iterations of the survey) towards assessing impact (or perceived impact) of the scheme in terms of what it sets out to do for osteopaths.
 - Osteopaths had clearly engaged with the CPD scheme and the OPS and in most cases had found it to be beneficial in doing so.
 - Osteopaths engagement with the OPS and in particular, the professionalism theme tends not to focus on professional boundaries and honesty and integrity.
 - The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
 - For a small proportion of the profession the scheme had been more successful in creating networks, but this has not necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
 - It is clear what a good peer discussion review (PDR) experience looks like, and most osteopaths have experienced that.
 - b. The paper provided an additional equality impact analysis with additional conclusions.

¹ The three strategic objectives of the CPD scheme are: 1) Engage with the CPD scheme and the OPS, 2) Getting support from colleagues as part of the CPD scheme and 3) creating professional networks.

- c. The numbers are too small to make any definitive relationship between protected characteristics and barriers or benefits of the scheme. However, there is an increased proportion of people with specific protected characteristics who obtain more benefits to the scheme than respondents in general. There are also gaps in the evidence base with specific groups where we will undertake further work with them to ensure that they are able to realise the benefits and there are no barriers to doing so. We welcome feedback from Council on these findings and implications.
- d. Council was asked to publish the full CPD Evaluation Report 2024 for stakeholders so that they can see how the GOsC had evaluated the scheme and how this has informed the development of our next steps.
- e. Council was also asked to agree the proposed enhancements to the CPD Guidance informed by this evidence:
 - Strengthening CPD on Boundaries as an important part of the communication and consent requirement
 - Strengthening and encouraging CPD in the area of EDI
 - Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.
 - Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague.
 - Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
 - Making more explicit expectations about how AI could and should not be used in the CPD process.

24. In discussion the following points were made and responded to:

- a. In response to a request for broader definition of the term 'Equality, Diversity, and Inclusion' in the context of the survey it was explained that the aim was to include all nine protected characteristics as part of the study. The potential issues raised concerning language and the difficulties which could be experienced was acknowledged but it was noted language does not currently qualify as a protected characteristic.
- b. It was explained that as the Patient Perception Survey was taking place within a similar timeframe the approach was to conduct the CPD survey with a smaller sample of the register that would provide assurance about representation of the Register and also avoid survey fatigue. It was acknowledged that the timing of the surveys and the presentation of findings were not the ideal but the significant benefits shown as a result of the survey will help with further developments to improve the CPD Scheme.

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- c. It was suggested that the Executive could consider the timings of future surveys and how they reach the committees and Council. A research framework to consider the purpose, the intended outcomes of survey activity, the timings for reporting and the decision-making process was suggested for consideration.
 - d. Members supported the proposed enhancements to the guidance. It was suggested that Duty of Candour could be included as part of the enhancements.
 - e. It was suggested that when reporting the findings there should be clarity on the terms sex / gender in compliance with current UK government guidance on terms.
 - f. It was agreed to circulate the Evaluation Report to council for information in advance of publication.
- a. Noted: Council noted the implications from the CPD evaluation survey findings considered by the Policy and Education Committee.**
 - b. Noted: Council considered and provided feedback on the equality analysis and implications for development of the CPD scheme.**
 - c. Agreed: Subject to the CPD Evaluation Report being circulated to Council for information it was agreed to publish the CPD Evaluation Report including the equality impact.**
 - d. Council agreed to update the CPD and associated guidance, for consultation later this year, by:**
 - **Strengthening CPD on Boundaries as an important part of the communication and consent requirement**
 - **Strengthening and encouraging CPD in the area of EDI**
 - **Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.**
 - **Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague(s).**
 - **Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.**

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- **Making more explicit expectations about how AI could and should not be used in the CPD process.**

Item 12: Student Health and Disability Guidance - Consultation

25. The Head of Policy introduced the item which asked Council to consider the publication of draft guidance for consultation:

- Guidance for Applicants and Students with a Disability or Health Condition
- Students with a Disability or Health Condition – Guidance for Osteopathic Educational Institutions
- Easy read guidance

26. The key messages and following points were highlighted:

- a. The GOsC has existing Health and Disability Guidance which had been updated following feedback from students and educators and from an EDI consultant in 2023.
- b. A further focus group with osteopathic students was held in February 2024 and feedback incorporated into the Guidance.
- c. The updated Guidance had been considered at the Policy and Education Committee. Council was asked to agree the publication of the Health and Disability Guidance for consultation in accordance with the Consultation Strategy.
- d. Easy Read versions of each draft guidance document had been commissioned and would also be consulted on.

27. In discussion the following points were made and responded to:

- a. In response to the suggestion of more web-based information members were advised that there needed to be more consideration about how to present and make more accessible following feedback from students.
- b. It was suggested that the IASCO online training function used for short in-house training modules might be a useful tool to consider.
- c. It was confirmed that the cost converting documents to Easy Read versions of the guidance were correct. The first draft of the guidance would be the consultation document with up to three subsequent modifications included in the Easy Read costing.
- d. It was added that the Easy Read versions would not replace the current guidance but would be an additional tool.

Agreed: Council agreed to proceed with the consultation as set out in the consultation strategy and consultation document.

Item 13: Patient Partner Programme

28. Rachel Heatley, Senior Policy Officer introduced the item which provided an overview of the Patient Partners programme including the success criteria and evaluation plans. Council was asked to agree the length of the pilot (one-year or two-years), the selection panel recruitment and appointment process.

29. The key messages and following points were highlighted:

- a. In November 2023, Council agreed to pilot the Patient Partners programme, an initiative to recruit and appoint two patients to Council to act as independent 'critical friends' participating in discussions but without voting rights.
- b. Patient Partners must have lived experience of osteopathic care and will support GOsC in undertaking its statutory duty rather than representing a personal healthcare condition or interest.
- c. The programme is a key aspiration of the GOsC's patient engagement strategy, to create a model of co-production involving patients in decision making in the same way as is done with osteopaths. Both osteopaths and patients are our beneficiaries under the Osteopaths Act 1993.
- d. Council was asked to agree the length of the pilot (one or two years), the date of appointment for Autumn 2025 and the selection panel to enable progression of the patient partner pilot.
- e. In order to support Council to make its decisions, further detail was provided on the purpose of and background to the patient partner programme, the qualities being looked for in the Patient Partners, the success criteria, and how it was intended to evaluate the pilot.

30. In discussion the following points were made and responded to:

- a. It was explained that the timeline for the Patient Partner role included the development of the recruitment pack, advertising, the recruitment exercise and the completion of the process with an appointment to the pilot scheme in Autumn 2025.
- b. Members commented on how, in light of the Registrant and Stakeholder Perceptions survey, this programme would be received. It was suggested that the plan for Patient Partners plans mirrors what has now been established through the Council Associate programme and the way in which the new programme, in terms of the registrant / stakeholder perceptions, would be dependent on how the programme is conveyed.

c. Members commented that the clarification of the role is important; is it an advocacy role, how is the role being defined?

d. Members considered the time-period for the pilot of the scheme putting forward a number of suggestions:

- A one-year was the appropriate period for a pilot scheme, a two-year appointment gave an impression of permanency rather than a pilot.
- A one-year appointment would focus attention on the outcomes of the pilot scheme.
- It was suggested there was not enough value gained from one-year appointment. With meetings of Council only taking place 4-5 per-year data collected after one-year of the scheme would not be robust enough for an informed analysis and decisions on the outcomes and next steps.
- It was noted that the initial appointment for the Council Associate scheme had been for one-year but it was also noted that Associates were osteopaths and had a significant interest in participating as members of the Governance Structure. A patient representative might not have that same interest. A two-year pilot would provide the evidence of how the scheme was working.
- It was suggested that a one-year pilot with a review after 12-months was suggested as an option. It was noted that the type of applicant for the role would be someone who is passionate in ensuring the patient voice is heard.

e. A number of suggestions were put forward on the complement and membership of the recruitment panel. This would be followed up in due course. The suggestions included extending an invitation to a member from the Patient Forum, the inclusion of the Chair of Council, and the inclusion of Gill Edelman, a lay member of Council.

Agreed: Council agreed Option B: a two-year pilot of the Patient Partner Programme with a break clause of 12 months.

Agreed: Council agreed the selection panel and to ask the selection panel following a successful recruitment process to recommend appointment of two Patient Partners for agreement by Council.

Item 14: Equity, Diversity, Inclusion and Belonging Framework 2024-30 (including Annual Report)

31. The Chief Executive introduced the item which presented the Annual Report on the work undertaken on equality and diversity in the year 2023-24 and set out the draft Equity, Diversity, Inclusion and Belonging Framework, 2024-30.

32. The key messages and following points were highlighted:

- a. Council receives an annual Equality, Diversity and Inclusion (EDI) report. Headlines from the report include:
- The Professional Standards Authority recognising, in its performance review report, that the GOsC had demonstrated good practice in taking

action to secure external input into its policy work and the clear EDI focus of the standards required for registrants, students and Osteopathic Educational Institutions.

- The positive promotion of awareness of equality, diversity and inclusion through the organisations social media and, for the first time, attendance at Pride in London.
 - That the GOsC's recruitment for non-executive positions has yielded the most diverse set of applicants ever received across a range of protected characteristics.
 - Compliance with new Welsh Language Standards which required a significant volume of work.
- b. In 2021 the GOsC developed its first Equality, Diversity and Inclusion Framework ending in July 2024, the draft Equity, Diversity, Inclusion and Belonging Framework is the next iteration for agreement by Council.
- c. The Framework describes the GOsC's current baseline position and articulates where the organisation would like to be by 2030 alongside proportionate actions to be taken over the next 12-24 months.
- d. Highlighted the Draft Equity, Diversity, Inclusion and Belonging Framework, 2024-30

33. In discussion the following points were made and responded to:

- a. Members liked the idea of the 'Belonging' content and the expansion of the framework to include the concept. It demonstrated the integrity, inclusivity and the concept of trust within the organisation.
- b. It was confirmed a public document which sets out legal duties as well as ambitions for where the organisation wants to be in the future.
- c. The typographic and grammatical errors which had been highlighted would be corrected and checked for consistency. GOsC documents across the organisation would also be checked to ensure they are consistent with and reflect the new EDIB framework .
- d. It was agreed that the structure of the document would be reviewed and would be circulated to Council for final consideration and approval before publication.

Noted: Council considered and noted the Equality, Diversity and Inclusion Annual Report 2023-24.

Agreed: Council agreed the Equity, Diversity, Inclusion and Belonging Framework 2024-30 subject to a final review.

Item 15: Annual Report to the Welsh Language Commissioner

34. The Chief Executive introduced the item on behalf of the Senior Communications Officer presenting the GOsC Annual Report to the Welsh Commissioner for 2023-24.

Under the Welsh Language Standards (No.8) Regulations 2022, the General Osteopathic Council is required to publish an annual report to the Welsh Language Commissioner on the ways in which it has complied with the Welsh Language Standards.

35. The key messages and following points were highlighted:

- a. In December 2023, the GOsC implemented the new Welsh Language Standards in accordance with the compliance notice received from the Welsh Language Commissioner in June 2023.
- b. The GOsC is expected to implement standard 20 (the provision of an online registration process available to registrants in Welsh) by 6 December 2024.
- c. The reporting period for the GOsC's first Annual Report to the Welsh Language Commissioner under the Welsh Language Standards covers the period 6 December 2023 – 31 March 2024.
- d. As of 31 March 2024, there were 163 osteopaths living and/or practising in Wales, and 43 students studying and/or living in Wales.
- e. As part of the GOsC's compliance activities, approximately 140,000 words were translated across an estimated 60 documents and forms, as well as expanding the Cymraeg section of the GOsC website to provide more information about the organisation and its work in Welsh.

36. In discussion the following points were made and responded to:

- a. It was explained that 'not desirable' as shown in the table at page 9 of the report related to new or vacant positions that required Welsh language skills. The duty did not include Governance roles.

Noted: Council considered and noted the first Annual Report to the Welsh Language Commissioner.

Agreed: Council agreed that the report be published on the GOsC's public website.

Item 16: Committee Annual Reports

37. Each Committee is required to report annually on its work to Council. Council was requested to note the Annual Reports of the Policy and Education Committee, the People Committee and the Audit Committee.

38. It was confirmed that each of the GOSC's Committees Annual Reports are published.
39. Council had no questions or comments relating to the Annual Reports of the GOSC's committees.

Noted: Council considered and noted the Annual Reports of the Policy & Education, the People, and the Audit Committees.

Item 17: Unconfirmed Minutes of the Policy & Education Committee (PEC): June 2024

40. There were no comments or questions relating to the unconfirmed minutes from the meeting of the PEC.

Noted: Council noted the unconfirmed minutes of the Policy & Education Committee.

Item 18: Any other business

41. Institute of Osteopathy: The process to recruit a new Chief Executive to succeed Maurice Cheng who will be leaving the role at the end of May 2025. Members were asked to raise awareness about the vacancy and role via their professional networks.

Item 19: Questions from observers

42. National Council for Osteopathy Research: In reference to the CPD Scheme the meeting was informed that the Health & Care Act 2022, which encompasses regulated healthcare professionals, had set requirements relating to CPD and mandatory training for autism. It was unclear how much this might impact on osteopathy as the focus for the requirement was on providers who are registered with the Care Quality Commission (CQC) but the Executive agreed to reflect on the comment.

Date of the next meeting: Wednesday 20 November 2024 at (10.00)

Scott Marcia
08/11/2024 12:08:27



Council
20 November 2024
Matters arising

Classification	Public
Purpose	For noting
Issue	This paper addresses any matters arising from the public minutes of Council of July 2024.
Recommendation(s)	To note the content of the report.
Financial and resourcing implications	None.
Equality and diversity implications	None.
Communications implications	None.
Annex(es)	None.
Author	Matthew Redford

Scott Marcia
08/11/2024 12:08:27

Background

1. This paper addresses any matters arising from the 124th public minutes of Council not covered elsewhere on the agenda. The matters arising are set out below:

Minutes of the 124th public meeting of Council:

Item	Minute	Action	Outcome
Item 4: Matters arising	Para 5 refers	Council agreed the Social Media Policy subject to a final compliance check.	Completed: the Social Media Policy has been finalised.
Item 4: Matters arising	Para 5 refers	North East Surrey College of Technology (NESCOT) RQ: Privy Council are to confirm from the that the qualifications have been renewed (Full-time M0st, B0st; Part-time B0st)	Completed: we have received confirmation from the Privy Council that the qualifications have been renewed.
Item 7: Assurance reporting	Paras 11 - 13 refer	It was suggested to amend the wording of an activity within the Business Plan: <i>enhance how we develop and use our people (executive and non-executive) so we maximise the talent at our disposal</i>	Completed: this activity has been moved to priority area 3 where it is better aligned.
Item 10: Annual Report and Accounts	Paras 18 - 21 refer	Council approved the Annual Report and Accounts for e-signing by the Chair	Completed: the Annual Report and Accounts were e-signed by the Chair and laid before both Houses of Parliament w/c 2 September 2024 and published on our website in September 2024. We will publish the Annual Report and Accounts with the Charity Commission

Scott Marcia
08/11/2024 12:08:27

Item	Minute	Action	Outcome
			before the of January 2025 deadline.
Item 11: CPD evaluation survey 2024	Paras 22 - 24 refer	Subject to the CPD Evaluation Report being circulated to Council for information it was agreed to publish the CPD Evaluation Report including the equality impact.	Completed: the CPD Evaluation Report was circulated to Council in August 2024.
Item 12: Student Health and Disability Guidance	Paras 25 - 27 refer	Council agreed to proceed with the consultation as set out in the consultation strategy and consultation document.	Completed: the consultation on the Student Health and Disability Guidance was launched in September 2024.
Item 14: Equity, Diversity, Inclusion and Belonging Framework 2024-30	Paras 31 - 33 refer	Council agreed the Equity, Diversity, Inclusion and Belonging Framework 2024-30 subject to a final review.	Completed: the EDIB Framework 2024-30 was updated and agreed electronically by Council. The Framework was published in August 2024.
Item 15: Annual Report to the Welsh Language Commissioner	Paras 34 - 35 refer	Council agreed the submission of the Annual Report and that the report be published on the GOsC's public website.	Completed: the Annual Report was submitted to the Welsh Language Commissioner and published on our website in August 2024.

Recommendation: To note the content of the report.

Scott Marcia
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Chairs report to Council November 2024 – for noting

Council and Committee activity

There is a lot of recruitment activity ongoing, specifically:

- We appointed Chris Stockport as the Welsh Lay member.
- We are shortlisting in November for the four new external members of PEC (2 x lay and 2 x registrant).
- We will soon be interviewing for the two new registrant members to replace Liz Elander and Simeon London at the end of this financial year.
- The process for replacing Laura Turner when she finishes her second year as Council Associate member in April 2025 is also underway.

Stakeholders

Since the July 2024 Council:

- I have attended the official launch of the Health Services University (the home of University College of Osteopathy (UCO)) in Bournemouth, hosted by the Princess Royal.
- I have attended the Osteopathy Europe conference in Luxembourg (verbal update).
- I attended GOsC's quarterly meeting with the Osteopathic Education Institutions.
- I held a second 121 meeting with the Chair of the General Chiropractic Council.
- I have been invited to liaise with some of the other Chairs of Health regulators on the issue of 'Shared decision making and consent'.

Scott Marcia
08/11/2024 12:08:27



Council
20 November 2024
Chief Executive and Registrar's Report

Classification	Public
Purpose	For decision.
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	<ol style="list-style-type: none">1. To note the content of the report.2. To agree the appointment of lay and osteopath members to the Professional Conduct Committee from 1 April 2025 to 31 March 2029. Lay members: Balbinder Kaur Johal Rachel Forster Andrew Howard Jacqueline Elizabeth Telfer Pauline Sturman Osteopath members: Tamsyn Webb Robert Thomas Catherine Hamilton-Plant3. To agree the reappointment of three lay PCC members from 1 April 2025 to 31 March 2029. Andrew Harvey Melissa D'Mello Helena Suffield-Thompson
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equity, diversity, inclusion and belonging.

Scott Marcia
08/11/2024 12:08:27



General
Osteopathic
Council

**Communications
implications**

None.

Annexes

None.

Author

Matthew Redford

Scott Marcia
08/11/2024 12:08:27

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:
 - The Professional Standards Authority (PSA) will be launching a consultation on revising the Standards of Good Regulation with a view to implementing new Standards from April 2026.
 - Fiona Browne presented at the PSA Research Conference alongside Julie Stone, showcasing our work on Boundaries.
 - We have attended and participated in regional roadshows organised by the Institute of Osteopathy.
 - We attended the Scottish Regulatory Conference in Glasgow and were involved in a number of sessions alongside colleagues from the General Medical Council (GMC), General Chiropractic Council (GCC), PSA and Health and Care Professions Council (HCPC).
 - We attended productive international events in Luxembourg and Australia. We look forward to continuing our engagement with our international partners.
 - Work is progressing with activities being implemented and progressed in line with plans for our response to the DJS report findings on registrant perceptions.
 - Work is continuing on a number of recruitment campaigns. We seek agreement to appoint new lay and osteopath members to the Professional Conduct Committee (PCC) and to reappoint three lay members to the PCC.

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.
2. The report also provides an update on the GOsC non-executive appointment and reappointment processes.

Professional Standards Authority for Health and Social Care (PSA)

Standards of Good Regulation review

3. The PSA have commenced a review of the 18 Standards of Good Regulation with a view to consulting on any potential changes to the Standards in 2025, ahead of their implementation from April 2026. Because of the cycle of reviews, the

GOsC and the HCPC will be the first organisations who are assessed against the new Standards.

4. I attended a pre-consultation workshop on 5 September where PSA were seeking views from the regulators on our views of the Standards. This was a useful session and the PSA were in listening mode about what works well, less well, where there may be areas that could be streamlined and where there may be gaps.
5. Through the workshop I encouraged PSA to focus on outcomes, quality of decision-making and learning loops and to avoid an overemphasis on process. I expressed the view that PSA need to ensure their assessment model strikes the right balance so they seek assurance Council's of the regulators were discharging their roles and the PSA does not seek to do the job of Council itself.
6. Unsurprisingly given the situation at the Nursing and Midwifery Council (NMC), there was discussion around culture and governance and whether the PSA Standards sufficiently addressed these areas. This will be explored more through the consultation process.
7. A consultation on revision of the Standards of Good Regulation will commence soon and will run for 12-weeks.

PSA Research Conference

8. I am delighted to report that Fiona Browne, Director of Education, Standards and Development, presented at the PSA Research Conference in October 2024 alongside Julie Stone on our Boundaries work. This was a one-hour parallel session which supported the overarching theme of the PSA Conference being Witness to Harm.

Rise Associates culture review into the Nursing and Midwifery Council

9. We have reported to Council previously on the Rise Associates independent culture review into the NMC. The Rise Associates report is a sobering read and we are not complacent in thinking that we are immune from problems arising within our context.
10. In October 2024 we presented to the People Committee an assessment from the Senior Management Team of our reflections on the recommendations arising from the Rise Associates report and how they apply within our context. The report did not highlight any problems or concerns which need to be addressed and People Committee were able to discuss the content and take assurance that the Senior Management Team are across this matter.
11. Additionally, People Committee felt confident that we had a number of ways of assessing culture within the GOsC including, for example, the biennial staff

survey which will be launched towards the end of 2024 and with results reported to People Committee in March 2025.

Legislation matters

12. We have been discussing with Department of Health and Social Care (DHSC) the way in which protection of title is currently described within our legislative framework. This part of our Act, Section 32, does not currently capture the use of wording such as 'osteopathic techniques' by non-registrants, which we think has the potential to pose patient safety issues.
13. There are also potential matters which may benefit from further exploration in relation to s32 with regards to the potential for artificial intelligence to offer 'osteopathy' to ensure appropriate protections in the future. We are gathering evidence to share with the DHSC on these matters and to understand if there may be an opportunity for our legislation to be amended.
14. We have received a copy of the draft Public Interest Disclosure (Prescribed Persons) Order 2024 in which the GOsC has been added as a person prescribed for the purposes of section 54 under the Isle of Man's Employment Act 2006 (whistleblowing). The matters prescribed are identical to those in the UK Order. The Department for Enterprise in the Isle of Man advise that it is intended that the draft Order will be introduced for parliamentary approval in November 2024 with an implementation date of 1 April 2025.
15. Further, they will be coming forward with legislation that will introduce the duty to report on whistleblowing cases for those prescribed in the Order that will likely apply from the same implementation date and run similarly to that in the UK. The Department will be in contact with further details regarding reporting and an update on parliamentary approval in November.

Scottish Regulatory Conference

16. The Scottish Regulatory Conference was held on 6 November 2024 with the GOsC participating in a number of sessions. We will provide a verbal update on this work at the Council meeting.
 - We were involved in a session on 'Protecting patients, supporting professionals – is the balance right?' with the GMC and GCC where we were able to showcase our work and debate the issues relating to trust and regulation.
 - We also participated in a panel discussion on upstream regulation alongside colleagues from the PSA and the HCPC, chaired by Laura Dunlop KC.

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Institute of Osteopathy (iO)

17. Since the previous meeting of Council we have attended and participated in the Institute of Osteopathy roadshows in Scotland and Birmingham with future attendance scheduled for Leeds (16 November) and London (23 November) and potentially Norwich and Plymouth in 2025 (dates for these to be confirmed).
18. We would be delighted to be joined by Council members and Council Associates at the roadshows. Please do let me know if you would be interested in attending a future roadshow event.

International matters

Osteopathy Australia / Osteopathic International Alliance conference 2024

19. The OIA is an international 'organisation of organisations' which brings together osteopathic medicine and osteopathy by connecting schools, regulatory bodies, and regional, national, and multi-country groups.
20. At the end of October 2024 I attended a conference hosted by Osteopathy Australia (the professional body) and the Osteopathic International Alliance.
21. The conference included the OIA Annual General Meeting (open and closed forum to members) and a two day event where there were a number of speakers across practice, research and regulation. The event was attended by over 100 people from across the globe and facilitated an exchange of ideas, knowledge and insight.
22. I participated in an international regulation panel discussion alongside colleagues from Canada, United States of America, Denmark, Italy and Australia. We discussed the approach to regulation within our respective jurisdictions and the similarities, differences, challenges and opportunities. My view is that our experience as a statutory regulator was well received and there was interest in GOsC being invited to speak at future events both in Europe and beyond. The next OIA conference is in November 2025 in Toronto.
23. I was able to hold productive conversations with colleagues from Europe and specifically with the new OIA President, Philippe Sterlingot, who is also President at Syndicat Francais des Osteopathes. We have been in communication post the conference as we work towards trying to address challenges arising from the UK holding third-country qualification status following Brexit.
24. In advance of the OIA Conference, I attended an online meeting with my counterparts from the Australian Health Practitioner Regulation Agency and the New Zealand Osteopathic Council. We also held a private meeting during the course of the two day conference. We were able to share updates on what is happening within our respective countries and to agree to work towards streamlining the process for qualified individuals moving between our registers.

25. A keynote talk was delivered by Susan Biggar, National Engagement Advisor at AHPRA on kindness within regulation. There were a number of themes which resonated with work we are undertaking post the registrant perceptions survey activity and I am in the process of making contact with Susan to see if there is learning that we can share with each other.

Osteopathy Europe

26. Osteopathy Europe promotes standards, regulation and recognition for osteopaths in Europe and represents osteopaths and osteopathic institutions in 22 countries.
27. The Autumn conference and the next AGM of Osteopathy Europe was held in Luxembourg on 11/12 October and was attended by Jo Clift in her capacity as Chair of Council. Jo will report verbally on her attendance at Osteopathy Europe in her report to Council.
28. The next meetings of Osteopathy Europe will take place in Mallorca in March 2025 and Germany in October 2025.

Response to DJS perceptions research

29. Work is progressing with activities being implemented and progressed in line with plans for our response to the DJS report findings on registrant perceptions.
30. Highlights include that the registration renewal emails have been updated to improve the tone and the clarity of the information and are now being rolled out. Our new WhatsApp channel has been launched and the drop-in sessions have been running on a weekly basis. Although the number of attendees at the drop-ins has been small, those who have attended have been very positive about the experience and staff have found the impromptu meetings of great value. This is a very new initiative and it is expected that over time awareness of the sessions should grow which may lead to higher attendance.

Engagement with educators, students and patients

31. As part of the current consultation on our draft guidance for students with a disability or a health condition we have run focus groups to gather views from students, educators and patients. In October, we held two focus groups with students, two with educators and one group with members of our patient involvement forum. We will analyse all the feedback we receive and report back to the Policy and Education Committee on our findings in Spring 2025.
32. In addition, we have also been visiting students to talk about issues in osteopathy and the work of the GOsC. We have presented to students at UCO and Swansea, with further engagement activities to be undertaken shortly. We have held thematic sessions on boundaries and the CPD scheme with the

Cheshire Osteopathic Group and the Kent and East Sussex Osteopaths new graduate mentoring group in October.

Equity, Diversity, Inclusion and Belonging (EDIB)

33. Since the previous meeting of Council we have finalised and published our Equity, Diversity, Inclusion and Belonging Framework for 2024-30.

Appointment and reappointment activity

Current recruitment campaigns

34. Since the July 2024 meeting of Council, there has continued to be a significant amount of work relating to Governance appointments.

Council members, osteopathic, 2 osteopath positions

35. At the end of March 2025 the terms of office for Liz Elander and Simeon London come to an end. We have been recruiting for their replacements and we have five interviews scheduled for 27 November 2024.

Professional Conduct Committee (PCC), 4 lay and 3 osteopath vacancies

36. We received a total of 123 lay applicants and 13 osteopath applicants. 9 lay applicants and 7 osteopaths were shortlisted for interview on 16-19 September 2024.
37. We received feedback from the Chair of the PCC, who was also the Chair of the selection panel, that the quality of the candidates was exceptional and that each of the lay candidates were appointable and that four of the seven osteopath candidates were appointable.
38. The following candidates are being recommended to Council for appointment.

Lay candidates recommended for appointment

Balbinder Kaur Johal	1 April 2025
Rachel Forster	1 April 2025
Andrew Howard	1 April 2025
Jacqueline Elizabeth Telfer	1 April 2025
Pauline Sturman	1 April 2026

Osteopath candidates recommended for appointment

Tamsyn Webb	1 April 2025
Robert Thomas	1 April 2025
Catherine Hamilton-Plant	1 April 2025

Investigating Committee (IC), 2 lay and 3 osteopath vacancies

39. In response to the advertising campaign for Investigating Committee recruitment we received a total of 101 lay applicants and 11 osteopath applicants. Shortlisting is scheduled for 6 November 2024.

Policy and Education Committee (PEC), 4 lay and 3 osteopath vacancies

40. In response to the advertising campaign for Policy and Education Committee recruitment we received a total of 44 lay applicants and 9 osteopath applicants. Shortlisting is scheduled for 12 November 2024.

Council Associate, 1 osteopathic vacancy

41. The advertising campaign for this role commenced in September through to October 2024. An online webinar took place at the end of September 2024 involving current Council Associate Laura Turner, with 10 attendees although we had a greater number of people expressing interest in attending (38). We emailed the recording to all who were unable to attend. Feedback from the webinar was positive and we thank Laura for her participation.
42. We have received 14 applications for this role and shortlisting is scheduled for November 2024 which is an increase on the number received this year.

Reappointments

43. The following three PCC members are being recommended for reappointment from 1 April 2025 to 31 March 2029. The People Committee have reviewed the reappointment paperwork as part of the oversight process.

Andrew Harvey	lay Chair of Professional Conduct Committee
Melissa D'Mello	lay panel chair of Professional Conduct Committee
Helena Suffield-Thompson	lay member of Investigating Committee

Staff updates

44. Marcia Scott, Council and Executive Support Officer, retires in February 2025. We have decided to split the role undertaken by Marcia and create two part-time positions, one being a Governance Manager and one being an Executive Assistant.
45. I am pleased to report that we have appointed Lorna Coe to the Governance Manager post and have commenced the recruitment campaign to identify an Executive Assistant.

46. I am also pleased to report that Kathryn Parkin has now started her jointly funded PhD which will be supervised by Professor Louise Wallace at the Open University as academic supervisor and Fiona Browne at GOsC as industrial supervisor following advertisement of the opportunity in 2023. Kathryn's PhD study will be aligned with our 2024 strategy and will focus on trust in regulation and regulatory processes and functions and aims to integrate academic excellence and rigour with regulatory impact, however the precise area will be driven by Kathryn as it is her PhD.

External meetings – bringing insight into our business

47. 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, which have not been referenced elsewhere in the report, include:

- Chief Executives of the Regulatory Bodies forum
- Osteopathic Development Group
- Inter-regulatory forums including education, research, EDI, governance and performance, Alliance UK Regulation in Europe
- Stakeholder meetings as part of the DJS registrants perception report launch
- Regular meetings with Mott MacDonald regarding quality assurance of education
- National Council for Osteopathic Research Trustee Board
- Institute of Osteopathy (iO) meetings
- Michael Evans, IT Consultant and BPI On Demand (Salesforce)
- Martin Chaney, IT Consultant (website development)
- Andrew Harvey, Chair of the Professional Conduct Committee
- Haysmacintyre, Audit Partner and Manager
- Bev Messinger, external HR consultant (longlisting and shortlisting, non-executive roles)
- Nick Jones, Chief Executive and Registrar, General Chiropractic Council
- Ongoing engagement with patients including contributions to consultations and focus groups
- Nockolds solicitors: inter-regulatory complaints forum
- Admincontrol board portal
- NexGen Cyber
- BCNO Graduation Ceremony
- Health Sciences University launch reception
- Jenny Brown, HR and People Consultant

Scott Marcia
08/11/2024 12:08:27

Recommendations:

1. To note the content of the report.
2. To agree the appointment of lay and osteopath members to the Professional Conduct Committee from 1 April 2025 to 31 March 2029.

Lay members:

Balbinder Kaur Johal
Rachel Forster
Andrew Howard
Jacqueline Elizabeth Telfer
Pauline Sturman

Osteopath members:

Tamsyn Webb
Robert Thomas
Catherine Hamilton-Plant

3. To agree the reappointment of three lay PCC members from 1 April 2025 to 31 March 2029.

Andrew Harvey
Melissa D'Mello
Helena Suffield-Thompson

Scott Marcia
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Council
20 November 2024
Assurance reporting

Classification	Public
Purpose	For noting.
Issue	A set of assurance reports are provided to Council on the performance of the organisation.
Recommendations	To note the assurance reports set out at Annex A and B.
Financial and resourcing implications	<p>The Business Plan monitoring report is attached at Annex A.</p> <p>The financial report for Quarter 2 of financial year 2024-25 is attached at Annex B.</p>
Equality and diversity implications	These are dealt with within the Annexes.
Communications implications	None.
Annexes	<p>A. Business Plan Monitoring Report to 31 October 2024</p> <p>B. Financial report to 30 September 2024.</p>
Author	Matthew Redford

Scott Marcia
08/11/2024 12:08:27

Key messages from this paper:

- Council receives a set of assurance reports at each meeting.
- These have previously been annexed to the Chief Executive and Registrar's Report; however, we have created a new agenda item specifically for assurance reporting to consider these items.

Business Plan monitoring

1. The Business Plan monitoring report to 31 October 2024 is attached at Annex A.

Financial report

2. The financial report for the half-year to 30 September 2024, is at Annex B.

Recommendations:

To note the assurance reports set out at Annex A and B.

Scott Marcia
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GENERAL OSTEOPATHIC COUNCIL

Business Plan

April 2024 - March 2025

**Monitoring Report as at 31
October 2024**

Scott Marcia
08/11/2024 12:08:27

GOsC BUSINESS PLAN 2024-25

Our vision is to be an inclusive, innovative regulator trusted by all. And we recognise that to achieve our vision we need to make progress each year against the three strategic priorities agreed by Council which are:

- Strengthening trust
- Championing inclusivity
- Embracing innovation

This document, the Business Plan Monitoring Report 2023-24, sets out the detailed activities in support of each of the goals and our progress against each.

Legend

Status

- On track
- Delayed
- Cancelled/postponed

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Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Using the registrant and stakeholder perceptions survey to explore barriers to trust.	Present findings of the perceptions survey to Council with identified actions.	From May 2024	Chief Executive, Communications, Professional Standards, Fitness to Practise, Registration	■	Headlines from the survey reported to Council in Private session at the May meeting, with further update in July 2024. DJS presented the final report at the September 2024 Council Strategy day and our response was discussed and agreed. Action plans for prelaunch and launch completed and short term plans in train.	
Further develop and implement plans for a collaborative Strategic Patient Partnership Programme at Council level.	Agree specification to measure success of pilot Begin recruitment of patient representatives to inform decisions but without decision making rights.	July 2024 From November 2024	Professional Standards Professional Standards	■ ■	Paper for consideration on the July 2024 Council agenda. Person specification and approach to recruitment to be agreed by People Committee during November.	
Enhance the experience of students, osteopaths	Developing our approach to student engagement	March 2025	Communications	■	A number of student focus groups have taken place and have informed the development of our student ebulletins which were sent out in February, April, June and October. Analysis and	

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
and patients who engage with our services for example in registering, renewing registration and undertaking CPD and accessing or delivering high quality osteopathic care.	through collecting and reviewing of insight and finalising a student engagement plan for 25/26				insight is underway and will be further informed by student responses to the Registrant and Perceptions Survey. The analysis, insight and our response is planned for consideration by the Policy and Education Committee early in 2025.	
	Facilitating of three student focus groups to collect insight	April 2024	Communications	■	See above	
	Publish three student ebulletins	May, Oct, December 2024	Communications	■	See above	
	Undertake comprehensive tone of voice review of registration renewal reminder letters (1 st stage by summer 2024).	March 2025	Communications, Registration	■	Underway	
	Meaningful patient	All year to March 2025	Professional Standards	■	Patient focus groups have been undertaken to gather views and aid the development of the following pieces of work:	

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Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
<div> <div>Scott Marcia</div> <div>08/11/2024 12:08:27</div> </div>	involvement in policy development and all consultations				<ul style="list-style-type: none"> Our revised guidance on professional behaviours and student fitness to practise; Our EDIB framework; Our strategic patient partnership programme; Our revised health and disability guidance. <p>Patients have also provided views on our Witness feedback form and at the Council day. Patients also fed back via surveys as part of our evaluation work detailed below.</p>	
	Publish evaluation and impact of patient involvement to date.	March 2025	Professional Standards, Communications	■	PEC considered the findings of our evaluation and proposed next steps. They agreed for us to publish the evaluation report and for us to start implementation of our proposed next steps, following the findings in the report.	
	Encourage use of patient resources to support high quality care as part of implementing our EDIB guidance and through the CPD scheme.	March 2025	Professional Standards, Communications	■	Our Evaluation of our Values Resources was published in July and the communications plan is underway.	

Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Publish an invitation to tender to scope out our new public website.	Invitation to tender published.	October 2024	Communications	■	A report was provided to Audit Committee in October and a further single item Audit Committee meeting is planned for November to discuss our procurement approach.	
To support students and osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards	Publish NCOR Concerns Report collaborating with NCOR, iO and insurers.	February 2025	Professional Standards	■	Data submission and template completion underway.	
	Consult on and publish Guidance on Professional Behaviours and Student Fitness to Practise.	March 2025	Professional Standards	■	The Professional Behaviours and Student Fitness to Practise guidance has been recommended to Council for publication. Stakeholder workshop held in March 2023. Analysis ongoing. Workshop with educators, students and Julie Stone planned for October / November 2024.	
	Progress boundaries project including strengthening guidance publication of resources and guidance and	March 2025	Professional Standards	■	Periodic promotion of resources and opportunities to learn about boundaries in student ebuletin and registrant ebuletin, and planned podcast and additional case studies.	

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Strengthening trust:

We will work to enhance/improve our relationships with those we work with so together we can help protect patients and the public

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	ongoing sector work raising awareness of impact of boundary breachers and common messaging.					
	Publishing CPD evaluation and updating CPD Guidance and resources.	July 2024 and November 2024	Professional Standards	■	Updated CPD Guidance and PDR form on the November Council agenda.	
	Ongoing quality assurance activity.	All year to March 2025	Professional Standards	■	<p>Council agreed RQ in May 2025.</p> <p>PEC approved a number of RQ specifications in June 2024 for visits planned later in the year.</p> <p>The QA team are undertaking ongoing dialogue with OEIs.</p> <p>GOsC / OEI (RELM) meeting held in May 2024 focussing on the visit process, qualities and behaviours to inform Visitor Training which takes place in July.</p>	

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Championing inclusivity:

It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Collect, analyse, publish equality, diversity and inclusion data to demonstrate changes made, or mitigations put in place, where we have identified there is an undue impact on those with protected characteristics.	Publish information, throughout the year, including but not limited to: <ul style="list-style-type: none"> - Registration renewal - Governance and appointments - Fitness to practise - registrants and complainants - Equality Impact assessments for all policies and processes which allow GOsC to demonstrate changes made or 	From April 2024	Chief Executive supported by Professional Standards, Regulation, Communications, Registration, Resources and Human Resources	■	Equality Impact Assessments are produced for all policies and processes, with staff having been trained on their completion earlier in 2024. The annual Equality and Diversity report is made to Council in July 2024, and is presented alongside a new Equity, Diversity, Inclusion and Belonging Framework.	

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Championing inclusivity:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	mitigations put in place.					
Promote inclusivity in osteopathic education and practice for students, patients and osteopaths.	Publish draft health and disability guidance for consultation.	July 2024	Professional Standards, Communications	■	This is covered within the July 2024 Council papers.	
	Publish final version of health and disability guidance.	March 2025	Professional Standards, Communications			
	Promote Equality, diversity, inclusion and belonging guidance and resources and encourage inclusion as part of the CPD scheme.	All year to March 2025	Professional Standards, Communications	■		
	Signpost, develop and promote	All year to March 2025	Professional Standards, Communications	■		

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Championing inclusivity:

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Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
	resources to support registrants wellbeing. Promote use of patient values resources.	All year to March 2025	Professional Standards, Communications	■		
Promote our Equality Duty responsibilities and the actions we intend to take to further our commitment to Championing Inclusivity.	Publish a new Equity, Diversity, Inclusion and Belonging Framework 2024-30.	August 2024	Chief Executive, Communications	■	Contained within the July 2024 Council papers.	
Conduct a comprehensive review, and make amendments, of all Fitness to Practise guidance both at the initial stages and	Revise, consult and publish relevant Fitness to Practise guidance.	From July 2024	Regulation	■	Underway	

Championing inclusivity:

It is important to us that people who interact with us, or who work for us, can be their true selves and that we understand and break down any barriers which prevent them from doing so

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
hearings stage of the Fitness to Practise process to ensure the guidance adequately address allegations that involve racist and discriminatory behaviours.						

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Conduct a comprehensive review of the GOsC Threshold Criteria for Unacceptable Professional Conduct taking into account developments within wider regulation and regulatory reform and feedback from Internal and External Stakeholders.	Revise, consult and publish the GOsC Threshold Criteria for Unacceptable Professional Conduct.	From July 2024	Regulation	■	Underway	
Implement a new CRM system within GOsC and ensure a smooth transition for	New CRM system implemented and assurance reports provided to Audit Committee and Council.	December 2024	Chief Executive, Communications, Registration, IT	■	We are in the implementation phase of the project and are scheduled to implement the system by the end of this calendar year. Update reports presented to Audit Committee by the external IT Consultant.	

Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
internal and external users.						
Support workforce and retention with the profession to support osteopaths to practise to high standards in accordance with the Osteopathic Practice Standards	Support research to better understand factors impacting on recruitment and retention in osteopathy.	July 2024	Professional Standards, Regulation, Registration	■	Research agreed and discussions about next steps to be undertaken following clarification of data consents.	
	Complete research into experiences of transition into practice.	July 2024	Professional Standards	■	Research completed and considered by Policy and Education Committee in June. Next steps include sector work and development of specific GOsC guidance to support transition.	
	Discuss findings with sector and collaborate on recommendations.	November 2024	Professional Standards	■		
	Agree role and approach to recognition of professional qualifications.	July 2024	Professional Standards, Registration, Chief Executive	■	We met with the iO and COEI in July who agreed our approach to engage European regulators and professional bodies and more broadly, reconnect internationally.	
	Progress discussions to	March 2025		■	We have already met with an Italian contact and reconnected with international counterparts at the	

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Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
<div>Scott Marcia 08/11/2024 12:08:27</div>	raise awareness of osteopathic qualifications and regulation and to explore barriers to recognition.		Professional Standards, Chief Executive		Osteopathy Europe and Osteopathic International Alliance conferences in October 2024.	
	Refining and publishing data on enrolment, progression in education and joining and leaving the register to provide an authoritative source of data for the wider health sector about the osteopathic workforce.	November 2024	Professional Standards	■	We are working with a Data Protection legal expert to progress this work and participating in the Osteopathic Development Working Group with stakeholders.	
	Explore readiness of current quality assurance model to assess different models of delivery of osteopathic education.	March 2025	Professional Standards	■	Ongoing	

Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Scope and develop a financial, asset and environmental strategy which underpins GOsC business continuity and sustainability.	Financial, asset and environmental strategy agreed by Council following in-year engagement.	From July 2024	Chief Executive, Resources	■	Audit Committee considered the principles on which the plan should be developed alongside the type of evidence to underpin the plan.	
Review the impact of artificial intelligence on osteopathic education and osteopathic care and the use of artificial intelligence in health care for patients and to consider impact on osteopathic standards and regulation.	<p>Scoping report.</p> <p>Immediate implications, recommendations and actions</p> <p>Longer term recommendations and actions</p>	<p>July 2024</p> <p>November 2024</p> <p>March 2025</p>	<p>Professional Standards</p> <p>Professional Standards</p> <p>Professional Standards</p>	<p>■</p> <p>■</p>	<p>Policy and Education Committee considered a paper on AI at its June 2024 with a further update in October 2024.</p> <p>Work is ongoing and we are still in the process of gathering information and engaging with stakeholders including OEIs and regulators.</p>	

Embracing innovation:

We will continually seek and take opportunities to improve what we do and how we do it, so we continue to improve as an organisation

Activity	Measurable actions	Timeline	Lead	Status	Narrative	Revised timing if relevant
Enhance how we develop and use our people (executive and non-executive) so we maximise the talent at our disposal.	Develop a People Strategy which is grounded in its use of data and insight.	November 2024	Chief Executive, Human Resources, Professional Standards	■	Initial discussion held at People Committee in June 2024 with future papers to be presented to the Committee for agreement.	

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GOsC metrics to help ensure we are delivering efficient and effective regulation.

In 2024-25 we expect to:

Metric	Status	Narrative, if relevant
Process c.5,500 registration forms (UK and International applicants and annual renewal of registration forms) and c.5,000 reminder notices.	■	4,851 renewal of registration forms processed to end October 2024. 4,201 fee reminders (28-day). 650 (14-day fee and renewal form).
Support c.220 first-time applicants to join the UK Register (including applications from internationally qualified applicants and from UK qualified graduates).	■	235 new applications fully processed at end October 2024. 6 international applications fully processed at end June 2024.
Receive c.200 queries from patients, members of the public, registrants and other healthcare professionals, leading to c.75 fitness to practise cases being opened, of which c.30 will be referred for investigation leading to c.12 being referred for a final determination hearing.	■	79 queries received at end October 2024.
Undertake quality assurance processes with 7 osteopathic educational providers including analysis of 7 annual reports and undertaking visits to four osteopathic educational providers.	■	Ongoing.
Holding 3 good practice events and continue to engage on a 1:1 basis with all osteopathic educational providers during the year.	■	Events to be held later in the year.
Respond to c.2,000 enquiries into our osteopathic information support service for osteopaths, patients and the public; c.60 policy and ethical queries related to our standards; c.4,600 registration queries and c.650 student queries.	■	653 queries received at end Sept 2024. 27 ethical queries related to the application of the OPS at end June 2024. 904 registration queries received at end Sept 2024. 339 student queries received at end Sept 2024.
Send out 12 monthly ebulletins to registrants achieving an open rate of c60%.	■	April - 71% May - 66.4% June – 62.5% July – 71% Aug – 64% Sept – 63%

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Metric	Status	Narrative, if relevant
Send out 4 quarterly English student ebulletins to 446 students (penultimate and final year) achieving an open rate of c40%.	■	June – 51%.
Send out 4 quarterly Welsh student ebulletins to 70 students living in Wales (penultimate and final year) achieving an open rate of c30%.	■	June – 38%.
Receive and fulfil 150 requests for personalised Registration Marks	■	58 requests received at end Sept 2024
Attend and participate in upwards of 25 osteopathic sector meetings, webinars and regional events engaging with osteopaths, students, patients and osteopathic organisations and other stakeholders reaching approximately 250 students and 500 osteopaths.	■	21 events attended by end September, with a total of 330 osteopaths and other stakeholders attending
Ensure the patient voice informs the work of the GOsC through at least 100 interactions (formal and informal) with members of the patient involvement forum.	■	4 patient engagement events held as at end October 2024. 39 individual touch-points with patients including where patients provide follow-up ideas to our work.
Receive and process c.300 applications for non-executive vacancies relating to Council, Policy and Education Committee, Investigating Committee and Professional Conduct Committee.	■	At end June 2024, we received 163 applications for vacancies on Council and Professional Conduct Committee. PEC and IC recruitment campaigns remain open.
Host 2 recruitment webinars attracting c.200 attendees including c.80 osteopaths and engage with c.150 interested applicants for our independent fitness to practise panel positions.	■	PCC webinar held, April 2024 – 93 attendees. IC webinar held, July 2024 - 63 attendees Council Associates webinar held, September 2024 – 10 attendees (38 registered interest).
Continue to regularly receive feedback after our webinars and events that attendees have shifted their perceptions in a positive way e.g. are less fearful and have a deeper understanding about the topic	■	From those who responded, 95% rated the PCC webinar as very useful with 100% rating the webinar as delivering what was expected. From those who responded, 92% said the IC webinar delivered what was expected and 83% rated the webinar as very useful.
Ensure Council and committee scrutiny and oversight of our work through servicing 15 meetings.	■	Council, May 2024. PEC, Audit, People, June 2024.
Provide training, development and strategy opportunities for c.50 members of the GOsC governance (decision making) structure, as well as those who advise on our statutory	■	Future training, development and strategy events planned.

Metric	Status	Narrative, if relevant
decision making including 12 education visitors and 8 registration assessors.		
Provide training and development opportunities for our 27 member staff team.	■	Ongoing throughout the year.

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Financial Report 2024-25 (six months to September 2024)

Key messages from the report:

- Registration fees are on track to meet budget expectations.
- Expenditure is around £1.49m and is £50k over budget for the first half of the year, on a straight-line basis.
- The Balance Sheet is in a strong position, meaning we can face future challenges from a position of financial health.
- Cash at bank is currently around £124k higher than at year end; however, we are expecting the cash position to return to a level similar to the March 2024 position by the end of the year.

Background information

1. Our current financial year commenced on 1 April 2024 and will conclude on 31 March 2025. In this report it will be referred to as FY2024-25.
2. The budget for FY2024-25 was approved by Council in May 2024.
3. Council receives a financial report at each meeting which presents the cumulative financial results for a given period. Where possible, the reports try to cover quarterly periods within the financial year.
4. In circumstances where the Council papers are being dispatched close to the end of a quarter, it may not always be possible for the financial report to cover the full period. To give Council more robust financial information, we may from time to time shorten the reporting period and issue reports outside of the Council meeting cycle.
5. The financial quarters are as follows:

	Start	End
Quarter 1	1 April	30 June
Quarter 2	1 July	30 September
Quarter 3	1 October	31 December
Quarter 4	1 January	31 March

6. This financial report covers the period ending 30 September 2024, which is halfway through the financial year.

7. Forecast figures reflect the spend in the year to date, along with the remaining budget allocation. This gives an idea of what the position will be at the end of the year.

8. The structure of this report is:

- Summary of financial position - income/expenditure narrative
- Income and Expenditure Account (top-level department summary)
- Balance Sheet, including explanatory notes
- Cash flow: overview and projection
- Annex A: Expenditure Account (detailed departmental summaries)

Summary of financial position

9. At the end of the six month period from 1 April 2024 to 30 September 2024, the income and expenditure account shows a surplus position (before designated spending from reserves) of £358k. Spending from reserves budgets in the first half of the year is £88k.
10. We have budgeted a surplus position of around £4k, before designated spending, by year end.

Income

11. The primary source of income is from registration fees paid by osteopaths. The GOsC does not have a single registration date meaning that in every month there is a proportion of osteopaths due to renew their registration. In accordance with accounting rules, we need to ensure that we account for, and report, only the proportion of the fee relevant to the financial period.
12. At 30 September 2024, income totalled around £1.85m, which is slightly above budget for the same period. Registration fees accounted for 97% of the total income received. Bank and investment income accounted for around 3% of income in the same period.

Expenditure

13. After the first quarter we have recorded actual expenditure of around £1.49m. This is approximately £50k over budget for the same period, but we are expecting this to level off as the year progresses.

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Income and Expenditure Account (top-level summary)

14. The Income and Expenditure Account is set out below:

	Year to Date 1 April 2024 – 30 September 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Income					
Registration fees	1,787,881	1,780,000	7,881	2,840,000	2,847,882
Registration assessments	5,686	-	5,686	-	5,686
Other income	58,454	15,000	43,454	30,000	73,454
Total	1,852,021	1,795,000	57,021	2,870,000	2,927,022
Expenditure					
Employment costs	824,615	876,432	51,817	1,752,864	1,701,047
Education and professional standards	105,366	81,250	(24,116)	162,500	186,615
Communications, research and development	50,375	46,500	(3,875)	93,000	96,875
Registration administration	7,364	4,000	(3,364)	8,000	11,363
IT infrastructure	65,957	48,500	(17,457)	87,000	104,457
Fitness to practise, including legal	174,518	180,000	5,482	360,000	354,518
Governance	119,934	89,526	(30,408)	165,000	195,409
Resources and administration	146,315	120,750	(25,565)	237,500	263,065
Total	1,494,444	1,446,958	(47,486)	2,865,864	2,913,349
Surplus before designated spending	357,577	348,042	9,535	4,136	13,673
Designated spending	88,035	-	(88,035)	-	88,035
Surplus after designated spending	269,542	348,042	(78,500)	4,136	(74,362)

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15. The detailed departmental expenditure accounts can be found further down the document.

Balance Sheet

16. The Balance Sheet for the period ended 30 September 2024 shows total reserves of £3.15m (including designated funds). Cash held in hand and at bank totals £850k with a further £1.32m in the managed investment portfolio. The balance sheet below reflects the September 2024 valuation of the investment portfolio

17. The Balance Sheet as at 30 September 2024 is set out below:

	30 September 2024			31 March 2024	
	£	£		£	£
Non-current assets					
Assets					
(fixed/intangible)		1,610,764			1,547,271
Investment (portfolio)		1,320,067			1,269,682
Current assets					
Debtors	385,662			407,610	
Cash in bank and in hand	850,473			726,897	
	1,236,135			1,134,507	
Liabilities					
Creditors within one year	(1,014,994)			(1,069,030)	
	(1,014,994)			(1,069,030)	
Net Current Assets		221,141			65,477
Provisions		-			-
Total assets less total liabilities		3,151,972			2,882,430
Reserves					
General reserve		2,643,794			2,386,217
Designated funds		508,178			496,213
Total Reserves		3,151,972			2,882,430

Balance Sheet explanatory notes

Debtors

18. Debtors have decreased to £386k from the year end position of £408k. This is predominately due to prepayments being released over time. We would expect to see a fluctuation throughout the year as expenses are processed through the system.

Creditors

19. Creditors have decreased to £1.01m from the year end position of £1.07m. The main contributor since year end is in relation to invoices payable; we have a lower creditor balance than we did at year end.

Designated reserves update

20. Spending on designated reserves in the year is shown below:

Reserve	Reserve at March 2024	New allocation in year	Spend in year	Reserve at Sept 2024
IT investment	152,093	-	6,374	145,719
Values project	10,000	-	-	10,000
Registrant perceptions	34,120	-	30,348	3,772
NCOR infrastructure costs	150,000	-	13,286	136,714
Website development	-	100,000	23,718	76,282
General legal reserve	150,000	-	11,597	138,403
IO Convention 2023	-	-	2,712	(2,712)
Total	496,213	100,000	88,035	508,178

Cash flow and investments

21. Council closely monitors its cashflow and reserves. The following section provides an overview of the cash flow position and current cash flow projection.
22. The cash at bank balance has increased to £850k from the year end position of £727k. The main reason for this is due to the non-linear nature of registration renewals, so a higher proportion of registrants have renewed their registration in the first half of the year. We are expecting the cash position to level off as we progress through the year.

Investment portfolio

23. At 30 September 2024, the investment portfolio stood at £1.32m. Withdrawals from the portfolio would need approximately 10 day's notice, although our expectation is that we will not need to draw down on the investment this year.

Charity Commission reporting

24. As well as being a statutory regulator, the GOsC is also a registered charity, and there are certain circumstances where we must make reports to the Charity Commission, including for example, serious adverse events such as significant reduction in income.
25. We do not foresee any need to make a report to the Charity Commission during financial year 2024-25.

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Departmental Expenditure Accounts

26. The individual departmental accounts are listed below with further narrative to support each business area.

Education and professional standards

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Expenditure					
Quality assurance	101,051	72,250	(28,801)	144,500	173,301
Research projects	1,818	7,928	6,110	15,855	9,745
Osteopathic Practice Standards	1,740	1,072	(668)	2,145	2,812
Publications & subscriptions	757	-	(757)	-	757
Total	105,366	81,250	(24,116)	162,500	186,615

27. The second quarter position shows a total expenditure of £105k, against a year-to-date budget allocation of £81k. The overspend is predominately due to QA work with additional training and preparation requirements for visitors adding to the overall spend. There is an underspend of just over £6k on Research projects, however there is an additional £30k in the separate reserves allocation for Registrants Perceptions Surveys.

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Communications, research, and development

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Expenditure					
Digital	15,868	16,250	382	32,500	32,118
Engagement and events	10,389	3,500	(6,889)	7,000	13,889
Publications	4,931	12,500	7,569	25,000	17,431
<i>Research</i>					
IJOM	19,187	14,250	(4,937)	28,500	33,437
Total	50,375	46,500	(3,875)	93,000	96,875

28. The second quarter position shows a total expenditure of £50k, against a budget allocation of £47k. The underspend in the Publications is largely offset by the overspend in the Engagement and Events budget, with an additional overspend on IJOM. The Chief Executive and Registrar had sought alternative funding towards the cost of IJOM but this has not been successful.
29. The £5k expense for the OIA Conference in Sydney is likely to be the main driver of the Engagement and Events overspend and reflects a change in approach by Council agreed at its May 2024 meeting to be more proactive on the international scene.

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Registration administration

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Income					
Registration assessment income	5,686	-	5,686	-	5,686
Total	5,686	-	5,686	-	5,686
Expenditure					
Registration assessments	7,364	4,000	(3,364)	8,000	11,363
Total	7,364	4,000	(3,364)	8,000	11,363
Net expenditure	1,678	4,000	2,322	8,000	5,677

30. The second quarter position shows a total net expenditure of £2k, against a budget allocation of £4k. The cost of registration assessments is largely offset by the fee-paying applicants applying for registration assessments, with the year to date forecast being £6k.

IT infrastructure

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY forecast
Expenditure					
CRM and infrastructure	37,344	28,500	(8,844)	57,000	65,844
IT Security	15,635	10,000	(5,635)	10,000	15,635
Software - Licensing	9,361	7,500	(1,861)	15,000	16,861
Other IT costs	3,617	-	(3,617)	-	3,617
IT Consultancy cover	-	2,500	2,500	5,000	2,500
Total	65,957	48,500	(17,457)	87,000	104,457

31. The second quarter position shows a total expenditure of £66k, against a budget allocation of £49k. The overspend is predominately due to spending on CRM, Infrastructure costs and IT Security. The IT Security costs include penetration testing on the GOsC website and external infrastructure, which contributed £3k of the overspend in IT security, and has taken the entire budget for the year.

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Fitness to practise, including legal

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Expenditure					
Statutory committee costs:					
• Professional Conduct Committee, incl. Health Committee	103,793	104,500	707	209,000	208,293
• Investigating Committee	70,245	75,000	4,755	150,000	145,245
Section 32 cases	480	500	20	1,000	980
Total	174,518	180,000	5,482	360,000	354,518

32. The second quarter position shows a total expenditure of £175k, against a budget allocation of £180k. There is slight underspend of £5k in costs for the Investigating Committee in the first half of the year; however the department overall is largely on track for the year.

33. Statutory committee costs represent over 99% of the department expenditure and reflect the work of the Investigating, Professional Conduct and Health Committees after the first half of the year. Council members are aware that this area of business represents the most significant area of risk to the expenditure forecasts in terms of volatility.

34. As of 1 November 2024, the following hearings and meetings for the next six months are scheduled:

November 2024	December 2024
x2 5-day PCC hearings x1 1-day IC meeting	x1 8-day PCC hearing x1 1-day IC meeting
January 2025	February 2025
None yet scheduled	None yet scheduled
March 2025	April 2025
None yet scheduled	None yet scheduled

35. In addition to the hearings and meetings above, an induction and training day for new PCC panellists, and the PCC annual training day will be held in January 2025. The IC annual training day will be held in March 2025.

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Governance

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Expenditure					
Council and committee costs, incl. reappointments	57,361	25,468	(31,893)	36,884	68,777
Honorariums & responsibility allowances	54,865	56,058	1,193	112,116	110,924
PSA levy	7,166	7,500	334	15,000	14,666
Equality & Diversity	542	-	(542)	-	542
Tax liability (expenses)	-	500	500	1,000	500
Total	119,934	89,526	(30,408)	165,000	195,409

36. The second quarter position shows a total expenditure of £120k, against a budget allocation of £90k. This is primarily due to some overspends on Council costs and appointments, and other committee costs. A lot of work has been undertaken to appoint Council and Committee members, which is generating the increase in costs. We would expect to see this level off soon, but it will still be over budget by the end of the year.
37. Honorarium and responsibility allowances of £55k represent 46% of the total expenditure for the opening half of the year.

Scott Marcia
08/11/2024 12:08:27

Annex B to 7

Resources and administration

	Year to Date 1 April 2024 – 30 Sept 2024				
	Actual	Budget	Variance from budget	FY Budget	FY Forecast
Expenditure					
Premises	44,153	33,750	(10,403)	63,500	73,903
Depreciation	34,173	30,000	(4,173)	60,000	64,173
Office administration	23,388	25,000	1,612	50,000	48,388
Financing	22,361	19,000	(3,361)	38,000	41,361
Financial audit fee	13,896	12,000	(1,896)	24,000	25,896
Legal fees	5,760	-	(5,760)	-	5,760
Publications and subscriptions	2,584	1,000	(1,584)	2,000	3,584
Total	146,315	120,750	(25,565)	237,500	263,065

38. The second quarter position shows a total expenditure of £146k, against a budget allocation of £121k. The £10k overspend on Premises is due to an increase in Council Tax for the office building, along with other increases in energy and other utilities, and some unplanned remedial works. There were also some unbudgeted legal fees.

39. The two principal areas of expenditure within Resources and administration (not including depreciation or financing) are the cost of premises including rates and service contracts (£44k), and office administration including insurance, postage, and photocopying (£23k). These two areas represent 43% of the total expenditure after the first half of the year.

Scott Marcia
08/11/2024 12:08:27



General
Osteopathic
Council

Council
20 November 2024
Fitness to practise committees Annual Reports 2023-24

Classification	Public
Purpose	For discussion
Issue	Each committee is required to report annually on its work to Council. These reports cover the period 1 October 2023 to 30 September 2024.
Recommendation	To note the annual reports of the Investigating Committee, Professional Conduct Committee and Health Committee.
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	An ongoing monitoring of equality and diversity trends in the decisions made by the fitness to practise committees form part of the work of the Regulation Department.
Communications implications	None
Annexes	Annex A: Investigating Committee Annex B: Professional Conduct Committee Annex C: Health Committee
Authors	Brian Wroe, Chair, Investigating Committee Andrew Harvey, Chair, Health Committee & Professional Conduct Committee

Scott Marcia
08/11/2024 12:08:27

Investigating Committee Annual Report 2023-2024

Introduction

1. This paper presents the 2023-24 annual report of the Investigating Committee covering the period 1 October 2023 to 30 September 2024.
2. I am delighted to present this, my sixth annual report to the Council. The period covered by this report is from 1 October 2023 to 30 September 2024. I took up the role of Chair to the Investigating Committee (IC) on 1st April 2019.
3. I have included, in bold and in brackets, figures from the 2022-23 and 2021-22 years for comparison.
4. In making this report I am conscious that there may be some repeat information which is made available to Council in other reports.

Meetings and Hearings of the Investigating Committee

5. During the twelve months covered by this report there have been 11 meetings of the IC to consider complaints **(2022/23, 9 meetings; 2021/22, 13 meetings)**. At time of writing, one 'all members' training day (in person) is planned to take place on 11 March 2025.
6. In addition, the IC has sat on 3 occasions to consider applications by the Council for the imposition of Interim Suspension Orders on registrants **(2022/23, 7 occasions; 2021/22, 10 occasions)**.

Casework

Numbers of complaints and the Committee's decisions

7. During the period covered by this report, the Committee has made decisions on 30 complaints against registrants **(2022/23, 22 complaints; 2021/22, 37 complaints)**. In 18 (60%) of these, the complaint was referred to the Professional Conduct Committee, and no cases were referred to the Health Committee. In 10 cases (33%), the Committee decided that there was no case for the registrant to answer **(2022/23, 9 case to answer and 12 no case to answer; 2021/22, 21 case to answer and 12 no case to answer)**. During this reporting period 2 cases (7%) were closed as 'no case to answer' however the registrant was issued with advice.
8. In comparison to the last reporting period, the number of cases decided by the Committee has increased by 8, whilst the number of meetings has increased by 2.
9. There have been 3 adjournments in this reporting period. The reasons for this being as follows: Case 1 -The Committee adjourned to request clarity on the

Annex A to 8

expert's opinion. Case 2 - The Committee adjourned to request that the Executive make further enquiries with the patient on certain aspects of his evidence as well as seeking another expert's opinion. Case 3 - The Committee directed that the Executive seek further evidential clarity in order to assist the IC. **(2022/23, 1 adjournment; 2021/22, 1 adjournment)**. The Committee will seek to keep this figure low in the interests of efficiency, while recognising that its influence in this respect is limited.

10. On occasions, the Committee is asked to provide its view on whether a hearing should be held, having previously referred that case to the PCC. This procedure is followed where a complaint has been referred by the Committee to the PCC but subsequently further information comes to light which calls into question whether a hearing should go ahead (whether the hearing does actually go ahead is a decision for the PCC not the IC). During this reporting period the Committee has not been asked to provide such a view **(2022/23, three cases; 2021/22, nil cases)**.

Issues raised by complainants

11. The complaints considered by the Committee covered a wide variety of areas including:
- Transgression of sexual boundaries (5)
 - Inadequate clinical treatment (11)
 - Lack of insurance (6)
 - Conduct during treatment (4)
 - Poor communication (1)
 - Conviction (2)
 - Poor complaints management (1)
12. Areas of concern include the inappropriate transgression of professional or sexual boundaries and inadequate clinical treatment. These have featured in 16 cases this year which represents an increase of 3 on the previous reporting period **(2022/23, 13 cases; 2021/22, 11 cases)**.
13. Of the cases considered in the reporting year, 28 of the 30 have involved allegations of Unacceptable Professional Conduct.

Interim suspension orders

14. There has been a decrease in the number of Interim Suspension Order hearings compared to last year (3 during this reporting period compared to 7 last year).
15. During the period of this report, the Committee was asked to consider whether to impose an Interim Suspension Order in 3 cases. It imposed 1 order, and accepted 2 undertakings **(2022/23, 7 applications, 2 orders made, 2 undertakings and 3 no orders made; 2021/22, 10 applications; 2 orders made, 2 undertakings and 6 no orders made)**.

Annex A to 8

All members meeting and Annual Performance Appraisal

16. An all-members meeting and training day is scheduled to take place on 11 March 2025.
17. I can also report that Annual Performance Review reports for all members of the Committee have been completed and submitted within the identified time frame.

Composition of the Investigating Committee

18. The current strength of the Investigating Committee is 7 lay members (including the Chair) and 8 osteopaths.

Other changes in the year

19. Members of the IC are all fully aware of the Osteopathic Practice Standards and ensure that they are referred to and utilised as appropriate.
20. The Committee has continued to meet remotely during the past year. The All-Members Training Day (11th March 2025) is scheduled to take place at Osteopathy House. It is envisaged that the majority of meetings will continue to be held remotely. The Committee is extremely familiar with conducting its business remotely in most instances. Issues or delays with technology are now few and far between. The Committee continues to make use of Caselines to access case files in a safe and confidential manner for all meetings and ISO hearings.

Support to the Committee

21. Once again, I wish to express my sincere thanks for the excellent administrative support provided to the IC and its Chair during this period. Staff members are invariably responsive, supportive and ensure that matters are addressed promptly.

General Comments

22. Remote meetings continue to take longer to complete, which is perhaps inevitable given our reliance upon technology. The GOsC remain well prepared to arrange additional meetings where necessary in order to ensure that complaints are considered in a timely fashion.
23. I have highlighted, above, the number of cases involving the crossing of professional boundaries and sexual misconduct. That number remains at 5, the same as last year. Complaints of inadequate clinical treatment have risen from 8 last year to 11 in this reporting period.
24. The committee has welcomed four new recruits over the past twelve months, two lay members and two registrant members. All have undertaken a period of

Annex A to 8

induction prior to joining the committee for a 'live' meeting or hearing. The recruitment process to replace a further five members (two lay, three registrants) in April 2025 is underway. A webinar took place in July and we subsequently received a total of 121 applications (110 lay, 11 registrant). Shortlisting is currently ongoing.

25. In addition to the annual all-members training day, IC members are kept up to date with relevant case law and other developments which influence their role. To that end, a half-day mandatory training event took place in Summer 2024 to update members on recent caselaw from the European Convention on Human Rights (ECHR). The training related to an employment tribunal ruling which related directly to Social Work England and therefore affected future decisions taken by committees of the GOsC. The training also looked closely at the interrelationship between the Equality Act and the ECHR.
26. Health referrals remain low however the Investigating Committee must remain aware of potential underlying health issues when considering cases. Members of the IC will keep this in mind when they consider allegations.
27. Adequacy of reasons remains at the forefront of the minds of members of the Committee whether that is at IC meetings, ISO applications or during the screening procedure. Members of the committee are reminded on a regular basis of the importance of recording adequacy of reasons in their reports.
28. The Chair of Council has underlined the need for the IC to guard its independence. As Chair of the Investigating Committee, I wish to reassure Council that I have found nothing to suggest that the IC acts in any way other than independently of the Executive. The IC will continue to reach its decisions in a fair, just and independent manner and will ensure that the reputation of the GOsC is, at all times, maintained to the highest standard.

Brian Wroe
Chair, Investigating Committee
November 2024

Scott Marcia
08/11/2024 12:08:27

Professional Conduct Committee Annual Report 2023-2024

Introduction

1. This is my fourth report to Council as Chair of the Professional Conduct Committee (PCC), covering the period October 2023 to September 2024.
2. There are currently 17 members of the PCC (the maximum number set down in the rules being 18), 7 of whom are osteopaths and 10 lay (6 of the latter being appointed as chairs).
3. Council will appreciate that Committee succession planning remains an important consideration, addressed later in this report.
4. The PCC's purpose and statutory terms of reference are unchanged since my last report to Council. The Committee hears cases concerning serious unacceptable conduct, incompetence or criminal convictions. If it finds any such case proved, it imposes a proportionate and appropriate sanction on the osteopath.
5. In its work, the PCC must apply the overarching objective of the Council – that is to protect patients, to sustain professional standards (including those of conduct and behaviour), to uphold the reputation of the profession and to maintain that of the Council as regulator.
6. At the same time, as members of Council appreciate, the Committee must approach its decision making from a position of independence. My view is that the objectives and need for independence are both well understood by all PCC members.

Hearings and workload

7. There are no particular features of the caseload in 2023/24 to report to Council; the raw data is set out at Appendix 1 to this paper. The PCC considered 14 cases in 2023/24 (2022/23: 11).
8. Hearing activity remains at a lower level than previously, although activity in more recent quarters has returned to levels closer to normal. Council will want to keep the overall activity levels under review as one indicator of the extent to which patients (and others) remain willing and able to make referrals when appropriate.
9. As an alternative measure of workload, the PCC sat on 24 days in respect of substantive hearings in the year (2022/23: 31, 2021/22: 65).
10. A greater number of cases have been dealt with by the use of 'Rule 8' (particularly in recent months), which provides an approach to a consensual decision. This saves time and cost for both the osteopath and the Council and is often suitable for cases such as 'gaps' in indemnity insurance cover. There is a

Annex B to 8

robust decision-making process to ensure that such an outcome is appropriate and proportionate.

11. I would remind the Council again that, whilst timely decision making is a valuable KPI for GoSC's fitness to practice function, it is not something that is more than partially under the control of the PCC (indeed, elements of that measure are not under the control of the Regulation team either). That having been said, PCC members are keen to play their part in the ensuring that the Council continues to achieve a performance deemed acceptable by the PSA. I have no evidence that PCC performance, or delays in it hearing cases, are a matter of concern.
12. The need for hearings to adjourn part-heard has fallen away to zero. This may suggest that it has been possible to be more accurate in listing hearings for an appropriate number of days, along with the efforts of PCC members to keep hearings moving at an appropriate pace as well as the skills and experience of the current cadre of panel chairs.
13. The number of cases where an allegation was 'not well founded' (i.e. not proven) fell to 1.

PCC composition and ways of working

14. In my recent reports to Council, I have reflected on the fact that, in the period from April 2024 to April 2025, 12 members would demit office. Since my last report one lay member of the Committee has resigned, as a result of having successfully completed their bar exams and secured a pupillage.
15. Six new members took up office from 1 April 2024 and a further seven are needed from 1 April 2025. There will be one further role falling vacant in April 2026 (advance recruitment for which has been undertaken in the most recent round, to avoid running a campaign for a single role).
16. All of this led to recruitment being a significant activity in the reporting period. As Council is aware, with the support of HR and Communications colleagues, we have taken a robust approach to the recruitment cycle, including running the process earlier than usual, strong plans for induction and careful specification of the skill and competence requirements.
17. Once again we repeated our recruitment webinar, which was well received particularly by registrants but also potential lay members without regulatory experience.
18. Such change in membership of the Committee has also allowed a continued focus on the diversity of membership – both in terms of the protected characteristics and, also, diversity of thought and the professional background of members.

Annex B to 8

19. As Council is also aware, the response to the recruitment campaign (both in terms of quantity but, more importantly, quality of candidates) has been outstanding. Not only have we been able to recommend to Council some excellent applicants for appointment, but we have reserve candidates, in the event that any are needed.
20. As for those who joined earlier in 2024, there is a robust programme in place, not only to induct new members, but to ensure that their wider welcome as members of the Committee is effective and engaging.
21. The PCC's annual development day took place in January 2024 with a similar event planned for January 2025. Each of these focuses on a mix of hearing skills and case law. In addition, members participated in bespoke training in relation to the ECHR and the impacts of Article 6, which has become an important contemporary issue in the field of regulation. This was undertaken jointly with IC colleagues.
22. PCC members continue to meet digitally on an informal basis, twice a year. Most members attend each meeting, which (with the development day) give the Committee three occasions a year on which its members can exchange good practice, seek answers to questions and share concerns.
23. Issues covered in our communications have included the volume of work, shared learning about hearings and questions about GOsC's approach to listing.
24. To assist, in-between such sessions, I send an occasional newsletter to members. This helps in pulling into one place important, but non-urgent, communication.
25. Between May and July, I held the annual review conversation with each member of the Committee. Each of these was a very positive experience, with members preparing well for the session and offering their candid views about their own performance and wider issues.
26. Brian Wroe and I continue to meet on an occasional basis to share information between us and identify issues and ideas that may be equally relevant to members of the IC and PCC/HC.
27. It is clear to me that an important element of my work is to provide occasional support to PCC members, across any and all topics related to their role. I am in regular contact with members and do what I can to assist, whilst remaining careful in respect of the importance of a panel's independence, limiting any advice I give to the generic.

Conclusion

28. I am grateful to my fellow PCC members and to members of the staff team for their support, in a period of further change.

Annex B to 8

29. I would particularly want Council to note my thanks to the HR and Communications teams and to Simeon London and Sue Ware for their substantial help in this year's significant recruitment workload.

30. Council is invited to:

- Note the contents of this report
- Ask questions of the author in respect of the work of the PCC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Professional Conduct Committee
24 October 2024

Scott Marcia
08/11/2024 12:08:27

Annex B to 8

PCC Substantive Hearings	Q3 (2022- 2023)	Q4 (2022- 2023)	Q1 (2023- 2024)	Q2 (2023- 2024)	TOTAL
Total cases considered	7	2	5	0	14
Allegation not 'well founded'	1	0	1	0	2
Admonished	1	1	1	0	3
Conditions of Practice	1	0	0	0	1
Suspension	1	0	0	0	1
Removal	1	1	0	0	2
Adjourned/Part heard	2	0	0	0	2
Conditions/Suspension to expire	0	0	0	0	0
Disposal via Rule 19	0	0	2	0	2
Rule 8 admonishment	0	0	1	0	1

PCC ISO Hearings	Q3 (2022- 2023)	Q4 (2022- 2023)	Q1 (2023- 2024)	Q2 (2023- 2024)	TOTAL
ISO Application Hearings	1	1	1	0	3
ISO Imposed	1	1	0	0	2
Undertaking	0	0	0	0	0
ISO not imposed	0	0	1	0	1
ISO Review Hearings	0	0	0	0	0
ISO Order to Continue	0	0	0	0	0

PCC Activity Last Three Years	01/10/20 to 30/09/21	01/10/21 to 30/09/22	01/10/22 to 30/09/23
Full hearings	24	11	9
Rule 8 decisions [1]	1	2	1
Reviews of Suspension Orders and Conditions of Practice Orders	3	1	2
Interim Suspension Order applications	2	3	3
Rule 19 applications to cancel a hearing	0	1	2

PCC Outcomes Last Three Years	01/10/20 to 30/09/21	01/10/21 to 30/09/22	01/10/22 to 30/09/23
Admonishment	5	6	3
Conditions of Practice Order	1	1	1
Suspension Order	0	3	1

Annex B to 8

Removal from the Register	4	1	2
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PCC Outcomes Last Three years	01/10/20 to 30/09/21	01/10/21 to 30/09/22	01/10/22 to 30/09/23
Unacceptable Professional Conduct found not proved	4	1	1
Of which -			
Some of the facts alleged found proved	4	0	1
None of the facts alleged found proved	0	1	0
Successful half-time submissions under rule 27(2)[1]	0	0	0
Successful Half-time submissions under rule 27(6)	1	0	0
Conviction not found to be materially relevant	0	0	0
Adjournments	7	5	2

Scott Marcia
08/11/2024 12:08:27

Annex C to 8

Health Committee Annual Report 2023/24

Introduction

- 1. This is my fourth report to Council in respect of the Health Committee (HC), covering the period October 2023 to September 2024.
- 2. As the membership of the HC is identical and, except where prescribed otherwise by statute or rules, it works in the same manner as the Professional Conduct Committee (PCC); I only comment in this report about the specific aspects of the work of the HC.
- 3. Accordingly, this report should be read in conjunction with the annual report of the PCC.

Caseload

- 4. During 2023/24, one Health Committee event has been held.
- 5. Data for the year and for the preceding two years is set out below.
- 6. Given the low level of Health Committee work in the reporting year it is not proposed to draw out any themes or observations in this report.

Health Committee	01/10/2021 to 30/09/2022	01/10/2022 to 30/09/2023	01/10/2023 to 30/09/2024
Rule 6 Directions hearings	0	0	0
Rule 8 meetings	0	0	0
Applications to cancel a hearing under rule 36	0	0	0
Full hearings	0	1	0
Reviews of Suspension Orders	1	2	1
Interim Suspension Order applications	0	1	1

Health Committee Hearing outcomes	01/10/2021 to 30/09/2022	01/10/2022 to 30/09/2023	01/10/2023 to 30/09/2024
Findings of impairment of fitness to practise	0	1	0
Conditions of Practice Orders	0	1	0
Suspension	1	0	0
Interim Suspension Order imposed	0	0	0

Annex C to 8

7. The nature of ill-health and the degree of regulatory intervention required can vary enormously but will often give rise to matters of sensitivity requiring careful handling. As a general rule, regulatory hearings are heard in public as a means of promoting transparency and public confidence. Health issues are a ground for departing from that general rule with hearings held in private so that evidence of a personal nature can be fully shared with the Committee, thereby enabling the best decisions to be made in the public interest.
8. The Committee is very alive to the fact that witnesses in such cases, specifically registrants themselves, are more likely to be vulnerable by nature of the health matters under discussion. HC members seek to reflect that vulnerability in the way in which hearings are managed.

Conclusion

9. Council is invited to:

- Note the contents of this report.
- Ask questions of the author in respect of the work of the HC, both related to the contents of this paper and any other matter

Andrew Q Harvey
Chair, Health Committee
24 October 2024

Scott Marcia
08/11/2024 12:08:27



Council
20 November 2024
Fitness to Practise report

Classification	Public
Purpose	For noting
Issue	Quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.
Recommendation	To note the report.
Financial and resourcing implications	Financial aspects of Fitness to Practise activity are considered in Financial Report contained in the Assurance Report agenda item.
Equality and diversity implications	Ongoing monitoring of equality and diversity trends form part of the Regulation department's future quality assurance framework.
Communications implications	None
Annex	A - Fitness to Practise Data Set
Authors	Sheleen McCormack and David Bryan

Scott Marcia
08/11/2024 12:08:27

Key messages from the paper:

- In this reporting period, there was a decrease in the number of concerns received (16) in comparison to the last quarter (23).
- As of 30 September 2024, we have listed 4 of the 17 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A.
- In this quarter, the PCC concluded six cases, three of which were at a hearing and the other three were considered at a meeting in accordance with Rule 8 (consensual disposal).
- We held our second training session on 10 September 2024 for Committee members (both IC and PCC) and Legal Assessors on the European Convention on Human Rights (ECHR) and the Equality Act (including the public sector equality duty) in decision.

Fitness to practise case trends

1. In this reporting period, the Regulation Department received 16 concerns, with 15 formal complaints being opened. This is 11 more formal concerns than the previous quarter. The majority of the concerns were received towards the latter stages of the reporting period. By way of comparison, during the same period last year, the Regulation Department received 15 concerns and 11 formal complaints were opened.
2. Of the 16 concerns; three related to a transgression of boundaries, two related to poor communication, four related to conduct not linked to treatment, one related to a criminal conviction and six related to inadequate treatment.
3. The 15 formal complaints related to; a transgression of boundaries (5), poor communication (1), conduct during treatment (1), issues with consent (1), inadequate treatment (5) and a lack of insurance (2).
4. As previously reported to Council, we have continued to encounter delays in the progress of some cases because of on-going challenges predominantly related to third-party investigations. During the reporting period 39% of our total caseload is currently with third parties, an increase from 33% reported in the last quarter. We also continue to experience ongoing difficulties in engaging with complainants in serious matters in transgression of sexual boundaries cases, which has also had an impact on our ability to progress these cases expeditiously.
5. Over the relevant reporting period, there were no applications to the Investigating Committee (IC) for the imposition of an Interim Suspension Order (ISO), neither were there any ISO applications to the Professional Conduct Committee (PCC).

- 6. We are mindful of the increasing number of cases at the IC stage. This has been mainly due to third party cases at that stage. As of 31 September 2024, 44% of the cases at this stage are third party cases. However, we continue to actively progress cases where possible.
- 7. The PCC met to consider three cases at a substantive hearing, with a further three cases concluding by way of the rule 8 procedure. This procedure only applies to those cases which a PCC Panel Chair considers appropriate, where the registrant is prepared to admit the facts set out in the complaint or allegation, and where the Registrant admits that such facts amount to the relevant allegation (for example unacceptable professional conduct).

Fitness to practise case load and case progression

- 8. As at 30 September 2024, the Regulation Departments fitness to practise caseload was 70 cases (57 formal complaints and 13 concerns). In comparison, the Regulation Department’s fitness to practise case load as of 30 September 2023, was 57 fitness to practise cases (47 formal complaints and 10 concerns).
- 9. Performance against the new performance targets for this reporting period, is as follows:

Case stage	Key Performance Indicator	Performance Target	Median figures achieved this quarter
Screening	Median time from receipt of concern to the screener’s decision	9 weeks	8 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	31 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	58 weeks
Health Committee	Median time from receipt of concern to final HC decision	52 weeks	N/A

- 10. In this reporting period the Screener KPI was exceeded by one week.
- 11. The IC KPI was not met in this quarter. Three cases were considered by the IC. The reasoning for this is contained within the dataset attached to this report.

12. The median output of the PCC cases was 58 weeks, with three cases exceeding the KPI.
13. Four out of 17 cases at the PCC stage have been listed for a substantive hearing. The breakdown of these cases can be found in the dataset in the annex to this paper.

Third party investigations - data comparison

14. At its meeting in July, Council requested that we provide information on the FtP caseload that excludes third party investigations (such as the police/courts). We are unable to progress cases that are being investigated by the police and/or are before the courts and it was considered that it would be beneficial to assess performance and case progression in those cases where there are no third-party investigations. We have provided a table below where 'third party' investigations have been excluded from the median figures provided.

	Median age including 3rd party cases	Median age excluding 3rd party cases	Total number of third party cases at each stage
Pre-screener stage	9 weeks	4 weeks	3 (33%)
IC stage	42 weeks	24 weeks	16 (44%)
PCC stage	86 weeks	74 weeks	6 (35%)
Total	49 weeks	35 weeks	25 (40%)

Training for all committee members and legal assessors

15. We held the second and final training event on the Equality Training to all panels and legal assessors on 10 September 2024. As previously reported to Council, recent decisions in the employment tribunal have highlighted the importance and potential impact of the Equality Act and rights afforded under the European Convention on Human Rights within regulation. We therefore decided to arrange two training sessions on the ECHR and the Equality Act (and the public sector equality duty) in decision making for all panellists and legal assessors. The first training event took place remotely on 10 July 2024. Both sessions were presented by Tom Cross who specialises in civil liberties and human rights. We are in the process of arranging permanent training resources for panels to use on Caselines.

16. The Professional Conduct Committee Training Day has been scheduled for 14 January 2025. The agenda includes an interactive session guided by Louise Wallace at Witness to Harm. The session will provide insight and understanding about the project findings, how members of the public experience the fitness to practise

process and how best to support individuals who go through the process. A presentation on the Independent Support Service is also included on the agenda.

External FtP Audit of Screener and Investigating Committee decisions

17. Within the GOsC Business Plan for 2024-25, we planned to conduct a comprehensive review of the GOsC Threshold Criteria for Unacceptable Professional Conduct taking into account developments within wider regulation and regulatory reform and feedback from Internal and External Stakeholders. As part of this review, we have planned that the external audit of all cases and concerns closed by Screeners and the Investigating Committee involving the threshold criteria over the period 1 April 2023 – 30 August 2024 will feed into this review.
18. Earlier this year, GOsC commissioned an independent research company, DJS Research, to explore how osteopaths, students, educators and partner organisations perceive GOsC, including how we perform our role as regulator. The DJS Research Perception Report was published on 1 October 2024, with one of the recommendations being that we review and adjust the tone of communications (e.g. insurance, registration, fitness to practise). As this dovetailed with the planning stage and development of FtP external audit criteria, we considered that the audit could also usefully encompass recommendations on changes to tone and content of GOsC communications within the review criteria.
19. The External Audit was approved by the Audit Committee at its meeting on 24 October 2024 and is scheduled to take place in January 2025. We plan to report back to Audit Committee in March 2025 and Council in May 2025.

FtP Associates Ebuletin

20. In August 2024, we circulated the first in a new series of Fitness to Practise panellist bulletins to all Committee members and legal assessors. The purpose of these bulletins is to feature aspects of the work we do in Regulation while also providing updates and developments on case law and good practice. In the first issue we highlighted the latest findings of the PSA's periodic review of GOsC's performance and discuss a recent judgment in the Employment Tribunal as well as giving committee members an in-depth update on GOsC's FtP key performance indicators and end to end case progression. We received some very positive feedback and are looking to send a second edition in the new year.

Professional Standards Authority policy forum

21. On the 16 September 2024 we attended the above forum, which was held remotely. The forum covered a presentation by NMC on FTP referral trends over the last five years, which was very informative. Essentially though what we found was that the NMC also are feeling the effects of complainants' engagement throughout the FTP process, which is something we have found over the last few years and particularly since the pandemic.

Upgrade of software

22. The Regulation department, along with the IT lead at the GOsC, are trialing new software which could potentially benefit the way in which we collate and redact bundles that are presented for Committees. This trial is still in its infancy however early signs are that the software is user friendly and beneficial for our needs. We are also due to trial another software package in due course. Essentially though this is a positive step, as the department is continually thinking of new methods to improve the efficiency of casework.

Recruitment

23. We are pleased to confirm that we have over the summer successfully recruited two new Case Managers within the Regulation Team. We would like to give a warm welcome to Richard Bunce, who is an ex-police officer within the MET, as well as Fergus Doyle who is a solicitor and joins us on a fixed term bases covering maternity leave.

Recommendation:

To note the report.

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Annex A to 9

Fitness to practise dashboard 01 July 2024 to 30 September 2024 (Q2)

Case progression – at a glance

- We have received 16 new concerns during the reporting period, a decrease from 23 cases received in the previous quarter.
- The Investigating Committee (IC) met remotely on two occasions and considered three cases.
- During this reporting period the Professional Conduct Committee (PCC) concluded six cases, three by way of final hearing and three rule 8 meetings (consensual disposal).

Referrals Received	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Formal complaints referred to IC by Screener	10	5	8	10
Formal complaint referred to IC by Screener but not yet considered (as at end of quarter)	34	33	29	36
Referred to PCC/HC by IC but not yet heard (as at end of quarter)	18	22	18	17
Referred to PCC/HC by IC and listed for hearing (as at end of quarter)	6	3	4	4
PCC/HC Cases part heard (as at end of quarter)	0	0	0	0
Formal complaints open (as at end of quarter)	53	56	51	66
Cases that need review hearings (as at end of quarter)	4	3	3	4

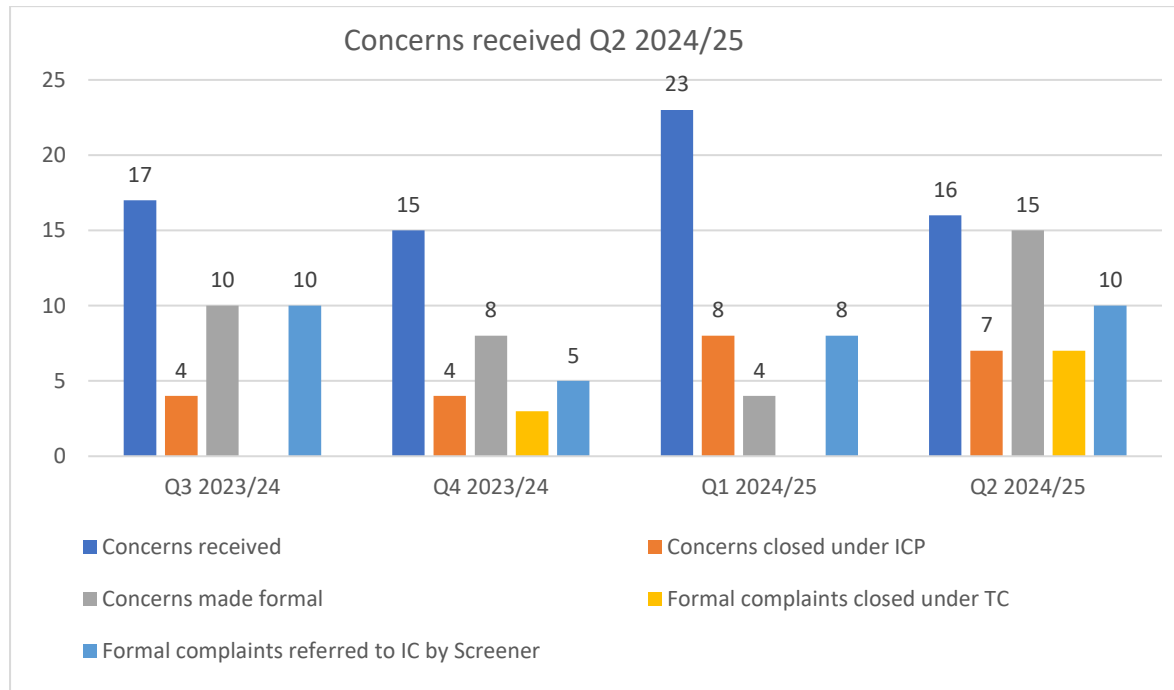
Age of Caseload from Date Received	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
52 weeks – 103 weeks	14	15	22	14
104 weeks – 155 weeks	4	7	5	4
156 weeks and above	6	6	1	1

New Referrals

- We have received 16 new concerns during the reporting period.
- Seven cases were closed under the Initial Closure Procedure (ICP).
- Seven cases were closed under the threshold criteria.

Annex A to 9

- There were 24 cases considered by screeners, ten of these have been referred to the IC.



Referrals Received	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Concerns received	17	15	23	16
Concerns closed under ICP	4	4	8	7
Concerns made formal	10	8	4	15
Formal complaints closed under TC	0	3	0	7
Formal complaints referred to IC by Screener	10	5	8	10

Note – the number of concerns received during the reporting period will not directly correlate to the number of concerns that are made formal, or decisions by the screeners, during the reporting period.

Source of formal complaints	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Self-referral by the registrant	1	1	0	2
Registrar's allegation	2	0	0	1
Non-NHS employer	1	0	0	1
Patient or service user	6	6	2	7
NHS	0	0	0	0
Another registrant	0	0	1	2

Annex A to 9

Anonymous informant	0	0	0	0
Another regulatory body	0	0	0	0
Any other informant	0	1	1	2
Total	10	8	4	0

Allegations in formal complaints	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Conduct	10	7	4	15
Conviction	0	0	0	0
Competency	0	0	0	0
Adjunctive therapies	0	1	0	0
Health	0	0	0	0
Total	10	8	4	15

Key Performance Indicators

- The Screener KPI was met, at nine weeks.
- The Investigating Committee KPI was not met.
- The Professional Conduct Committee KPI was not met.

Performance at a glance

Case stage	Key Performance Indicator	Performance Target	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
Screening	Median time from receipt of concern to the screener's decision	9 weeks	7 weeks	8 weeks	8 weeks	9 weeks
Investigating Committee	Median time from receipt of concern to final IC decision	26 weeks	33 weeks	32 weeks	40 weeks	31 weeks
Professional Conduct Committee	Median time from receipt of concern to final PCC decision	52 weeks	N/A	N/A	145 weeks	58 weeks

Performance in detail

Time from receipt of complaint to the screener's decision (9 weeks)	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Median	7 weeks	8 weeks	8 weeks	9 weeks
Longest case	21 weeks	78 weeks	21 weeks	68 weeks
Shortest case	2 weeks	8 weeks	1 week	1 week

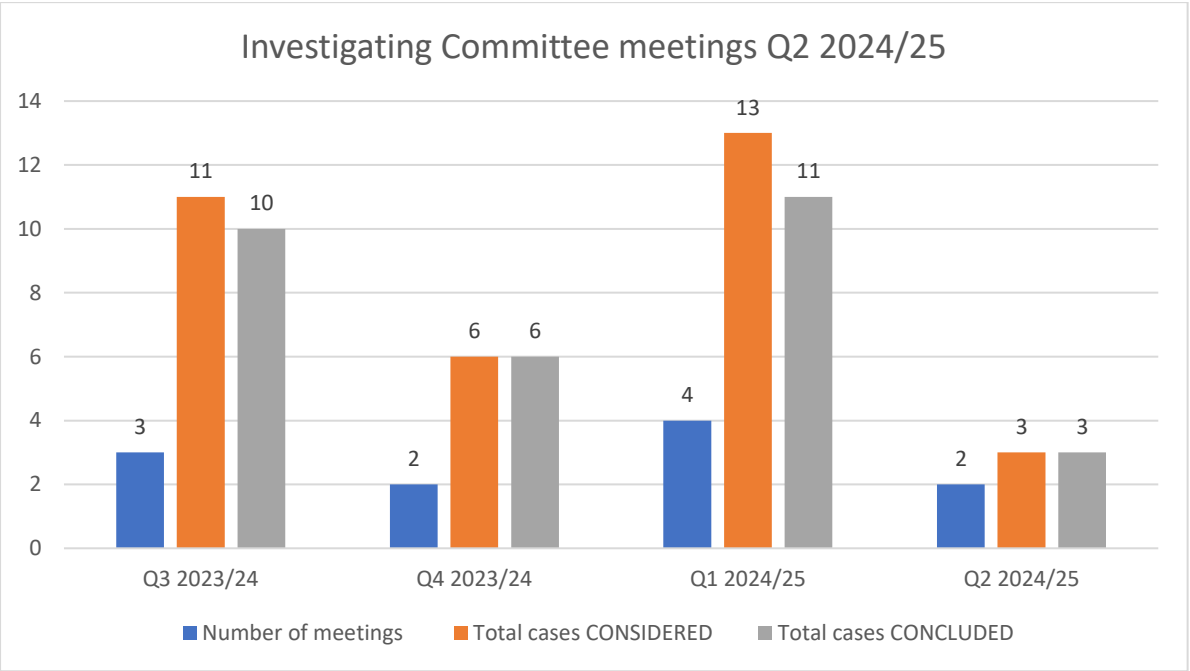
Annex A to 9

Time from receipt of complaint to final IC decision (26 weeks)	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Median	33 weeks	32 weeks	40 weeks	31 weeks
Longest case	167 weeks	83 weeks	65 weeks	40 weeks
Shortest case	27 weeks	15 weeks	9 weeks	28 weeks
Time from final IC decision to final PCC decision or other final disposal of the case (26 weeks)	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Median	N/A	N/A	108 weeks	26 weeks
Longest case	N/A	N/A	219 weeks	76 weeks
Shortest case	N/A	N/A	27 weeks	13 weeks
Time from receipt of referral to final PCC decision or other final disposal of the case (52 weeks)	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Median	N/A	N/A	145 weeks	58 weeks
Longest case	N/A	N/A	227 weeks	120 weeks
Shortest case	N/A	N/A	57 weeks	39 weeks
Median time to interim order committee decision:	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
From receipt of referral	NA	9 weeks	57 weeks	NA
From decision that there is information indicating the need for an interim order	NA	6 weeks	6 weeks	NA

Investigating Committee

- The IC met remotely on two occasions during the reporting period and considered three cases. This is a lower than usual number of cases that have been considered by the IC over a quarter but was due to the complexity of an additional three cases not being considered by the IC as we had initially planned.
- 16 of the 36 cases (44%) at the IC stage are currently recorded as third party - being investigated by the police. Seven of the remaining 20 cases were referred to the IC towards the latter stages of the reporting period and therefore are still being investigated. The remaining 13 cases are also being investigated with most being prepared for the IC. Of these, eight cases are scheduled for consideration by the IC over Q3 (October – December 2024).

- The IC did not consider any Interim Suspension Order (ISO) applications during the reporting period.



Investigating Committee Decisions	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
No Case to Answer	3	1	6	0
No Case to Answer with advice	1	1	0	0
Referred to PCC	6	4	5	3
Referred to HC	0	0	0	0
Referred to PCC and HC	0	0	0	0
Adjourned	1	0	2	0
Stayed	0	0	0	0
Rule 19 agreed	0	0	0	0

Professional Conduct Committee

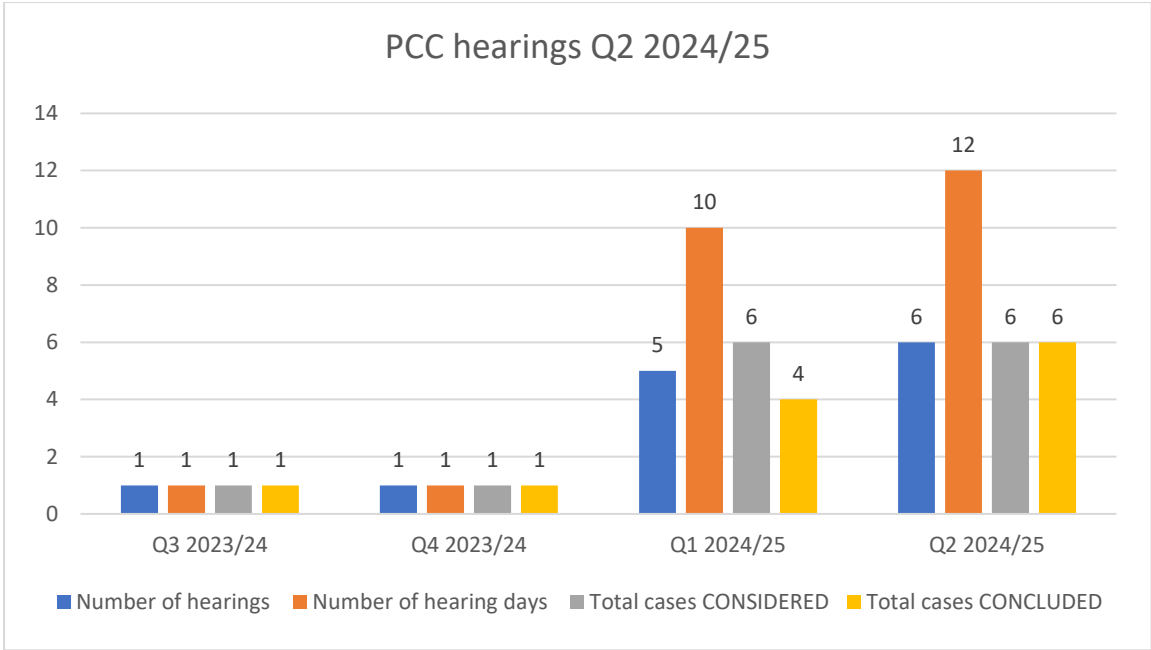
- During the reporting period six cases were concluded: three PCC substantive hearings and three rule 8 meetings.
- 35% of cases at the PCC stage are third party cases, an increase from 22% at the end of the previous quarter.

Annex A to 9

- There are currently 16 cases at the PCC stage and one at the Health Committee stage. The breakdown of which are as follows:
 - Four cases have been scheduled for a hearing.
 - One case is currently under investigation by the police and we are unable to progress until the conclusion of the police investigation.
 - Three are progressing via the Rule 8 consensual disposal procedure, most likely by way of a PCC (Rule 8) meeting rather than a hearing.
 - In two cases we will be serving the case imminently.
 - In four cases we are in the process of preparing service of the case, all of which are complex matters.
 - In two cases, these have been referred to the PCC during the reporting quarter and we are preparing to serve in accordance with the standard case directions.
 - In the one Health case we are awaiting an updated assessment of health before we can schedule the hearing.

Professional Conduct Committee Hearings	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Number of hearings	1	1	5	6
Number of hearing days	1	1	10	12
Total cases CONSIDERED	1	1	5	6
Total cases CONCLUDED	1	1	4	6

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PCC Decisions	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Allegation not 'well founded'	0	0	1	0
Admonished	0	0	0	2
Conditions of Practice	0	0	0	0
Suspension	0	0	0	1
Removal	0	0	2	0
Rule 19	0	0	0	0
Adjourned	0	0	0	0
Conditions/Suspension to expire at end of order	0	1	0	0
Rule 8 Admonishment	0	0	1	3
Stayed	0	0	3	0
Referred to the HC	1	0	0	0

Health Committee

- The Health Committee (HC) sat to consider no hearings during the reporting period.

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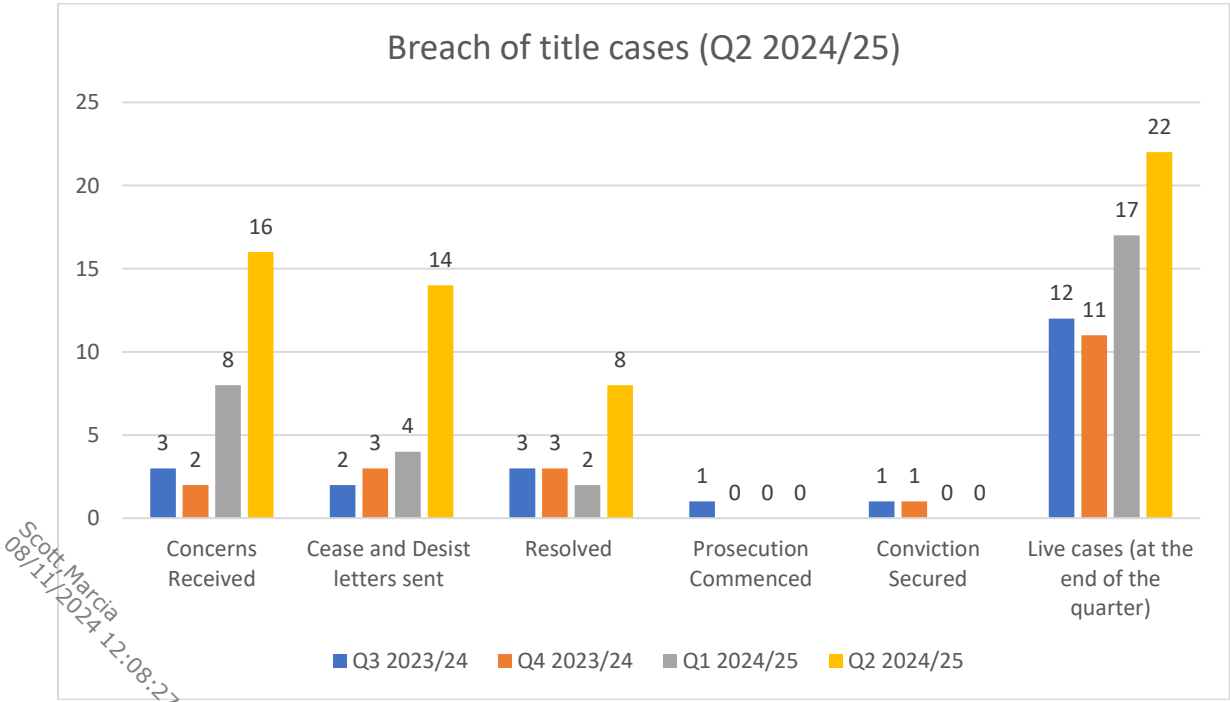
Interim Suspension Orders

IC Interim Suspension Order Decisions	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
Applications made	1	2	1	0
Interim Suspension Order imposed	0	1	0	0
Undertaking	0	1	1	0
Adjourned	1	0	0	0
Median time to IC decision from receipt of referral	N/A	9 weeks	57 weeks	N/A
Median time to IC decision from decision that there is information indicating the need for interim order	N/A	6 weeks	6 weeks	N/A

PCC/HC Interim Suspension Order Decisions	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
Applications made	0	1	0	0
Interim Suspension Order imposed	0	1	0	0
Undertaking	0	0	0	0

Protection of Title

- There are currently 22 active Section 32 investigations as at 30 September 2024, which is an increase of 17 from the previous quarter. This is due to the high number of concerns (16) received in Q2.



Annex A to 9

Protection of Title	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Concerns Received	3	2	8	16
Cease and Desist letters sent	2	3	4	14
Resolved	3	3	2	8
Prosecution Commenced	1	0	0	0
Conviction Secured	1	1	0	0
Live cases (at the end of the quarter)	12	11	17	22

Appeals

- No Registration appeals were received, or considered, during the reporting period by the Registration Appeal Committee.

Total number of registrant appeals in the quarter which are:	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Ongoing	0	0	0	0
Opened	0	0	0	0
Concluded	0	0	0	0
Outcomes of registrant appeals against final fitness to practise decisions:	Q3 2023/24	Q4 2023/24	Q4 2023/24	Q2 2023/24
Upheld and outcome substituted	0	0	0	0
Upheld and case remitted to regulator for re-hearing	0	0	0	0
Settled by consent	0	0	0	0

Voluntary Removal

- There were no voluntary removal applications received in the reporting period.

Number of voluntary erasure/removal applications: Subsequent to the FTP case being considered by an IC.	Q3 2023/24	Q4 2023/24	Q1 2024/25	Q2 2024/25
Received	0	0	0	0
Granted	0	0	0	0



Council
20 November 2024
Budget Strategy 2025-26

Classification	Public
Purpose	For decision
Issue	The paper looks at the overall financial envelope for the financial year 2025-26 and sets some parameters around forecast expenditure levels and registration fee income projections to inform the business plan and budget cycle.
Recommendations	<ol style="list-style-type: none">1. To consider the overall financial envelope for financial year 2025-262. To agree to hold the registration fees at their current level for 2025-26.
Financial and resourcing implications	These are set out in the paper.
Equality and diversity implications	Equality and diversity activities will be funded within the budget for 2025-26.
Communications implications	<p>If Council agrees to hold registration fees at their current level, we will communicate this to the profession through our normal communication channels.</p> <p>If, in the future, Council seeks to change registration fee levels, we will need an amendment to the GOsC (Application for Registration and Fees) Rules.</p> <p>It should be noted that this is not a quick process is likely to take around 24 months to implement.</p>
Annex	None.
Author	Darren Pullinger

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Key messages from the paper:

- The paper sets out the budget envelope for 2025-26. Council is not being asked to agree the budget at this meeting. The budget will be presented alongside the Business Plan in February 2025.
- There are set core principles on which the budget forecasts are developed, and which help guide us through an ever-changing uncertain environment.
- Registration fees have been maintained for the previous ten years which has been helping the profession with the ongoing cost of living crisis.
- Budgeted expenditure for FY2025-26 is expected to be around £3.14m before spending from designated reserves, £270k higher than the previous financial year's budget.
- Our budgeted total income for FY2025-26 is around £3.10m, based on current student data and historic trend figures. This is £233k higher than the previous financial year's budget. The budgeted income is slightly below what is needed to cover budgeted expenditure, with a small deficit. One of the main reasons for this deficit is explained further in paragraph 15 below.

Background

1. Council receives on an annual basis a budget strategy paper which sets out the forecast budget envelope for the year ahead covering the headline expenditure levels, including known cost reductions, and an explanation of how our work streams will be funded through registration fees paid by osteopaths. This paper informs the development of the business plan and budget.
2. While the budget strategy paper is set against the backdrop of an ever-changing environment, Council should expect an underlying synergy between the budget strategy paper, the future Strategy towards 2030 and the development of the business plan which Council will receive at its February 2025 meeting.

Discussion

Budget strategy principles

3. The core principles upon which the budget is being developed are:

Delivery of our core statutory functions: we will ensure appropriate levels of funding are available so that our core statutory functions can be delivered.

Ensure the patient voice is heard: we will make sure resources are allocated so that the patient voice informs our current and future work and osteopathic care.

Look upstream: we will ensure we identify and fund activities which support upstream regulation, and which are relevant and appropriate for our context.

Digital first: our focus will be on developing a digital first approach to our operation in order to streamline activities we undertake.

Continuous improvement: we will use our resources to drive continuous improvement so that we can be a better organisation tomorrow, than we are today.

Cost efficiency and cost effectiveness: we will ensure we are careful where our resources are deployed in order to be cost efficient and cost effective.

4. In addition to these principles, we are developing a new medium term Financial and Asset Framework to ensure the financial sustainability of the GOsC and underpin the delivery of the new Strategy.
5. Questions we need to consider on an ongoing basis include:
 - a. How do we anticipate budget costs growing towards 2030, taking into account ongoing cost increases and inflation?
 - b. Where can we find reductions in expenditure to offset those cost increases?
 - c. How do we expect income to change over that period based on register numbers and other income (such as investment income)?
 - d. What income levels do we need to deliver our strategic plan, and how can we achieve income targets?

The changing environment

6. The budget strategy paper is prepared against an ongoing backdrop of uncertainty. Further detail is set out below:
 - a. **Registrant numbers:** after some levelling off during the covid period (financial years ending 2021-2023), registrant numbers have started to rise again, with 227 predicted to join the Register in FY2025-26. We anticipate an average of 150 registrants leaving each year, based on historic data. The Registration Report, on the November 2024 Council agenda, shows the Register at its highest ever level with c5,600 registrants.
 - b. **Registrant Profile:** approximately 14% of the register are over 60 years of age (and 2% of those over 70), with the assumption that a number of those will leave the register in the next decade or so. The 14% equates to 812 registrants, which is equivalent to roughly 3½ year's worth of new joiners to the Register. This is something to be mindful of going forward.
 - c. **Registrant expectations:** registration fees have been stable for the last ten years, and there may be an expectation that this will continue into the future. However, due to our costs increasing year on year, it may be increasingly difficult to absorb these cost increases internally. We may need

to start thinking about either raising fees, or eliminating the phased fee structure where registrants in the first and second years of their registration pay a reduced rate.

- d. **Cost of living crisis:** The current economic environment provides a considerable financial risk, particularly around inflation levels. This affects both GOsC expenditure, but also registrants operating their businesses. Given the current unpredictability of the economy and the associated fallout from the October 2024 Budget announcement, we will need to monitor both income and expenditure carefully.
- e. **Ambition of GOsC to protect patients and regulate and develop the profession:** despite being one of the smaller healthcare regulators, GOsC has an established reputation for setting ambitious programmes of activity, and for these activities to be impactful within our community and the wider regulatory sector. We will aim to be as efficient as possible with our spending so we are able to deliver as much as we can to develop the profession and protect the public.

Expenditure forecast

- 7. Total budgeted expenditure in the current year, FY2024-25 was set at £2.87m. We are estimating a spend of £3.14m in FY2025-26, an increase of £270k on the previous year's budgeted figure.
- 8. The increase in expenditure is down to additional spends including Board Effectiveness reviews, Internal Audit consultancy, attendance at international events, National Insurance increases, IT security, and additional Fitness to Practice casework. Also included is an adjustment of 3% for inflation and potential supplier invoice increases.
- 9. We are continually looking for ways to be more innovative with our resources, both human and financial, in order to deliver the proposed budget activities.
- 10. Projects are already underway to develop and implement cost savings in various parts of the organisation. Work on the new CRM system is coming to an end, which will bring efficiencies to our registration activity. We have also started work on scoping and developing a new website.
- 11. The FY2025-26 budget envelope will include:
 - a. Ongoing activity to support the delivery of the GOsC Strategy, through to 2030, and our core statutory functions.
 - b. Provision for external companies to perform Internal Audit and Board Effectiveness work, as commissioned by the Audit Committee.
 - c. Provision for salary/day rate/honorarium increases and the associated on-costs which will be informed by inflation.

- d. Inflationary increases for other costs.
12. The Fitness to Practise (FtP) area remains the most significant in terms of expenditure, and is monitored closely due to its unpredictability around the volatility and variability of complaint levels. We have assumed this will be the case again in FY2025-26 and are actively reviewing the cost model in this area to take into consideration cost efficiencies. A large proportion (almost 90%) of FtP hearings are currently held remotely.
 13. Our current forecast for Fitness to Practise activity across this period remains largely consistent with the previous year, as shown below:
 - a. Referred complaints and Interim Suspension Orders likely to stay at the same volume.
 - b. 12 Investigating Committee (IC) meetings scheduled, excluding the IC annual training day.
 - c. Up to 23 substantive Professional Conduct Committee (PCC) hearings (with an average of five days per hearing) forecast.
 - d. Five PCC review hearings (with an average of one day per hearing), which may be completed virtually.
 - e. Two Health Committee (HC) hearings, where a medical assessor is required at a hearing.
 - f. Up to 8 Interim Suspension Order hearings, which may be completed virtually.
 - g. Two Section 32 prosecutions.
 14. Direct employment costs (salaries, national insurance and pensions) have been estimated at approximately £1.80m. This calculation is based on the current staffing structure and an allowance for an increase in salaries and associated pension contributions (to be determined by the People Committee in March 2025). As part of this work we will be carefully considering the impact of the cost of living on our staff team, which remains the organisation's greatest asset.
 15. Following The Budget, announced by the new Chancellor of the Exchequer Rachel Reeves in late October 2024, we will incur an increase in our National Insurance expense by around £32k in FY2025-26. The change was announced as we were finalising this paper, and we will address the overall budget deficit (as mentioned on page 2) before the February 2025 Council budget discussion.
 16. Non-direct employment costs will be approximately £85k, which includes training, insurance premiums for healthcare and death-in-service, and the cost of recruiting staff vacancies. There may be scope to reduce some of these costs; this will be explored before the final budget is presented in February 2025.

Income assumptions

17. Income from sources other than registration fees is forecast to reach around £70k representing higher rates of interest returned on our bank accounts, and growth in the investment portfolio. However these estimates are cautious, even with an investment market which is recovering well.
18. Based on registrant figures in October 2024, and predictions around future joiners to the Register, we have forecasted registration fee income at around £3.03m in 2025-26. We predict a net increase of between 70 and 120 registrants in each of the next couple of years, with leavers taken into account. These figures are based on current student data and historic information regarding leavers.
19. The forecast for the estimated total income over the next financial year is sufficient to cover our expenditure requirements based on current expectations.
20. The registration fee income forecast is based on assumptions which the Executive believe to be sound. Our assumptions include:
 - a. New graduates joining the Register will be lower than in FY2024-25.
 - b. We have used an average of 150 osteopaths leaving the Register each year, based on historic data.
21. Student data suggests the number of new graduates joining the Register is as follows:

Year	Number forecast
2025	227
2026	240

22. The Executive will continue to monitor registration statistics and the OEIs forecasts of numbers of graduates against the assumptions set out above. Any variations and their impact will be reported to Council.

Registration fees

23. The operational environment in which we work is ever-changing and presents challenges that we need to keep under review. The budget strategy for 2025-26 is developed from a changeable position as we believe financial effects of current economy remains unpredictable.
24. We have managed our expenditure to ensure we have a healthy level of reserves to sustain us through periods of uncertainty and change. Medium-to-long term, there is some instability in our financial position, hence the need for a financial and asset framework. This should enable us to meet future challenges head on, and deliver our future statutory responsibilities and strategy.

25. Financial modelling has been undertaken as part of the financial and asset framework so that Council can consider options around registration fee levels and what this could mean for total GOsC income to enable us to deliver the future strategy. One option could be to increase registration fees in line with inflation, or to eliminating the phased fee levels for new joiners to the register. Further work is required and will be presented to Council in due course.
26. Council should note that any changes to fee levels will need a full public consultation and commitment from the Department of Health and Social Care (DHSC) to change the GOsC (Application for Registration and Fees) Rules, which is not a swift process. Exploring the options does not commit Council to a particular path of increasing fees or eliminating discounted fee levels.
27. We should recognise that by holding registration fees at a constant level since 2014 and not increasing fees in line with inflation, GOsC has absorbed around £930k of lost income in FY2024-25. Adjusted for inflation, £570 in 2014 is now worth £760. This does, however, demonstrate the efficiency with which we operate.
28. A table of current registration fees are set out below.

Registration levels	Current fee levels
Year 1 (entry)	£320
Year 2 UK	£430
Year 2 reduced rate	£215
Year 3 UK	£570
Year 3 reduced rate	£320

The small additional fee applied when registrants choose to pay by direct debit also remains unchanged. Approximately 56% of registrants pay in instalments.

29. During the ten years in which GOsC has held registration fees constant, other regulators have increased registration fees at various frequencies, some in line with inflation.
30. Fees paid by other regulators are as follows (details correct as at 31 October 2024):

Regulator	Headline registration fee
General Chiropractic Council	£800
General Dental Council	£621
General Medical Council	£455
General Optical Council	£405

General Pharmaceutical Council	
- Pharmacists	£276
- Pharmacy Technician	£130
Health and Care Professions Council	£232.72 (2 year registration cycle – £116.36 per year)
Nursing and Midwifery Council	£120

NB: GOsC is the only healthcare regulator with a phased registration fee for new joiners to the Register. For example, a Chiropractor who joins the GCC register in September 2024 will pay £800 which covers the period September 2024 to December 2024. They will then pay a further £800 to cover the period from January 2025 to December 2025 as the GCC registration period runs from January to December each year.

Budget stress-test

31. As part of the budget setting process the Executive completes a basic 'stress test' to consider which activities would still be deliverable if we were to experience a sudden drop in resources (whether financial or personnel, at a rate of around 10% - 15%).
32. It goes without saying that the core statutory functions would have to take priority over other activities which may be considered discretionary. Core statutory functions include the education quality assurance programme; setting and implementing standards, fitness to practise regime; registration assessment pathways and the governance structure. In addition, we would have general running costs to maintain the IT infrastructure and Osteopathy House, as well as having employment costs. However, in the event of a significant decline in available resources, a rationalisation of the staffing structure may be required.
33. When taken as a total sum (employment costs are included in full before any rationalisation), this is equal to 90% of the forecast expenditure budget.

Recommendations:

1. To consider the overall financial envelope for financial year 2025-26.
2. To agree to hold the registration fees at their current level for 2025-26.

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Council

20 November 2024

Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

Classification	Public
Purpose	For decision
Issue	A proposed consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.
Recommendation	<ol style="list-style-type: none">1. To note the suggested changes to the Peer Discussion Review template and CPD Guidance2. To agree to proceed to a consultation on the updated CPD Guidance and PDR Template.
Financial and resourcing implications	None at this stage
Equality and diversity implications	An Equality Impact Assessment (EIA) is included at Annex C.
Communications implications	A consultation strategy and document will be developed for consideration by Council alongside the updated CPD Guidance and PDR Form if the Committee is content to proceed to consultation.
Annex	<ol style="list-style-type: none">A. Draft Revised PDR templateB. Draft Revised CPD GuidanceC. Draft EIAD. Pre-consultation engagement findingsE. Consultation strategyF. Consultation document
Author	Steven Bettles and Dr Stacey Clift

Scott Marcia
08/11/2024 12:08:27

Key messages from this paper

- The CPD evaluation reported to Council in July 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
- Consequently, we modified the PDR template to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
- We also modified the CPD Guidance, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
- We sought initial feedback from osteopaths and key stakeholders on our approach during September 2024, which was generally very positive.
- The Committee agreed to recommend that Council proceed to a wider consultation on the suggested changes.

Background

1. We reported to [Council in July 2024](#) on the results of our latest [CPD evaluation work](#). A summary is below:

In terms of strategic aims of the scheme:

2. Osteopaths have engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so.
3. Engagement with the OPS and in particular, professionalism (theme D) tends not to focus on professional boundaries and honesty and integrity.
4. The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
5. For a small proportion of the profession the scheme has been more successful in creating networks, but this has not necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
6. Osteopaths reported the following in terms of how the CPD scheme could be improved:
 - Reducing the level of paperwork by streamlining the recording of CPD and the PDR paperwork, so that it was less time consuming

- Making the CPD scheme less complicated
 - Returning to an annual component
 - Making the PDR form and guidance less repetitive and more streamlined
 - Providing more objective activities and examples of professionalism-based activities.
 - Making the 'supporting role,' that GOsC is taking with the CPD scheme, much clearer to the osteopathic profession.
7. Council agreed to recommendations from the Policy and Education Committee including to update the CPD and associated guidance, and PDR template, for consultation later this year, by:
- a. Strengthening CPD on Boundaries as an important part of the communication and consent requirement.
 - b. Strengthening and encouraging CPD in the area of EDI.
 - c. Reviewing and editing the CPD Guidance, the Peer Discussion Review guidance and associated templates to make them simpler and more accessible.
 - d. Strengthening the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleague.
 - e. Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
 - f. Making more explicit expectations about how AI could and should not be used in the CPD process.
8. This paper reports to Council with suggested changes to both the PDR template and CPD Guidance as a result of the above process¹.

¹ If Council members would like to view the current PDR template and CPD Guidance in use by osteopaths, please visit: PDR template <https://cpd.osteopathy.org.uk/resources/peer-discussion-review-template/>
CPD Guidance: <https://cpd.osteopathy.org.uk/resources/continuing-professional-development-guidance/>

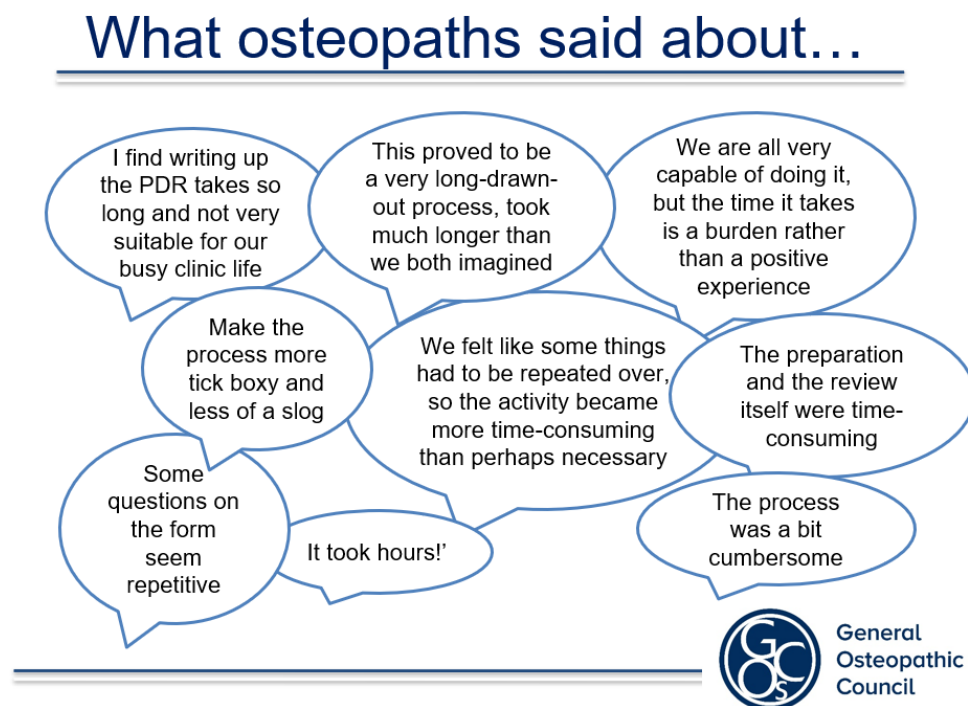
Discussion

9. We have made some amendments to both the PDR template (Annex A) and CPD Guidance (Annex B) that reflect the above. An Equality Impact Assessment is attached at Annex C.

PDR template:

10. We have tried to make this much easier to engage with for the osteopath and reviewer, enabling them to focus on the heart of the PDR itself which is the structured conversation with a trusted colleague. We have done this to address some of the difficulties reported by osteopaths through the CPD Evaluation Survey 2024 (see Figure 1). We did not want the form itself to be a distraction from its key function, but rather provide a simpler way of referencing activities, adding as much detail as may be required in text boxes, but not requiring large amounts of written information where this could be referenced elsewhere (existing CPD records, for example). There were some inconsistencies in the current PDR form, with the osteopath able to fill some sections in advance, but not others, so we have addressed this, and made it easier for the reviewer to confirm that a particular requirement has been met.

Figure 1: Osteopaths views on current PDR template



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CPD guidance:

11. We have:

- Strengthened the CPD requirement on Boundaries and in the area of equity, diversity, inclusion and belonging (EDIB) as an aspect of the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.
- Edited the CPD Guidance to make it more accessible.
- Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.
- Strengthened guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies.
- Made more explicit expectations about how AI could and should not be used in the CPD process.

12. We plan also, as part of our transition into practice work with our stakeholders, to tailor specific guidance to new graduates and this will take place over a longer period of development.

13. Further detail from pre-consultation engagement with osteopaths and stakeholders to further inform amendments is attached at Annex D.

Committee feedback

14. We reported to the Policy and Education Committee's [October 2024](#) meeting on the proposed changes to the PDR template and CPD guidance. These were broadly welcomed, with key discussion points including:

- Liked the changes – clear and comprehensive
- Welcomed the changes
- A point about technical issues in completing the PDR digitally/online
- Queries over the addition of boundaries and EDIB issues as mandatory requirements of the scheme, and what this might look like in practice.
- Query about the details of the osteopath's practice and the purpose of this section of the PDR template
- A question as to whether an osteopath can use the same peer more than once
- Some follow up points on formatting of the PDR template

15. In response to the above, we can respond:

Formatting issues – the PDR template would be available in a range of formats. Whether this might include an online option is related to other decisions regarding the CPD diary and the continuance of this.

The 'About you as an osteopath' section on the PPDR template:

We clarified that this section at the outset of the PDR template is not collated or analysed – it's simply intended as an easy way for an osteopath to provide details and context about how they work to a peer with whom they may not be that familiar. We have added a clarification to this effect to the PDR template.

Additional mandatory elements – the addition of these areas of activity to Standard 3 of the scheme (CPD activity to benefit patients) reflects the persistence of boundary issues in concerns raised about osteopaths and addresses the recommendation to this effect in Julie Stone's 2022 [boundaries](#) research. EDIB issues are becoming more prominent within society and healthcare generally, and yet few osteopaths report CPD in these areas. We are not intending that these be overly burdensome requirements. We intend to develop a workbook drawing together some of our work on boundaries and supporting osteopaths in pursuing this. Similarly, we published [guidance](#) on EDIB issues earlier this year, and engaging with this and reflecting on within the context of one's own practice would be a good way of meeting some EDIB activity. We are not looking to impose this retrospectively as a requirement for those who have already met the communication and consent requirement, but it can be factored into their next cycle. For those with longer to go in their current cycles, then it would not be unreasonable to meet this, particularly if we provide the resources to enable them to do so.

Consultation

16.A Consultation Strategy (Annex E) and a Consultation document (Annex F) is included for consideration.

Next steps

17.We are seeking Council's agreement to proceed to consultation on the proposed changes as set out in the Consultation Strategy.

Recommendation:

1. To note the suggested changes to the Peer Discussion Review template and CPD Guidance

2. To agree to proceed to a consultation on the updated CPD Guidance and PDR Template.

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Peer Discussion Review Template

Osteopath to complete this section

About your Peer

1. Name of osteopath	
2. Name of Peer	
3. My Peer is:	
	An osteopath I work with
	An osteopath known to me but who doesn't work with me directly
	With an osteopath not known to me
	With another health professional
	Other
If you selected Other, please specify below:	
4. My Peer was put in place by	
	Myself
	Regional group
	Osteopathic education provider
	Clinical interest group or member of the Osteopathic Alliance
If you selected 'Regional group', please specify which Regional Group	

5. Date of review	
--------------------------	--

6. Location of review	
------------------------------	--

7. Fee paid (if any)	
-----------------------------	--

Osteopath to complete this section

About you as an osteopath

8. How long have you been practising as an osteopath?					
	Less than a year		16-20 years		31-35 years
	1-5 years		21-25 years		41+ years
	6-10 years		26-30 years		36-40 years
	11-15 years				
9. Context in which you work:					
	Practising as an osteopath in a sole private practice		Providing other health services (eg dry needling acupuncture, ultrasound treatment, sports massage, orthotic prescription, naturopath, herbal medicine, nutritionist)		
	Practising as an osteopath in a multidisciplinary private practice		Working in a field unrelated to osteopathy		
	Practising as an osteopath in the NHS or seeing NHS patients		Non-practising		
	Working in research		Other (please specify below)		
	Working in education				
10. How many hours do you practice each week?					
	0-4 hours		25-34 hours		55+ hours
	5-14 hours		35-44 hours		Other (please specify below)
	15-24 hours		45-54 hours		
11. How many patients do you typically treat in a week?					
	1-10		31-40		Other (please specify below)
	11-20		41+		
	21-30				
12. Type of patients I treat					
	Babies (Under 1yr)		Children (4-17yrs)		Animals
	Toddlers (1-3yrs)		Adults (18 yrs and above)		Not currently seeing patients
13. Other roles that you may have:					
	Regional Lead		Education		Other (please specify below)
	Research				

CPD Standard 1: Range of Practice

Osteopath to complete this section

14. Have you undertaken CPD in the four themes of the Osteopathic Practice Standards (OPS) and in any areas relating to your different practice roles. Please provide an example of each below:			
CPD undertaken [tick]			
<input type="checkbox"/>	Theme A	<input type="checkbox"/>	Theme C
<input type="checkbox"/>	Theme B	<input type="checkbox"/>	Theme D
<input type="checkbox"/>	Specific CPD relating to practice roles		
Provide example below			
Theme A			
Theme B			
Theme C			
Theme D			
Specific CPD relating to practice roles			

Peer to complete this section

15. Has the osteopath undertaken CPD activities in relation to each of the four themes of the Osteopathic Practice Standards, and also CPD appropriate to their osteopathic practice?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
If no, please explain where the gaps are and how these could be addressed:	
Any other comments the Peer may want to add:	

CPD Standard 2: Objective activity

Osteopath to complete this section

16. Which of the following objective activities have you undertaken for your CPD during this cycle?	
<input type="checkbox"/>	Case based discussion
<input type="checkbox"/>	Clinical audit
<input type="checkbox"/>	Patient feedback
<input type="checkbox"/>	Peer observation
<input type="checkbox"/>	Patient Reported Outcome Measures (PROMs)
<input type="checkbox"/>	Other
If you selected Other, please specify below:	
17. Have you completed the Objective Activity Reflection Template	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Peer to complete this section

18. Has the osteopath completed an objective activity?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Has the osteopath detailed the following according to their chosen objective activity:	
<input type="checkbox"/>	Aims & Objectives
<input type="checkbox"/>	Method used
<input type="checkbox"/>	Outcome
<input type="checkbox"/>	Conclusion
<input type="checkbox"/>	Action Plan
Any other comments the Peer may want to add:	

CPD Standard 3: CPD benefiting patients

Osteopath to complete this section

19. Have you undertaken a CPD in the following three areas?					
Communication and consent		Yes			No
Boundaries		Yes			No
Equality Diversity and Inclusion (EDI)		Yes			No
20. Which of the following best describes your activities in these areas?					
Please tick which activities apply to the CPD you have undertaken in these three areas	EDI	Comms & Consent	Boundaries		
A taught course					
CPD event					
A face to face group discussion (eg practice meeting or local or regional group)					
An online activity (eg webinar or group discussion)					
Patient stories or case studies					
Reading activity (eg Osteopathic Practice Standards, journals, GOsC guidance: Obtaining patient capacity to consent)					
NCOR Research					
Other					
If you selected Other, please specify below:					

Peer to complete this section

21. Has the osteopath undertaken CPD in relation to benefiting patients?	
	Yes
	No
Any other comments the Peer may want to add:	

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CPD Standard 4: Continuing record of CPD

Osteopath to complete this section

22. Which of the following have you used to record and reflect on your CPD activities?	
<input type="checkbox"/>	GOsC Online CPD Diary (via the ozone)
<input type="checkbox"/>	My own reflective diary
<input type="checkbox"/>	Paper record containing CPD evidence
<input type="checkbox"/>	Electronic record containing CPD evidence (eg MS Word, Apple Pages, Google Doc, Dropbox, Google Drive)
<input type="checkbox"/>	Eportfolio platform (eg Pebblepad, Folio Spaces, Padlet, Mahara)
<input type="checkbox"/>	Other (please specify below)
23. Have you shown your Peer documented evidence of the CPD you have mentioned in your Peer Discussion Review (eg objective activity, communication and consent based activity)	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Peer to complete this section

24. Does the CPD record demonstrate documented CPD for this CPD cycle, including notes of all activities discussed in this Peer Discussion Review?	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Any other comments the Peer may want to add:	

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Overview and Planning

Osteopath to complete this section or Peer to complete this section

Through discussions with your Peer, what have you identified in terms of the following:

25.Strengths during this CPD cycle:
26.Areas for development
27.What activities or actions have you planned or scheduled for your next 3 year CPD cycle?

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Sign off

Peer to complete this section

28. Individual sign off of components of the scheme when completed			
Standard 1:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 2:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 3:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

Standard 4:			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Date:			
Signature:		Printed name	

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Declaration

Declaration by Peer

To be signed by the Peer only when the Peer Discussion Review has been successfully completed.

I confirm that I have completed this Peer Discussion Review and that, in my opinion, the CPD standards have been met. I confirm that the osteopath I have reviewed appears to provide good quality and safe patient care on the basis of the information that we have discussed. I confirm that all information provided on this form is correct to the best of my knowledge.		
Date:		
Printed name:		
Registration number (if applicable)		

Declaration by osteopath

To be completed in all cases.

I confirm that I have participated in this Peer Discussion Review, and that the information provided on this form is correct to the best of my knowledge. I confirm that I will retain a copy of this form in my CPD record.		
Date:		
Printed name:		
Profession		
Registration number (if applicable)		

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General
Osteopathic
Council

Continuing
Professional
Development

Continuing Professional Development Guidance

Draft November 2024

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Introduction

This guidance supports osteopaths in meeting the General Osteopathic Council (GOsC) Continuing Professional Development (CPD) scheme requirements. The CPD scheme provides assurance of continuing fitness to practise for every osteopath on the statutory Register, by encouraging osteopaths to develop their practice as members of a community of learning.

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What counts as CPD?

Standard B3 of the Osteopathic Practice Standards (2018) states that osteopaths ‘must keep professional knowledge and skills up to date’.

To achieve this, osteopaths must be professionally engaged, undertaking professional development activities and keeping up to date with factors relevant to ongoing practice (including the wider healthcare environment).

CPD is any activity that maintains, enhances and develops osteopathic professional practice. It includes any learning undertaken by an osteopath, for example discussion of CPD and practice with a colleague, courses, seminars, practical sessions, e-learning, reading, research, individual study, Peer Discussion Review, mentoring, and any other activities that can advance practice. Undertaking CPD is an ongoing aspect of professional practice.

CPD ‘learning with others’ additionally must involve interaction (both giving and receiving information to inform learning) with osteopaths, healthcare practitioners or other professionals. The key element here is the interaction with others, which may be online or in person.

CPD must be reflected on and recorded by the osteopath within their CPD records. There are a range of resources and templates at **cpd.osteopathy.org.uk** that can be used to help with this.

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Creating a supportive culture

The CPD scheme is designed to promote engagement, professional support, discussion and 'learning communities' within osteopathy thereby ensuring high quality patient care and patient safety. In this way it puts patients at the heart of osteopathy.

This approach requires osteopaths to participate fully and show interest in CPD activities, helping colleagues to feel valued and promoting discussion about practice.

It relies on osteopaths:

- creating a respectful environment where colleagues can share details of their practice openly
- having the skills to give and receive constructive feedback
- demonstrating attitudes of curiosity and the ability to learn from every encounter with colleagues
- valuing the new knowledge and insights that colleagues and patients can bring
- taking a proactive approach and encouraging opportunities to engage with colleagues
- learning and interacting with others in either structured activities or less formal ones.

Our CPD scheme aims to:

- Inspire and influence others through the shared aim of creating benefits for patients, practitioners and colleagues both within and outside the osteopathic profession.
- Be alert to changes in society, other health practices, and in the delivery of healthcare, to ensure that the services osteopaths deliver are meeting ever-changing expectations, supporting effective collaboration, empowering patients and putting patients at the heart of care.
- Develop, encourage and maintain excellent interpersonal skills within the profession and understand the impact on others of the practitioners' emotions and behaviours.

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Features of the CPD Scheme

Over a three-year cycle, osteopaths will need to do 90 hours of CPD, comprising at least 45 hours learning with others, across all four themes of the Osteopathic Practice Standards, including at least one objective activity, and one or more CPD activities incorporating mandatory elements to benefit patients and complete a Peer Discussion Review.

Mandatory activities¹ currently include :

- a. consent and communication
- b. establishing and maintaining professional boundaries and
- c. equality, diversity, inclusion and belonging which have been identified from data held about concerns raised by patients.



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¹ Note: This guidance came into force on xx/xx/2025. We strongly recommend, however, that even if you are part way through your CPD cycle on the date that the guidance comes into force, that you complete each of the mandatory cycles before it completes. This is because these have been identified as higher risk areas for concerns.

Range of practice

You should do CPD activities in all four themes of the Osteopathic Practice Standards:

- A. Communication and patient partnership
- B. Knowledge, skills and performance
- C. Safety and quality in practice
- D. Professionalism

Your CPD should also cover the breadth of your professional practice (including keeping up to date in adjunctive techniques), and which may include the clinical, education, research or management aspects of your role(s).

Objective activity

Your CPD needs to include at least one objective activity. An objective activity is where you seek external objective feedback about your practice and then analyse and reflect on this to show how it has informed your practice or CPD.

CPD benefiting patients: mandatory activities

Mandatory activities² currently include:

- a. consent and communication,
- b. establishing and maintaining professional boundaries and
- c. equality, diversity, inclusion and belonging which have been identified from data held about concerns raised by patients. These topics can be covered together or separately in one or more CPD activities.

These topics can be covered together or separately in one or more CPD activities.

By incorporating these areas as mandatory CPD, we hope to increase knowledge and skills in these areas, support continuing good quality care and reduce the likelihood of complaints against osteopaths. There are resources on the CPD website to help osteopaths undertake CPD in these areas.

Keeping CPD records

You need to keep a record of your CPD that shows you have completed a three-year cycle of a minimum of 90 hours. This must include a minimum of 45 hours of 'learning with others' and include all the required elements of the scheme.

Peer Discussion Review

You need to complete a Peer Discussion Review towards the end of your three-year cycle. A Peer Discussion Review is a structured conversation with an osteopath or other health professional in which you discuss how you have completed all the elements of the scheme.

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² Note: This guidance came into force on xx/xx/2025. We strongly recommend, however, that even if you are part way through your CPD cycle on the date that the guidance comes into force, that you complete each of the mandatory cycles before it completes. This is because these have been identified as higher risk areas for concerns.

Selecting a peer and completing the CPD cycle

Peers must be osteopaths or other health professionals.

Osteopaths may choose someone they know, or may find one through:

- an educational provider
- a regional group or advanced practice society
- a member of the Osteopathic Alliance, or
- they may choose to ask the Institute of Osteopathy, the GOsC or other organisations to help them to identify a peer.

Further detail about the Peer Discussion Review is outlined on page 13.

Range of practice

How do I demonstrate my CPD activities are relevant to my full range of my practice?

Over the course of a three year cycle, CPD should be appropriately balanced across the whole of an individual's practice and should reflect their breadth of work as an osteopath, whatever that looks like. This will include keeping up to date in relation to adjunctive therapies that you may use, as well as osteopathic clinical practice. It will also include activities in relation to education, research or management, depending on the roles you undertake.

Use of Artificial Intelligence (AI)

Artificial intelligence platforms are becoming increasingly capable in many areas, and may play a significant role in the provision of clinical care and practice management as they develop in the future. CPD activities which develop an osteopath's understanding of AI platforms and how these might contribute to effective patient care may prove useful area of focus.

For CPD records and reflections however, you should be honest and transparent - these should reflect your activities and your own thoughts about these rather than an AI generated version. Some may find AI useful in helping them better present their thoughts and reflections, but these should come from you in the first place.

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The CPD cycle

Start and end dates of the CPD cycle

Start and end dates of the CPD cycles for all osteopaths (with reference to the dates of their initial registration or renewal) are set out on the **ozone**.

How to structure your CPD across a three year cycle

Osteopaths should aim to balance an appropriate amount of CPD in each year of the cycle, completing all requirements by the **end of each three-year CPD cycle**. This will allow the osteopath to move into the next three-year cycle.

The example below shows how someone might choose to spread the activities across the whole of the cycle, as part of their usual self-directed CPD.

Some osteopaths may choose to undertake all their mandatory activities and topics in Year 1 and to continue undertaking self-directed activities in Years 2 and 3. Osteopaths should take steps to ensure that they meet all the requirements by the end of Year 3.

If it becomes apparent that exceptional circumstances will prevent an osteopath complying, the GOsC should be notified by the osteopath as soon as possible during the CPD cycle.

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Table: Example of how an osteopath might choose to spread the mandatory requirements across the whole cycle

Cycle 1	Suggested CPD Hours	Example activities	Registration renewal
Year 1	30 hours of CPD (15 hours of learning with others)	<p>Objective activity analysis and reflection plus other self-directed activities.</p> <p>At this point, some osteopaths may also like to identify their intended peer who will complete the Peer Discussion Review with them.</p>	<p>At the conclusion of the first year, as part of the registration renewal, osteopaths will be asked to declare what they have undertaken within their CPD cycle as part of their registration renewal. This will comprise the:</p> <ul style="list-style-type: none">a. number of CPD hours completedb. elements completed. <p>The GOsC will aim to confirm that the osteopath is on track to complete the requirements of the CPD scheme by identifying what further CPD needs to be completed as part of the three-year CPD cycle. Osteopaths can show this to their peer.</p>
Year 2	30 hours of CPD (15 hours learning with others)	CPD in consent and communication, plus other self-directed activities.	<p>At the conclusion of the second year, as part of the registration renewal, osteopaths will be asked to declare what they have undertaken within their CPD cycle as part of their registration renewal. This will comprise the:</p> <ul style="list-style-type: none">a. number of CPD hours completedb. elements completed. <p>The GOsC will aim to confirm that the osteopath is on track to complete the requirements of the CPD scheme by identifying what further CPD needs to be completed as part of the three-year CPD cycle. Osteopaths can show this to their peer.</p>
Year 3	30 hours of CPD (15 hours learning with others)	<p>CPD completed in all themes of the OPS and across all aspects of professional practice plus self-directed activities.</p> <p>Peer Discussion Review completed.</p>	<p>The osteopath will submit a completed Peer Discussion Review form, on request, to the GOsC which will confirm that the osteopath has completed:</p> <ul style="list-style-type: none">a. the CPD standardsb. 90 hours of CPD (including 45 hours learning with others). <p>The osteopath will move into the next CPD cycle.</p> <p>If all activities have not been completed, osteopaths will receive a warning that if they do not comply with the scheme within 28 days, they are at risk of being removed from the Register.</p>

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The Peer Discussion Review

Towards the end of the CPD cycle (normally during Year 3), all osteopaths must complete a Peer Discussion Review.

A Peer Discussion Review is a structured conversation with a peer who has been chosen by the individual osteopath. Peers can either be osteopaths or other health professionals.

Osteopaths are encouraged to select their peer early. It is important that osteopaths choose a peer with whom they are comfortable discussing their practice, areas of development and areas of strength, so that the process supports them and enhances their practice.

Many osteopaths will choose to identify a peer at the beginning of their CPD cycle and will discuss CPD and learning throughout the CPD cycle, thus undertaking aspects of the Peer Discussion Review at different stages. Other osteopaths may prefer to have one structured formal conversation towards the end of the cycle.

During the Peer Discussion Review structured conversation, the osteopath will discuss their osteopathic professional practice and their CPD activities to demonstrate that they have complied with the CPD scheme requirements and have therefore met the CPD standards. The Peer Discussion Review itself should take around an hour to an hour-and-a-half to complete in total.

The Peer Discussion Review provides the opportunity for a respectful and supportive conversation about practice.

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Verification and assurance

The requirement to undertake CPD sends an important message to patients, the public and other health professionals and provides assurance that all osteopaths on the Register practise in accordance with published standards.

The GOsC randomly selects 5 to 10% of osteopaths each month to look at evidence of their CPD, such as records of the activities they have completed, provide them with feedback and support and answer any questions. This provides a level of quality assurance and checks compliance with the scheme.

The verification and assurance process

The GOsC collects information so that we can:

- Be assured that osteopaths are meeting the requirements of the CPD scheme.
- Identify whether there are any support or resource gaps for osteopaths.
- Support osteopaths to meet the requirements of the CPD scheme.
- Provide feedback to the whole profession on how the scheme is progressing.
- Identify where there may be an extra need to encourage osteopaths to build learning communities.

You must complete an annual renewal of registration form (see example on p15), and as part of this you will make a declaration about what CPD activities you have done in that particular year of your three-year cycle.

Each year you will be asked to declare:

- The number of hours of CPD you have done in the past year.
- The number of hours you have done in the past year which are in the category 'learning with others'.
- Which of the four themes of the OPS you have covered in the past year.
- Whether an objective learning activity has been completed in the past year.
- Whether the mandatory topics (consent and communication, boundaries and equality, diversity, inclusion and belonging) have been completed in the past year.
- Whether you have identified your peer to carry out your Peer Discussion Review (it's a good idea to identify your peer within the first year if you can).
- Whether the Peer Discussion Review has been completed (this is likely to be in the third year of your cycle).

You must continue to keep a record of your activities including evidence underpinning the activities you have undertaken. This might include notes of a group practice discussion or a course certificate.

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Example of a completed annual renewal of registration form

Declarations

By completing this form I declare that all information supplied in support of my application to re-register with the GOsC is, to the best of my knowledge, accurate and true. I understand that the Registrar may take steps to verify any information supplied by me.

Indemnity insurance

Section 37 of the Osteopaths Act 1993 and the GOsC (Indemnity Arrangements) Rules Order of 2015 require all osteopaths to hold an adequate indemnity arrangement.

It is your responsibility to ensure that you hold continuous professional indemnity insurance cover at all times. If your practising status changes, for example to non-practising, or you return to practice, you must contact the GOsC so that your registration status can be updated on the Register. You should also contact your insurance provider to advise them of the change in your registration status so that they can arrange run-off cover insurance if you become non-practising, or reinstate full insurance cover when you return to practice.

Please click the declaration statement to confirm that you have cover. Please be aware that you may be randomly selected for an audit, where you will be required to send us proof of your insurance.

☒ I declare that I hold an indemnity arrangement which meets the GOsC (Indemnity Arrangements) Rules Order of 2015. My insurer is:

Example Insurer

Character

In the past year and to the best of your knowledge, have you been convicted of a criminal offence or are currently subject to any police investigations which might lead to a conviction, caution, reprimand, final warning, been party to civil proceedings, been subject to an adverse outcome from disciplinary proceedings from any other professional body, in the UK or any other country?

☐ Yes

☒ No

Health and fitness

Do you have any medical conditions, either physical or mental, which might jeopardise the wellbeing of patients whom you may treat or other fellow health care professionals? Do you have an ongoing medical condition, either physical or mental that requires regular medical review?

☐ Yes

☒ No

CPD

You are required, over 3 years, to undertake 90 hours CPD of which a minimum of 45 hours must be learning with others. Over 3 years you will need to ensure you have undertaken activities across the four themes of the Osteopathic Practice Standards, an objective activity, an activity focused on communication and consent, and a peer discussion review towards the end of the three-year cycle.

Please declare how far you have progressed in completing these requirements by completing the declaration below.

In the past renewal year, I have undertaken 32 hours of which 18 hours are in the category of learning with others.

I have undertaken activities which cover:

☐ Osteopathic Practice Standards Theme A

☒ Osteopathic Practice Standards Theme B

☐ Osteopathic Practice Standards Theme C

☐ Osteopathic Practice Standards Theme D

☒ Objective activity

☐ Communication and consent

☒ I have identified my peer

☐ I have completed and recorded my peer discussion review

Difficulty meeting the requirements

Osteopaths are required to complete the CPD requirements by the end of their three-year CPD cycle. Any osteopaths who are unable to complete the CPD requirement within the three-year cycle should contact the GOsC at the earliest opportunity to discuss this.

The GOsC has the statutory power to extend or vary the three-year CPD requirement if there is good reason. Osteopaths wishing to make such an application must do so in writing providing supporting evidence.

Failure to comply with the CPD requirements, without good reason, puts an osteopath at risk of their registration being removed.

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Resources and examples

Resources to help osteopaths complete all the elements of the CPD scheme are available at **cpd.osteopathy.org.uk**.

If you have any queries, please get in touch:

Email: **cpd@osteopathy.org.uk**

Tel: **+44 (0)20 7357 6655**

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**General
Osteopathic
Council**

General Osteopathic Council

Osteopathy House
176 Tower Bridge Road
London SE1 3LU

osteopathy.org.uk
cpd.osteopathy.org.uk

The GOsC is a charity registered in England and Wales (1172749)

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Equality Impact Assessment Template

Step 1 – Scoping the EIA

Prompts: In completing this section think about the policy or activity that is being introduced and what its impact would be if implemented immediately.

Think about the purpose of the policy or activity – how would you briefly describe it to someone outside of the GOSc who did not understand healthcare regulation? Who would be affected by the policy or activity if implemented immediately?

Think about the data that you might need in order to take the policy or activity forward to implementation. Do you know what data you need and where you might find the data? Do you know if there is data which relates to each protected characteristic? If there are gaps in the data, how might this be addressed through consultation?

Title of policy or activity
<ul style="list-style-type: none"> • Updating of guidance in relation to Continuing Professional Development requirements of registered osteopaths • Updating of the template used to evidence the peer discussion review (PDR) (an integral element of the CPD scheme)
Is a new or existing policy/activity?
<p>This is an update of The General Osteopathic Council's CPD Guidance for registrants, and a review of the PDR Guidance. The current CPD scheme was introduced in 2018, and moved away from an annual CPD cycle to a three year cycle, requiring a minimum of 90 hours CPD activity over a three year period.</p> <p>The CPD scheme requires registrants to:</p> <ul style="list-style-type: none"> • undertake CPD which reflects the breadth of their practice and the four themes of the Osteopathic Practice standards, • include some form of objective activity to gain feedback on their practice, • To ensure that CPD benefits patients – this is a mandatory element which includes activity in communication and consent, • Keeps a record of activities, • Carries out a peer discussion review with another osteopath or registered health professional in which they demonstrate how they have met the requirements of the scheme.
What is the main purpose and what are the intended outcomes of the policy/activity?
<p>We are not seeking to change the CPD scheme, but are rather responding to evaluation feedback to ensure that CPD guidance is clear and accessible, and to</p>

<p>review the PDR template to make this easier to engage with and complete for the osteopath and reviewer.</p> <p>We are also looking to expand the mandatory elements of the scheme to include CPD on boundaries with patients, and also equality, diversity and inclusion.</p>	
<p>Who is most likely to benefit or be affected by the policy/activity</p>	
<p>Osteopaths and peer reviewers (often, also osteopaths) will be the main groups affected by this review.</p> <p>The expansion of mandatory activities to include boundaries and EDI issues should benefit patients and will potentially impact on CPD providers and their need to meet the professions demand for CPD in these areas once these components become mandatory .</p>	
<p>Does this policy or activity impact on the Welsh Language?</p>	
<p>Guidance and PDR forms are published in Welsh to promote opportunities for use of the Welsh Language in undertaking CPD and the Peer Discussion Review.</p>	
<p>Dates of the EQIA</p>	
<ul style="list-style-type: none"> When did it start? 	<p>The project commenced in July 2024</p>
<ul style="list-style-type: none"> When was it completed? 	<p>Oct 2024</p>
<ul style="list-style-type: none"> When should the next review of the policy/activity take place? 	<p>May 2025</p>

Useful information

<p>What information would be useful to assess the impact of the policy/activity on equality?</p>
<p>EDI data in relation to the register of osteopaths and their ease of use in using the revised CPD guidance and PDR template according to individual protected characteristics</p>
<p>Is there data relating to people with any/each of the protected characteristics and, if relevant, on the Welsh Language?¹</p>
<p>There are currently some 5,600 osteopaths on the register. We hold equality monitoring data on registrants (although this is patchy in some areas), as this does not include full data on protected characteristics of all registrants. There are</p>

¹ The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

approximately 164 registrants practising in Wales, but we currently do not know how many of these osteopaths would prefer to be communicated with in Welsh.

We have collected equality monitoring data in relation to CPD through the CPD Evaluation Surveys from 2016 onward. This is probably the best set of data at assessing engagement and impact of various elements of the CPD scheme in relation to protected characteristics

We hold equality monitoring data for GOsC patient forum.

We hold CPD providers list, which we could use to explore the types of courses being delivered in the proposed mandatory areas on boundaries and EDI

Where can we get this information and who can help?

Registrant equality monitoring can be extracted from integra database.

Patient Forum was captured through Patient Forum Enrolment form and the Senior Research and Policy Officer have access to this raw data. CPD Evaluation Survey data filtered by equality monitoring data continues to be captured via Jisc Online Surveys platform and again can the Senior Research and Policy Officer has access to this raw data.

Step 2 – Involvement and consultation

Prompts: Thinking about your policy or activity, have you been liaising with any individuals and/or groups to inform the development of the policy or activity? Has there been pre-consultation events which have provided insight into your policy or activity development?

Think about your answer in Step 1 around data. If there were gaps in the data that you needed to inform your policy or activity development, how are you planning to address them through the involvement and consultation phase?

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

We undertake a periodic evaluation of the CPD scheme with registrants. The latest CPD evaluation 2024 was reported to our Policy and Education Committee in [June 2024](#).

A summary of findings includes:

- Osteopaths have engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so
- Engagement with the OPS and in particular, professionalism tends not to focus on professional boundaries and honesty and integrity
- The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice
- For a small proportion of the profession the scheme has been more successful in creating networks, but this hasn't necessarily translated into a sense of community or lessened ideas of risk of professional isolation
- The PDR process can be cumbersome and the template difficult to engage with.

As a result of the above, we have reviewed the guidance, and particularly the PDR template. Changes made include:

CPD guidance

We have made suggestions to:

- Review language to make more accessible
- Strengthen CPD on **Boundaries** as an important part of the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after
- Strengthening and encouraging CPD in the area of **EDI** – referencing this as a potential component of the communication and consent requirement
- Strengthen the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues
- Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies
- Making more explicit expectations about how AI could and should not be used in the CPD process

PDR template

- Now much easier to engage with for the osteopath and reviewer, enabling them to focus on the heart of the PDR itself which is the structured conversation with a trusted colleague
- More tick boxes
- Reduced inconsistencies in the way the form is constructed
- Made it easier for the reviewer to confirm that a particular requirement has been met

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We held two focus groups to seek initial feedback from osteopaths on our suggested changes to the CPD Guidance and PDR template on 17 and 19 September 2024. We also, shared this with the Osteopathic Development Group on 18 September and with the Council for Osteopathic Education Institutions (COEI) on 24 September 2024. Feedback was positive at these initial stakeholder events, which has provided us with a degree of assurance that the changes seem effective in meeting the needs of osteopaths, giving us a sound basis from which to work from when reporting to the Policy and Education Committee to seek a recommendation to proceed to a wider consultation with the entire osteopathic profession.

Step 3 – Data collection and evidence

Prompts: In completing this section think about the data and evidence that you have already collected and, when completing the EIA at an early stage of the development of the policy or activity, the data that will be collected through consultation. Where possible, try and show this separately and update your EIA as the policy or activity progresses.

Do you need to undertake further research or data collection? But remember, you will never have a perfect set of data in which to make a decision.

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and on the Welsh Language Scheme?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- **If relevant, on the Welsh Language?**

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

Our CPD evaluation survey provides a thorough and robust analysis of the impact and experience of osteopaths undertaking the scheme. It is as a result of the latest findings of this that we are proposing to make the changes to the PDR template and CPD guidance.

A wider consultation on the changes proposed will ensure that we seek broad feedback from osteopaths directly affected by the implementation of the scheme, and are able to take this into account when finalising the updates for Committee and Council approval in 2025.

Our consultations always seek feedback on any impact on protected characteristics and on opportunities to use the Welsh language. Unfortunately, typically we don't receive a great number of responses to our consultations on these questions. Our recent work by DJS on osteopaths' perceptions of the GOsC revealed that osteopaths want us to do things differently and as part of this 'thinking differently approach,' there are plans for us to set up an Equality and Accessibility Working Group, involving registrants, which we should utilise as part of the consultation phase.

Step 4 – assessing impact and strengthening the policy

Prompts: Think about each of the nine protected characteristics and consider the potential positive and negative impacts on each group. If you have identified a negative impact on a particular group, what are the actions that you plan to take to address the negative impact, if at all? Think about what else you might be able to do in order to strengthen equality further in relation to your policy or activity.

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and on the Welsh Language?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**

- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**
- **If relevant, on the Welsh Language?**

The changes made to the guidance and the PDR template are aimed at ensuring the scheme is accessible, easily understood and not onerous. The intention is to provide osteopaths with the space to engage with the scheme positively and undertake its various aspects without then being overly burdened by administrative elements. The PDR for example, should be about the quality of the structured conversation as to how the scheme is met, rather than becoming an administrative burden. We hope that simplifying the form using fewer words will better meet the needs of osteopaths who are neurodiverse based on our findings for our health and disability guidance earlier this year.

The inclusion of patient boundaries as a mandatory activity within the three year cycle is a reflection of our analysis of concerns and complaints data annually, which shows that boundaries concerns continue to be an issue. Similarly, the addition of an EDI based activity will help to improve osteopaths' knowledge of this area, and enhance the management of patients with protected characteristics.

This being said, we know from the CPD Evaluation Survey 2024 when we examine the PDR process in relation to protective characteristics that there are subtle nuances in responses for respondents of certain protected characteristics rather than a drastic shift or completely opposed view from the overall survey sample. For example:

- Males were more likely to hold mixed views in terms of ease/difficulty of the PDR and slightly more likely to report that their peer had insisted on invalidating their entire CPD record and that that their peer was able to support and provide assurance.
- Osteopaths aged 20-44 held mixed views in terms of ease/difficulty of the PDR, were more likely to report that their peer had signposted them to other useful CPD resources.
- Osteopaths aged 45-61+ were more likely to report finding the PDR easy to complete and the most rewarding and were more likely to report that the PDR helped them learn from each other.
- Osteopaths from the LBGTQIA+ community were more likely to report that their peer for the PDR was less likely to have a similar osteopathic approach to them and that the PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity

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<p>learning and that their peer was able to support and provide assurance. These osteopaths held mixed views in terms of ease/difficulty of the PDR</p> <ul style="list-style-type: none"> • Osteopaths from a Minority Ethnic Group (including Asian, Black, Mixed or Other Ethnic Group) ²More likely to report that their peer had signposted them to other useful CPD resources and that the PDR helped them learn from each other. • Osteopaths from a Non dominant religion (<i>non-Christian or non-atheist</i>) ³ were more likely to report that the PDR helped them learn from each other • Osteopaths declaring pregnancy and Maternity were more likely to report that their peer had signposted them to other useful CPD resources. These osteopaths tended to find equally important was their peer helped them learn from each other and support and provide assurance. <p>We also need to be aware that the original CPD Scheme consultation and Equality Impact Assessment also identified that possible areas of impact might be to the following groups: (1) registrants based outside the UK, (2) those who are not IT literate, (3) those with dyslexia, learning disabilities or visual disabilities, (4) part-time practitioners and (5) practitioners with ill-health. Some of these areas were explored as part of the CPD evaluation survey 2024 and some were more difficult to do so. Consequently, we need to ensure these voices are heard within the consultation process and we will develop this further as part of the development of the consultation strategy.</p>
<p>Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on the Welsh Language?</p>
<ul style="list-style-type: none"> • Disability? • Gender reassignment? • Marriage or civil partnership? • Pregnancy or maternity? • Race? • Religion or belief? • Sexual orientation? • Sex (gender)? • Age? • If relevant, on the Welsh Language?
<p>No</p>

² Asian or Asian British, Black or Black British, Mixed ethnic Background, Other

³ Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

What practical changes will help to reduce any adverse impact on particular groups?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- **If relevant, on the Welsh Language?**

We will ensure appropriate levels of accessibility with material e.g. variety of formats, easy to read, video content etc

What could be done to improve the promotion of equality within the policy?

In terms of the impact of the policy, the inclusion of an EDI based activity in the CPD cycle should promote and enhance knowledge and implementation of EDI within the profession and in the management of patients.

Step 5 – making a decision

Prompts: In completing this section, consider all of the data you have collected, the potential impact (positive and negative) on all of the protected characteristics.

Where do you see your policy or activity now? You have four options:

- a. No barriers or impact were identified, therefore activity will proceed.
- b. You have decided to stop the policy or practice because the evidence shows bias towards one or more groups.
- c. You have adapted or changed the policy in a way which you think will eliminate the bias.
- d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of

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the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

Now summarise your decision and think about how you might explain this to someone outside of the GOsC who has little to no understanding of healthcare regulation.

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.

This is a relatively minor update to the CPD guidance, with the key change being the inclusion of a boundaries activity and EDI in the mandatory CPD requirement to benefit patients. The revised PDR template intention is to be more accessible and easier to use

We will review these aspects further during the consultation phase and we will aim to ensure that we reach a diverse range of osteopaths in thinking about these changes.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

To be considered further following the consultation.

What practical actions do you recommend to include or increase potential positive impact?

The suggested changes are aimed at enhancing the experience of osteopaths in meeting their CPD requirements and evidencing this, but we will review this further following the consultation.

Step 6 – monitoring, evaluation and review

Prompts: If the policy or activity is to be introduced, in this section think about how you plan to measure the impact and effectiveness once it has been introduced. How will you do this? How frequently will you monitor the policy or activity? Which individuals or groups will you be asking/collecting data from to inform the monitoring, evaluation and review.

How will you monitor the impact/effectiveness of the policy/activity?

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<p>Periodic CPD evaluation surveys</p> <p>Continued monitoring of concerns and complaints data</p> <p>Feedback from osteopaths at regional, stakeholder or online events on ease of use of materials developed</p>
<p>What is the impact of the policy/activity over time?</p>
<p>This will be assessed as a result of the above.</p> <p>Osteopaths engaged with the CPD scheme and OPS</p> <p>Osteopaths getting the professional help and support they need to undertake their CPD</p> <p>Osteopaths building networks/ professional community to reduce professional isolation.</p> <p>Reduction in concerns and complaints concerning boundaries issues.</p> <p>Awareness of EDI related issues and how these might apply in practice life</p>
<p>Where/how will this EIA be published and updated?</p>
<p>It will be published alongside the guidance and PDR template and updated next after full consultation (based on feedback received)</p>

Step 7 – action planning

Prompts: The final section of the EIA is to detail the actions which have arisen as a result of completing the EIA and who is the person responsible for those actions and the date by which they will be completed.

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Ensure the EIA is annexed to the Committee paper.	Head of Policy and Education	October 2024
Update the EIA post Committee meeting.	Head of Policy and Education	October / November 2024
Use the EIA findings to date to inform the consultation strategy and the consultation document that goes to Council in November.	Head of Policy and Education	October / November 2024

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Update the EIA post consultation	Head of Policy and Education	May 2025
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Produced by	Reviewed by	Date of next review
Senior Research and Policy Officer and Head of Policy and Education	Director of Education and Standards – update made in terms of ensuring that the findings of the EIA inform the consultation strategy and consultation document that is developed by Council 26 September 2024.	November 2024

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General
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Annex D to 12

Consultation: Draft Continuing Professional Development Guidance and Peer Discussion Review Template

Date 2024

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About the General Osteopathic Council

The General Osteopathic Council (GOsC) is the regulator for the osteopathic profession in the UK. Our role is to develop and regulate the profession of osteopathy which we do by setting standards of education, training, conduct and competence and keeping a Register of those who have qualified and met those standards. By law, osteopaths must be registered with us in order to practise in the UK; there are currently around 5,400 osteopaths.

To remain registered with the GOsC, osteopaths must keep their skills and knowledge up-to-date with a programme of continuing professional development (CPD).

The CPD scheme aims to better support osteopaths to maintain and enhance practice and we want osteopaths to participate successfully to achieve these goals.

The scheme is outlined in the Continuing professional development Guidance which aim to give osteopaths all the information that they need to successfully participate in the CPD scheme, gain reassurance and professional support, and continue to enhance their practice.

The consultation

In this consultation, we are looking for feedback on proposed changes to our Draft CPD Guidance and Draft Peer Discussion Review (PDR) template.

These changes are proposed in response to osteopaths' feedback on their experiences completing their CPD under our enhanced CPD scheme, which was introduced in 2018. This includes the following components:

- Engaging in activities across the osteopath's range of practice, including the four themes of the [Osteopathic Practice Standards](#).
- Carrying out an [objective activity](#) to gain external and objective feedback on practice.
- Ensuring that CPD benefits patients – this so far has comprised a mandatory topic area of [communication and consent](#).
- Keeping a [record](#) of activities.
- Carrying out a [Peer discussion Review](#) – a structured conversation with another osteopath or registered health practitioner in which the osteopath discusses how they have met the requirements of the scheme. The PDR template relates to this activity.

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We are proposing the following:

- **Peer Discussion Review Template:**

We have tried to make this much easier to engage with for the osteopath and peer reviewer, allowing them to focus on the heart of the PDR, which is the structured conversation with a trusted colleague. We did not want the form itself to be a distraction from its main purpose, but rather provide a simpler way of referencing activities, adding as much detail as needed in text boxes, but not requiring large amounts of written information that could be referenced elsewhere (existing CPD records, for example). There were some inconsistencies in the current PDR form, with the osteopath being able to fill some sections in advance, but not others, so we have addressed this, and made it easier for the peer reviewer to confirm that a particular requirement was met.

- **CPD Guidance**

What have we changed:

- Strengthened the CPD requirement on [Boundaries](#) and equity, diversity, inclusion and belonging ([EDIB](#)), as well as the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.
- Strengthened guidance on 'range of practice' to make clear that osteopaths must be up to date and competent when using adjunctive therapies.
- Made more explicit expectations about how AI could and should not be used in the CPD process.
- Edited the CPD Guidance to make it more accessible.
- Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.

- **The Welsh Language**

As part of this consultation, and in line with the Welsh Language Standards, we are seeking views on the possible effects that our draft CPD guidance and PDR template for osteopaths may have on opportunities for those in Wales to use the Welsh language. To support this process, we have outlined below the approach we have taken to considering the possible effects.

In our assessment, we have considered the following aspects:

- The number of osteopaths in Wales, their expectations and experiences of accessing guidance in Welsh
- Whether using the guidance as it is intended might prevent a Welsh speaker from accessing or using the Welsh language while trying to meet the requirements of the CPD scheme
- Whether it is relevant or possible for the guidance to explicitly enable a Welsh speaker to access or be able to use the Welsh language while seeking to meet the requirements of the CPD scheme

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- The relevant Welsh language services GOsC provides and whether these are made clear within the guidance.
- The standards that apply regarding the information we need to provide in Welsh

There are currently approximately 169 osteopaths in Wales – [3%] of these speak Welsh

In accordance with the Welsh Language Standards, the GOsC currently does not provide CPD guidance or the Peer Discussion Review template in Welsh, as this is primarily for osteopaths and not members of the public or students. However we recognise that if the Peer Discussion Review template was published in Welsh this may provide more opportunity to Welsh-speaking osteopaths to have their peer discussion using Welsh with other Welsh speakers.

Osteopaths can have their peer discussion with members of other healthcare professions, such as physiotherapists, of which we predict there to be a larger number of Welsh speakers given the larger size of the profession overall. It may therefore be more likely than a Welsh-speaking osteopath has the opportunity to conduct their peer discussion in Welsh if doing so with someone from another healthcare profession, and having a template in Welsh would support this.

We therefore plan to publish the Peer Discussion Review template in Welsh once finalised, after the consultation period has ended. We do not however plan to publish the CPD guidance in Welsh as we do not feel this would have a direct impact on opportunities to use Welsh, and wherever possible we aim to take a proportionate approach to our Welsh language standards, relevant to the number of Welsh speakers in the profession at the time (which is currently relatively low).

We welcome feedback on these considerations as part of this consultation – please see questions below.

How to respond

The deadline for responses to this consultation is XXXXXXXXXX 2025

You can send us your views by:

- Using this [online consultation form](#)
- emailing your responses to the consultation questions to: standards@osteopathy.org.uk

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018 and the Environmental Information Regulations 2004). We will publish a report about the consultation and the responses we have received. If you would prefer your name not to be made public, please indicate this when sending us your views.

The GOsC is a data controller registered with the Information Commissioner's Office. We use personal data to support our work as the regulatory body for osteopaths. We may share data with third parties to meet our statutory aims and objectives, and when using our powers and meeting our responsibilities under the Osteopaths Act and the associated rules made under the Act. We may use personal data to update the Register, administer and maintain the Register, process complaints, compile statistics and keep stakeholders updated with information about our work.

Draft Continuing Professional Development Guidance and Peer Discussion Review Template

1. Your name or your organisation if replying on behalf of an organisation (optional)

2. Do you understand the updated CPD Guidance and the Peer Discussion Review (PDR) template, and how these relate to you? Please tick Yes/No in relation to the Guidance and the PDR template.

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

Please add any further comments here:

3. Do you think there is anything is missing from the draft CPD guidance and/or PDR Template?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please let us know below what you think should be added:

4. Do you think that the guidance and/or PDR Template could be improved in any way?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please provide suggestions below:

5. Do you agree with the addition of CPD in relation to boundaries and equality, diversity, inclusion and belonging (EIDB) as a mandatory element of the CPD requirement?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>

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PDR template

☐ ☐

6. **Additional information:** The addition of these elements reflects the fact that most osteopaths are not currently undertaking activities in these areas¹, though we know that boundaries with patients, for example, represents a persistent theme within concerns and complaints about osteopaths². We have not removed communication and consent from the mandatory activity requirement, but it is very likely that activity in boundaries and in EDIB would, in any event, meet the communication/consent requirement at the same time.

Yes ☐ No ☐

Please provide any additional comments below:

7. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:
- a. protecting, promoting and maintaining the health, safety and well-being of the public
 - b. promoting and maintaining public confidence in the profession of osteopathy
 - c. promoting and maintaining proper professional standards and conduct for osteopaths

Yes ☐ No ☐

Please provide additional comments below:

8. On pages four to five we explain how we have considered the possible effects of this guidance and template on opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?

Yes ☐ No ☐

If no, please explain your views below:

9. What changes, if any, could we make to the guidance and template to improve the opportunities available to osteopaths to use the Welsh language?

¹ This is evidenced by our [CPD Evaluation Survey Report 2024](#)

² See [NCOR Concerns and Complaints Data reports](#)

Please provide additional comments below:

As set out above, we are asking some specific questions that we would like responses to, but you are welcome to offer any other comments you wish – any comments or feedback can be sent to standards@osteopathy.org.uk.

All feedback will be taken into consideration.

Scott Marcia
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Diversity questionnaire

The collection of personal data can be a sensitive issue and we know that sometimes it can feel intrusive, but we want to make sure that the work we do and our processes are fair and free from discrimination.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other characteristic.

As well as providing useful information about diversity within the profession compared to society as a whole, by collecting more comprehensive data about the protected characteristics of osteopaths we can ensure that osteopathic education, Standards, Continuing Professional Development (CPD) and Fitness to Practise are not having any unintended consequences or discriminating against any particular group. We will only use this information to ensure that we comply with our legal obligations to:

- eliminate unlawful discrimination
- promote equality of opportunity
- foster good relations between those that have particular protected characteristics and those that do not.

We are not legally obliged to publish this information on the Register and we are not aware of any other legal requirements that require us to share with third parties. This information will only be used by GOsC staff for the purposes outlined above and to help us tailor our communications so they meet the needs of all osteopaths.

It would be very helpful to us if you would provide this information. You can skip any questions you do not wish to answer.

Please complete the [diversity questionnaire](#)

Thank you for your response to this consultation

Scott Marcia
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Consultation strategy –

The consultation strategy in relation to Publication of draft guidance for consultation:

We will follow the [GOsC consultation principles](#). These five principles are set out below, with an explanation as to our approach in relation to this particular consultation.

Principle 1: Formative – Our consultations should be undertaken at an early stage to ensure the policy or guidance document can be influenced by the stakeholders we are consulting. We will ensure that we undertake initiatives and activities as part of pre-consultation engagement to inform the development of our policy and guidance documents.

1. This represents a review of existing guidance implemented from 2018. It is informed by responses to our CPD evaluation work and looks to address some of the feedback received from osteopaths, particularly in relation to difficulties experienced in relation to the Peer Discussion Review template.
2. We discussed the proposed updates with some initial focus groups made up of osteopaths as part of the development process.

Principle 2: Authentic – Our consultations should be authentic and be truly seeking views and scrutiny, rather than either simply consulting for the sake of consulting, or to have been seen to have consulted. We will demonstrate there is a purpose to the consultation and ensure that we are asking questions on areas where final decisions have not already been reached.

3. We will explain clearly the rationale for developing the guidance within a consultation document, and explore views including:
 - Whether the CPD guidance is clear and accessible.
 - Whether the proposed additions to the mandatory element of the scheme are welcomed.
 - Whether the PDR template updates make this easier to engage with and undertake.
4. The consultation will be available on our website, and publicised via our ebulletins and social media. Invitations for responses will be sent specifically to key stakeholders, including:
 - All osteopaths (via ebulletins)
 - Institute of Osteopathy
 - Council for Osteopathic Educational Institutions (including students and educators)
 - Special interest groups including The Osteopathic Alliance
 - Patients (via our patient group)

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- Other regulators
- Professional Standards Authority

Principle 3: Accessible – Our consultations should be open for any individual to respond. We will ensure that our consultations last for 12 weeks unless there are good reasons not to do so and, in those situations, we will provide a clear explanation as to why that is the case.

5. The consultation will be open for a twelve-week period.

Principle 4: Inclusive – We will ensure our consultations are accessible to all stakeholders and, where necessary, we will take steps to ensure we are able to receive responses in a variety of different formats where that is helpful to respondents.

In developing our consultation strategy, we will consider our consultation audiences, and use a targeted approach to reach those with a greater interest in the subject matter and those it may be most relevant to or who will be more directly affected.

We will ensure that we have considered equality, diversity and inclusion as part of our consultation strategy development. This will include ensuring our consultations use clear and concise language and are free of jargon. We will ensure that our consultations are not overly long and try to ensure that they are easy to understand.

6. We will ensure that responses are not limited to specific questions, and that any feedback is welcome.
7. We will offer a focus group approach to specific groups to provide another means of gathering feedback, including:
- Osteopaths
 - Regional group leads
 - Patients

Principle 5: Transparent – We will publish an analysis of consultation responses and we will demonstrate where and how the consultation feedback has informed our thinking.

8. Responses to the consultation will be collated, analysed, considered in relation to the final draft and reported to the Policy and Education Committee.

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Timetable for consultation and subsequent activities

9. The proposed indicative timetable is as follows. To include a twelve week consultation including Christmas means it is likely to be too late to report on findings to the March 2025 Committee meeting, so is likely to be June 2025, then July Council:

Month	Activity
November 2024	Council agreement to consultation
December – February (eg 2 Dec to 24 Feb)	Consultation
TBC	Report to PEC
TBC	Report to Council
Following Council approval	Publish and publicise guidance

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General
Osteopathic
Council

Annex F to 11

Consultation: Draft Continuing Professional Development Guidance and Peer Discussion Review Template

Date 2024

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About the General Osteopathic Council

The General Osteopathic Council (GOsC) is the regulator for the osteopathic profession in the UK. Our role is to develop and regulate the profession of osteopathy which we do by setting standards of education, training, conduct and competence and keeping a Register of those who have qualified and met those standards. By law, osteopaths must be registered with us in order to practise in the UK; there are currently around 5,400 osteopaths.

To remain registered with the GOsC, osteopaths must keep their skills and knowledge up-to-date with a programme of continuing professional development (CPD).

The CPD scheme aims to better support osteopaths to maintain and enhance practice and we want osteopaths to participate successfully to achieve these goals.

The scheme is outlined in the Continuing professional development Guidance which aim to give osteopaths all the information that they need to successfully participate in the CPD scheme, gain reassurance and professional support, and continue to enhance their practice.

The consultation

In this consultation, we are looking for feedback on proposed changes to our Draft CPD Guidance and Draft Peer Discussion Review (PDR) template.

These changes are proposed in response to osteopaths' feedback on their experiences completing their CPD under our enhanced CPD scheme, which was introduced in 2018. This includes the following components:

- Engaging in activities across the osteopath's range of practice, including the four themes of the [Osteopathic Practice Standards](#).
- Carrying out an [objective activity](#) to gain external and objective feedback on practice.
- Ensuring that CPD benefits patients – this so far has comprised a mandatory topic area of [communication and consent](#).
- Keeping a [record](#) of activities.
- Carrying out a [Peer discussion Review](#) – a structured conversation with another osteopath or registered health practitioner in which the osteopath discusses how they have met the requirements of the scheme. The PDR template relates to this activity.

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We are proposing the following:

- **Peer Discussion Review Template:**

We have tried to make this much easier to engage with for the osteopath and peer reviewer, allowing them to focus on the heart of the PDR, which is the structured conversation with a trusted colleague. We did not want the form itself to be a distraction from its main purpose, but rather provide a simpler way of referencing activities, adding as much detail as needed in text boxes, but not requiring large amounts of written information that could be referenced elsewhere (existing CPD records, for example). There were some inconsistencies in the current PDR form, with the osteopath being able to fill some sections in advance, but not others, so we have addressed this, and made it easier for the peer reviewer to confirm that a particular requirement was met.

- **CPD Guidance**

What have we changed:

- Strengthened the CPD requirement on [Boundaries](#) and equity, diversity, inclusion and belonging ([EDIB](#)), as well as the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after.
- Strengthened guidance on 'range of practice' to make clear that osteopaths must be up to date and competent when using adjunctive therapies.
- Made more explicit expectations about how AI could and should not be used in the CPD process.
- Edited the CPD Guidance to make it more accessible.
- Strengthened the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues.

- **The Welsh Language**

As part of this consultation, and in line with the Welsh Language Standards, we are seeking views on the possible effects that our draft CPD guidance and PDR template for osteopaths may have on opportunities for those in Wales to use the Welsh language. To support this process, we have outlined below the approach we have taken to considering the possible effects.

In our assessment, we have considered the following aspects:

- The number of osteopaths in Wales, their expectations and experiences of accessing guidance in Welsh
- Whether using the guidance as it is intended might prevent a Welsh speaker from accessing or using the Welsh language while trying to meet the requirements of the CPD scheme
- Whether it is relevant or possible for the guidance to explicitly enable a Welsh speaker to access or be able to use the Welsh language while seeking to meet the requirements of the CPD scheme

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- The relevant Welsh language services GOsC provides and whether these are made clear within the guidance.
- The standards that apply regarding the information we need to provide in Welsh

There are currently approximately 169 osteopaths in Wales – [3%] of these speak Welsh

In accordance with the Welsh Language Standards, the GOsC currently does not provide CPD guidance or the Peer Discussion Review template in Welsh, as this is primarily for osteopaths and not members of the public or students. However we recognise that if the Peer Discussion Review template was published in Welsh this may provide more opportunity to Welsh-speaking osteopaths to have their peer discussion using Welsh with other Welsh speakers.

Osteopaths can have their peer discussion with members of other healthcare professions, such as physiotherapists, of which we predict there to be a larger number of Welsh speakers given the larger size of the profession overall. It may therefore be more likely than a Welsh-speaking osteopath has the opportunity to conduct their peer discussion in Welsh if doing so with someone from another healthcare profession, and having a template in Welsh would support this.

We therefore plan to publish the Peer Discussion Review template in Welsh once finalised, after the consultation period has ended. We do not however plan to publish the CPD guidance in Welsh as we do not feel this would have a direct impact on opportunities to use Welsh, and wherever possible we aim to take a proportionate approach to our Welsh language standards, relevant to the number of Welsh speakers in the profession at the time (which is currently relatively low).

We welcome feedback on these considerations as part of this consultation – please see questions below.

How to respond

The deadline for responses to this consultation is XXXXXXXXXX 2025

You can send us your views by:

- Using this [online consultation form](#)
- emailing your responses to the consultation questions to: standards@osteopathy.org.uk

Information in responses, including personal information, may need to be published or disclosed under the access to information regimes (mainly the Freedom of Information Act 2000, the General Data Protection Regulation, the Data Protection Act 2018 and the Environmental Information Regulations 2004). We will publish a report about the consultation and the responses we have received. If you would prefer your name not to be made public, please indicate this when sending us your views.

The GOsC is a data controller registered with the Information Commissioner's Office. We use personal data to support our work as the regulatory body for osteopaths. We may share data with third parties to meet our statutory aims and objectives, and when using our powers and meeting our responsibilities under the Osteopaths Act and the associated rules made under the Act. We may use personal data to update the Register, administer and maintain the Register, process complaints, compile statistics and keep stakeholders updated with information about our work.

Draft Continuing Professional Development Guidance and Peer Discussion Review Template

1. Your name or your organisation if replying on behalf of an organisation (optional)

2. Do you understand the updated CPD Guidance and the Peer Discussion Review (PDR) template, and how these relate to you? Please tick Yes/No in relation to the Guidance and the PDR template.

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

Please add any further comments here:

3. Do you think there is anything is missing from the draft CPD guidance and/or PDR Template?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please let us know below what you think should be added:

4. Do you think that the guidance and/or PDR Template could be improved in any way?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>
PDR template	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes, please provide suggestions below:

5. Do you agree with the addition of CPD in relation to boundaries and equality, diversity, inclusion and belonging (EIDB) as a mandatory element of the CPD requirement?

	Yes	No
GPD Guidance	<input type="checkbox"/>	<input type="checkbox"/>

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PDR template

☐ ☐

6. **Additional information:** The addition of these elements reflects the fact that most osteopaths are not currently undertaking activities in these areas¹, though we know that boundaries with patients, for example, represents a persistent theme within concerns and complaints about osteopaths². We have not removed communication and consent from the mandatory activity requirement, but it is very likely that activity in boundaries and in EDIB would, in any event, meet the communication/consent requirement at the same time.

Yes ☐ No ☐

Please provide any additional comments below:

7. Do you consider that the approach proposed in this consultation supports our overarching objective of public protection? This includes:
- a. protecting, promoting and maintaining the health, safety and well-being of the public
 - b. promoting and maintaining public confidence in the profession of osteopathy
 - c. promoting and maintaining proper professional standards and conduct for osteopaths

Yes ☐ No ☐

Please provide additional comments below:

8. On pages four to five we explain how we have considered the possible effects of this guidance and template on opportunities for osteopaths in Wales to use the Welsh language. Do you agree with our assessment?

Yes ☐ No ☐

If no, please explain your views below:

9. What changes, if any, could we make to the guidance and template to improve the opportunities available to osteopaths to use the Welsh language?

¹ This is evidenced by our [CPD Evaluation Survey Report 2024](#)

² See [NCOR Concerns and Complaints Data reports](#)

Please provide additional comments below:

As set out above, we are asking some specific questions that we would like responses to, but you are welcome to offer any other comments you wish – any comments or feedback can be sent to standards@osteopathy.org.uk.

All feedback will be taken into consideration.

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Diversity questionnaire

The collection of personal data can be a sensitive issue and we know that sometimes it can feel intrusive, but we want to make sure that the work we do and our processes are fair and free from discrimination.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other characteristic.

As well as providing useful information about diversity within the profession compared to society as a whole, by collecting more comprehensive data about the protected characteristics of osteopaths we can ensure that osteopathic education, Standards, Continuing Professional Development (CPD) and Fitness to Practise are not having any unintended consequences or discriminating against any particular group. We will only use this information to ensure that we comply with our legal obligations to:

- eliminate unlawful discrimination
- promote equality of opportunity
- foster good relations between those that have particular protected characteristics and those that do not.

We are not legally obliged to publish this information on the Register and we are not aware of any other legal requirements that require us to share with third parties. This information will only be used by GOsC staff for the purposes outlined above and to help us tailor our communications so they meet the needs of all osteopaths.

It would be very helpful to us if you would provide this information. You can skip any questions you do not wish to answer.

Please complete the [diversity questionnaire](#)

Thank you for your response to this consultation

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Council
20 November 2024
Guidance about Professional Behaviours and Student Fitness to Practise

Classification	Public
Purpose	For decision
Issue	Recommendation of Guidance about professional behaviours and student fitness to practise in osteopathic education for publication.
Recommendations	<ol style="list-style-type: none">1. To agree to publish the updated Guidance about Professional Behaviours and Student Fitness to Practise2. To note the updated Equality Impact Assessment.
Financial and resourcing implications	Consultation, engagement and publication costs are included in our 2023/24 budget.
Equality and diversity implications	Equality and diversity issues are a key component of this work. We sought advice from an EDI consultant to inform the review process and we will further explore this as part of the consultation. Equality issues featured in the consultation, and are reflected in the final draft. An updated Equality Impact Assessment is attached at Annex D.
Communications implications	The consultation will be communicated through our usual channels as outlined in the consultation strategy.
Annexes	<ol style="list-style-type: none">A. Table of issues considered with responsesB. Draft updated Guidance about professional behaviours and student fitness to practise in osteopathic education (post consultation changes shown in red)C. Summary of post consultation changesD. Updated Equality Impact Assessment
Authors	Steven Bettles and Banye Kanon

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Key messages from the paper

- This paper reports on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers'.
- We have summarised the issues considered and our responses to these in Annex A, updated the draft guidance with the changes shown in red (Annex B). A summary of those changes is also attached at Annex C.
- The Equality Impact Assessment has also been updated (Annex D)
- Council is asked to agree this updated Guidance for publication.

Background

1. Council agreed draft updated 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers' for consultation in accordance with the strategy outlined at its [November 2023](#) meeting. The consultation took place as agreed and was open from 7 February 2024 to 1 May 2024.
2. The consultation outcome and analysis was reported to the Policy and Education Committee at its June 2024 meeting. The Committee agreed that we should take some further time to further update the guidance as a result of the feedback received and to seek stakeholder input this.
3. We reported to the [Committee](#) with the final version of the guidance for consideration at its October 2024 meeting, highlighting further changes made and the Committee agreed to recommend to Council to publish this.

Discussion

4. The current guidance on Student Fitness to Practise was published in 2016 and is available on our [website](#). Initial updates to the current guidance upon which we consulted included:
 - Greater clarity around the focus on professional behaviours and health and disability issues including specifying what those professional behaviours looked like for students for the first time.
 - Combining the guidance into one document aimed at both students and education providers.
 - Ensuring the guidance reflects the 2019 version of the Osteopathic Practice Standards, and further developed the professional behaviour aspect of the document, and replaced the table in the current version with a more integrated reference to the standards in each theme of the OPS, with

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examples of what is expected, as well as types of behaviours which might raise concerns in relation to each.

- A review of the procedural section regarding the management of fitness to practice cases.
5. As a result of consultation feedback, key areas for further consideration post consultation were:
- Expansion of case studies to ensure consistency and application to illustrate the effective implementation of the guidance (cases where students are found able to continue with remediation, contrasted also with cases where this is not the case).
 - A further review of the contrast between 'low-level' and 'serious' concerns, and how low-level issues can combine to become a serious issue.
 - The way in which student fitness to practise processes are referenced, and the extent to which this aspect remains helpful within the guidance and reflective of contemporary regulatory thinking.
 - Clarity and accessibility – ensuring effective design and presentation of the guidance (this is implicit, really, but worth noting given the comments received in the feedback).
 - Some helpful comments from the patient focus groups and others about some of the expected student behaviours
6. We further considered the issues raised, and these, together with our responses are set out in Annex A. Where additions have been made, these are shown in red within the updated draft guidance as Annex B. The changes are further summarised in Annex C.
7. Key changes included:
- the addition of a case scenario where a student did not engage with the process and was not able to continue,
 - Further clarifications as to the nature of the process element of the guidance regarding the student fitness to practise process,
 - the addition of the possibility of 'disposal by consent', where if parties are in agreement as to what the outcome should be the matter may be resolved along these lines without convening a formal panel.
8. We shared the updated guidance with the Council for Osteopathic Education Institutions in August, and offered to host a focus group on 12 September, for educators and/or students to discuss the changes, but there were no takers for

this. The updates were again shared with COEI at the September RELM (Regulator/Educators Liaison Meeting) with the opportunity for COEI members to comment on the changes.

9. We also held a meeting with the Institute of Osteopathy's Head of Policy to discuss the changes as some of the points to which these related were provided in the Institute of Osteopathy's (iO's) consultation feedback, particularly around the alignment with changes in the wider regulatory structure about consensual disposal. This was welcomed and the changes viewed positively.
10. An updated Equality Impact Assessment is also included as Annex D.
11. All of the above was reported to the Policy and Education Committee in October, and the document was welcomed by Committee members. Key discussion points included:
 - Members welcomed the guidance provided for the OEIs and recognition of their own student Fitness to Practise procedures, and also the guidance to students providing reassurance that their future careers need not be impacted by sanctions imposed. The guidance demonstrated fairness and inclusivity of the GOsC.
 - Members requested clarification of the process if/when a student disputes the outcome of a student Fitness to Practise decision and whether there are many concerns raised about the process. It was clarified that annual reporting process includes reporting on student fitness to practise cases of which there are very few. A decision in dispute would be dealt with through the education provider's own processes, unless this generated a concern regarding the delivery of standards within an educational institution.
 - A question was raised about student fitness to practise monitoring data and how it is used. It was explained that where a sanction is imposed on a student, the education provider informs us of this in annual reporting including the details of the student concerned. The information is logged and noted, and may be reviewed at the point of registration to check that a registrant is of good character. This is explained within the guidance (p12).
 - Although it was stated that as part of the registration process once good character had been established and a student registered as an osteopath student ftp data would no longer be available and/or deleted, in fact this is not actually the case. In reviewing this point after the meeting, it was noted that, in fact, we would keep any initial application documents for the duration of a registrant's "life on the register" so it would include any student fitness to practise information/sanction if anything was considered at the point their initial application was made. This is as set out in our Data Retention Policy.

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- It was also commented that the examples are helpful, and it is good that social media and sexual harassment are explicitly referenced.

12. The Committee agreed to recommend the updated guidance to Council for publication.

Implementation

13. We aim to speak to all first-year groups at education providers to introduce them to regulation, professionalism and standards. We always introduce the guidance (current version) and will ensure that these sessions reference the updated version when published.

14. In addition, we will utilise a range of media to publicise and promote the guidance, including:

- Introductory video
- Student's ebulletin
- Podcast
- Webinar sessions for students/educators

15. We are considering, also, how we might utilise some of the approaches to exploring views on professionalism amongst students and educators using a survey to seek responses in relation to given examples.

Recommendations

1. To agree to publish the updated Guidance about Professional Behaviours and Student Fitness to Practise
2. To note the updated Equality Impact Assessment.

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General
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Council

Osteopathic
Pre-Registration
Education

Annex A to 12

Draft about Professional Behaviours and Student Fitness to Practise

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About this guidance

The purpose of this guidance is to outline the professional behaviours and values that are expected of students of osteopathy and which are essential to graduate and be awarded a 'recognised qualification'. A recognised qualification enables registration with the General Osteopathic Council (GOsC).

The guidance is intended for use by students and osteopathic education providers. It sets out the roles of students themselves, the education providers as well as the role of the GOsC in supporting the development of professional behaviours and values. The guidance also explains how to take action when these professional behaviours and values are not demonstrated and there is the potential to impact on patient safety or the reputation of the osteopathic profession.

Case examples are used within this document to help contextualise the guidance and to illustrate how it might be applied in practice. They are not offered as a 'gold standard' approach, but illustrate the types of issues which might arise, and how these might be managed. These are fictional examples, and are not based on actual cases, individuals or osteopathic education providers.

Introduction

The General Osteopathic Council (GOsC) is the statutory regulator for osteopaths in the UK, and in order to practise in the UK, osteopaths must be on the GOsC Register. The purpose of regulation is:

- to protect, promote and maintain the health, safety and wellbeing of the public
- to promote and maintain public confidence in the profession of osteopathy; and;
- to promote and maintain proper professional standards and conduct for members of that profession.

This guidance should be read in conjunction with any specific guidance in place at each education provider or clinical settings where students may work during their training together with the [Graduate Outcomes for Pre-registration Education and Training and the Standards of Education and Training](#). Students should also be supported to embody and behave in accordance with the professional values and behaviours outlined in the Osteopathic Practice Standards.

What do we mean by student fitness to practise?

Being 'fit to practise' means that someone not only has the required knowledge and skills, but demonstrates the required professional behaviours and values to practise osteopathy safely and effectively. There are differences between the standards expected of osteopathic students and osteopaths once they are registered, but there are also many similarities. Osteopathic students are the osteopaths of tomorrow.

The role of the osteopathic education provider is to ensure that only students who meet the required competence, conduct and ethical standards set out in the Osteopathic Practice Standards are awarded a recognised qualification.

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In cases where the required standards cannot be demonstrated, it may be appropriate for the education provider to award an alternative qualification which does not have the status of a recognised qualification, and cannot lead to registration with the GOsC.

Professional behaviours for students

Why high standards are important

Patients, carers and the public expect healthcare professionals to treat patients properly and behave ethically, putting patient interests first. Trust is critically important to therapeutic relationships and this trust must be maintained in the profession as a whole as well as with individual osteopaths and students.

The actions of individual osteopaths and students can impact upon trust in the profession as a whole. Osteopaths and osteopathic students must demonstrate a high standard of behaviour both personally and professionally, which justifies the trust placed in them as future members of the profession. This places an extra level of responsibility on osteopathy students as they are among those students who are training to be a regulated health professional.

Professional values and behaviours in relation to the Osteopathic Practice Standards

The professional values and behaviours expected of osteopaths and graduates are outlined in full in the [Osteopathic Practice Standards](#) (OPS) and the [Graduate Outcomes for Pre-registration Education and the Standards of Education and Training](#) and are set out under the four themes of the Osteopathic Practice Standards:

- Theme A: Communication and patient partnership
- Theme B: Knowledge, skills and performance
- Theme C: Safety and quality in practice
- Theme D: Professionalism

A student's knowledge and understanding of professional behaviours will change and develop over time, and as they progress through their training. The situations and experiences which they encounter during their studies will help to inform this process, and contribute to their fitness to practise and their ability to demonstrate the expected values and behaviours. As a result, the expectations placed upon a student's fitness to practise will increase as their training progresses, particularly when they start to see patients in the clinical phase of their education. This should not be seen, however, as an excuse to behave unprofessionally in the earlier years of their osteopathic education. At any time, it is possible for a student's behaviour to impact on patient safety or trust in the profession.

When considering their own behaviour and that of others, students should ask themselves, will it impact on:

- a. patient safety or the perception of patient safety (including that of fellow students and staff)?
- b. public trust in the osteopathic profession?

- **OPS Theme A: Communication and patient partnership**

This theme sets out the standards relating to communication, the formation of effective patient partnerships, and consent. Patients must be at the centre of healthcare and must be given the information they need to make informed choices about the care they receive. These standards support therapeutic relationships built on good communication, trust and confidence in osteopaths and the osteopathic profession.

- A1** You must listen to patients and respect their individuality, concerns and preferences. You must be polite and considerate with patients and treat them with dignity and courtesy.
- A2** You must work in partnership with patients, adapting your communication approach to take into account their particular needs and supporting patients in expressing to you what is important to them.
- A3** You must give patients the information they want or need to know in a way they can understand.
- A4** You must receive valid consent for all aspects of examination and treatment and record this as appropriate.
- A5** You must support patients in caring for themselves to improve and maintain their own health and wellbeing.
- A6** You must respect your patients' dignity and modesty.
- A7** You must make sure your beliefs and values do not prejudice your patients' care.

Osteopathic students will be supported in how best to listen to and communicate with patients and how to obtain consent as part of their course. In developing these professional behaviours and values, students must:

- Listen to patients, respecting their views and preferences – taking into account barriers to communication and asking for support to communicate effectively.
- Be honest when they do not know something and do their best to find out how to respond to questions.
- Engage fully with the course by attending educational activities, including lectures, seminars and placements, and by completing coursework.
- Listen to and respond constructively to informed advice and feedback from educators, fellow students and colleagues.
- Be polite and considerate behave appropriately at all times including during classes, practical sessions, and clinics, listening and communicating appropriately and respecting the dignity and modesty of themselves, other students, staff and patients.
- Treat patients fairly and with respect, no matter what their own thoughts are about their life choices or beliefs.

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Examples of student behaviour that might give rise to concern

Concerning behaviours include where a student:

- Demonstrated poor or inappropriate communication skills (including rudeness or unresponsiveness), which might manifest with patients, fellow students or staff.
- Failed to gain consent from a patient before treating them, or carried out osteopathic techniques on colleagues without their consent.
- Was dismissive of a patient's values, or tried to impose their own values or beliefs on them.
- Failed to follow educators' instructions in practical classes, or in the treatment of patients.
- Demonstrated a consistently poor attitude to patient care, or a disregard to the welfare of their colleagues.
- Consistently failed to respect their patients' dignity and modesty.
- Made inappropriate comments about patients or colleagues.
- Used social media to communicate inappropriately with patients or others

• OPS Theme B: Knowledge, skills and performance

All osteopaths must have the knowledge and skills to support their practice as primary healthcare professionals, and must maintain and develop these throughout their careers. They must always work within the limits of their knowledge, skills and experience. The standards in this theme set out the requirements in this respect.

- B1** You must have and be able to apply sufficient and appropriate knowledge and skills to support your work as an osteopath.
- B2** You must recognise and work within the limits of your training and competence.
- B3** You must keep your professional knowledge and skills up to date.
- B4** You must be able to analyse and reflect upon information related to your practice in order to enhance patient care.

Students will be supported to keep their knowledge and skills updated during the duration of their course.

Students must:

- Reflect on and act within the limits for their competence and ask for help when necessary when they are uncertain, or if they feel that they or other students require more supervision in particular patient interactions.
- Make sure patients, carers and colleagues are aware of their competence level and that they are a student.
- Engage in routine evaluation activities, for example, end of module or clinic questionnaires or other mechanisms for providing feedback to others.
- Reflect on what has been learned and ways to improve performance

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Examples of student behaviour that might give rise to concern

Concerning behaviours include where a student:

- Demonstrated poor commitment to their academic progress and engagement with their programme of study.
- Showed a lack of insight and awareness as to the extent of their own knowledge and competence.

- **OPS Theme C: Safety and Quality in Practice**

Osteopaths must deliver high-quality and safe healthcare to patients. This theme sets out the standards in relation to the delivery of care, including evaluation and management approaches, record keeping, safeguarding of patients, and public health.

- C1** You must be able to conduct an osteopathic patient evaluation and deliver safe, competent and appropriate osteopathic care to your patients.
- C2** You must ensure that your patient records are comprehensive, accurate, legible and completed promptly.
- C3** You must respond effectively and appropriately to requests for the production of written material and data.
- C4** You must take action to keep patients from harm.
- C5** You must ensure that your practice is safe, clean and hygienic, and complies with health and safety legislation.
- C6** You must be aware of your wider role as a healthcare professional to contribute to enhancing the health and wellbeing of your patients.

Students will be supported to develop these knowledge and skills during their course. Students must:

- Know how to raise concerns.
- Raise concerns about patient safety promptly using their own osteopathic education provider's policies where possible.
- Make any notes promptly including patient notes.
- Comply with requirements about infection control and hygiene.

Examples of student behaviour that might give rise to concern

Concerning behaviours include where a student:

- Did not keep full and complete patient records in accordance with their provider's requirements, or falsified records in any way.
- Provided treatment for colleagues or others without sufficient supervision.
- Did not meet the requirements of the education provider regarding infection control measures and hygiene.

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- **OPS Theme D: Professionalism**

Osteopaths must act with honesty and integrity and uphold high standards of professional and personal conduct to ensure public trust and confidence in the profession. The standards in this theme deal with such issues and behaviours including the establishment of clear professional boundaries with patients, the duty of candour, and the confidential management of patient information. These contribute to ensuring that trust is established and maintained within therapeutic relationships.

- D1** You must act with honesty and integrity in your professional practice.
- D2** You must establish and maintain clear professional boundaries with patients, and must not abuse your professional standing and the position of trust which you have as an osteopath.
- D3** You must be open and honest with patients, fulfilling your duty of candour.
- D4** You must have a policy in place to manage patient complaints, and respond quickly and appropriately to any that arise.
- D5** You must respect your patients' rights to privacy and confidentiality, and maintain and protect patient information effectively.
- D6** You must treat patients fairly and recognise diversity and individual values. You must comply with equality and anti-discrimination law.
- D7** You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.
- D8** You must be honest and trustworthy in your professional and personal financial dealings
- D9** You must support colleagues and cooperate with them to enhance patient care
- D10** You must consider the contributions of other health and care professionals, to optimise patient care.
- D11** You must ensure that any problems with your own health do not affect your patients. You must not rely on your own assessment of the risk to patients.
- D12** You must inform the GOsC as soon as is practicable of any significant information regarding your conduct and competence, cooperate with any requests for information or investigation, and comply with all regulatory requirements.

Students will be supported to develop these knowledge, skills, ethics and values during their course. Students must:

- Be honest in communications with their education provider, staff, colleagues and patients and check that the information that they provide is correct.
- Not say they have done something if they haven't (eg saying teaching or clinic sessions have been attended when they have not).
- Not plagiarise (pass off work of others as their own, or their own previously assessed work as new work.)

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- Maintain professional relationships and boundaries with patients, educators, and other health professionals.
- Seek advice when they are concerned that something may have or has not gone as expected with a patient.
- Respect patient confidentiality, never discuss a patient in a public place or on social media and never discuss patient identifiable information without consent.
- Speak up when they are concerned about bullying, harassment and racist or discriminatory behaviour.
- Avoid doing things in their personal life which will undermine the confidence patients have in the osteopathic profession. For example: consider social media posts, behaviour when socialising and behaviour with other people.

Examples of student behaviour that might give rise to concern

Concerning behaviours include where a student may have:

- Shown a lack of insight as to how their own health might impact on patient care.
- Failed to comply with a duty of candour in the event that something went wrong with the osteopathic care of a patient – this would mean hiding issues from a patient as well as teaching staff.
- Failed to respect a patient's confidentiality.
- Spoken unprofessionally about the contribution of colleagues and other healthcare providers.
- Acted dishonestly, for example, making dishonest claims about qualifications, experience, criminal records etc.
- Failed to maintain appropriate professional boundaries with patients and tutors.
- Cheated in an assessment, including the plagiarising of academic work.
- Behaved in such a way that would be likely to bring the reputation of the profession into disrepute including behaving or posting online in a **bullying, harassing**, racist or discriminatory manner.

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Supporting and enabling professional behaviours for students

The role of the osteopathic education providers

Osteopathic educational providers are responsible for designing and delivering curricula which ensure that osteopathic recognised qualifications meet GOsC standards. Recognised qualifications enable students to apply for registration with the GOsC and to practise as osteopaths in the United Kingdom.

A continual dialogue about professionalism should run throughout osteopathic pre-registration education to support students to meet the Graduate Outcomes. As part of these outcomes, students must: 'Practise in accordance with the principles and standards set out in the Osteopathic Practice Standards and associated guidance published from time to time, and understand how to work within a context of uncertainty, using the standards and other sources of information to inform professional judgement and decision making in partnership with patients.'¹

Osteopathic education providers must meet the [Standards for Education and Training](#) to be able to deliver 'recognised qualifications'. This includes:

Learning Culture

Education providers must ensure and be able to demonstrate that:

- There is a caring and compassionate culture within the educational provider that places emphasis on the safety and wellbeing of students, patients, educators and staff, and embodies the Osteopathic Practice Standards.
- They cultivate and maintain a culture of openness, candour, inclusion and mutual respect between staff, students and patients.
- The learning culture is fair, impartial, inclusive and transparent, and is based upon
- The principles of equality and diversity (including universal awareness of inclusion, reasonable adjustments and anticipating the needs of diverse individuals), it must meet the requirements of all relevant legislation and must be supportive and welcoming.
- Processes are in place to identify and respond to issues that may affect the safety, accessibility or quality of the learning environment, and to reflect on and learn from things that go wrong.
- Students are supported to develop as learners and as professionals during their education.
- They promote a culture of lifelong learning in practice for students and staff, encouraging learning from each other, and ensuring that there is a right to challenge safely, and without recourse.

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¹ See para 21a of the [Graduate Outcomes and Standards for Education and Training \(2022\)](#) available at and accessed on 4 February 2024.

Students

Osteopathic education providers must ensure and be able to demonstrate that students:

- Are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
- Have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring [Allied Health Professionals](#).
- Have their diverse needs respected and taken into account across all aspects of the programme (consider the [GOsC Guidance about the Management of Health and Disability](#)).
- Receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
- Have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
- Are supported and encouraged in having an active voice within the education provider.

Clinical experience

Education providers must ensure and be able to demonstrate that:

- Clinical experience is provided through a variety of mechanisms² to ensure that students are able to meet the clinical outcomes set out in the Graduate Outcomes for Osteopathic Pre-Registration Education.
- There are effective means of ensuring that students gain sufficient access to the clinical experience required to develop and integrate their knowledge and skills, and meet the programme outcomes, to be able to deliver the Osteopathic Practice Standards sufficiently.

Role of the General Osteopathic Council

The General Osteopathic Council (GOsC) regulates the practice of osteopathy in the United Kingdom. As with all healthcare regulators, its primary purpose is the protection of the public. This involves protecting, promoting and maintaining the health, safety and wellbeing of the public; the promotion and maintenance of public confidence in the profession of osteopathy; and promoting and maintaining proper professional standards and conduct for members of the profession. The GOsC does this by:

- Keeping the Register of all those permitted to practise osteopathy in the UK.
- Setting, monitoring and developing standards of osteopathic training, practice and conduct and ensuring that osteopaths undertake continuing professional development.

² This will include predominantly face to face clinical provision with patients under supervision, but might also include some element of remote consultations, external placements, simulated clinical experience (see the [Graduate Outcomes](#)).

- Setting and monitoring standards for and assuring the quality of osteopathic education.
- Helping patients and others who have concerns about an osteopath. We have the power to restrict registration or remove any osteopath who is unfit to practise from the Register. As a regulatory body we are committed to ensuring a diverse and inclusive profession, diverse and inclusive education environments and equality of opportunity for all applicants and students of osteopathy.

GOsC's role to support students is by:

- Ensuring that there are clear outcomes for graduates and osteopathic education providers to meet, as set out within the Graduate Outcomes and Standards for Education and Training. These outcomes were designed collaboratively with patients, students, osteopaths and other stakeholders.
- Quality assuring all education providers by gathering evidence to inform their decisions using a range of methods, including visits to each provider, annual report monitoring, and collecting feedback from external examiners, students, staff and patients. If GOsC standards are not met, the GOsC must take action to remedy or withdraw recognition from education providers.
- Visiting students at osteopathic education providers to discuss the role of the regulator, aspects of professionalism and the effective implementation of the Osteopathic Practice Standards.
- Providing bespoke support on ethical issues and queries.
- Operating a concerns process for students, patients and staff with concerns about the quality of the course and its ability to meet the Osteopathic Practice Standards.

Students should not be awarded a recognised qualification when fitness to practise issues have been raised or are under consideration. If student fitness to practise issues arise just prior to the award of the qualification, care should be taken as to how to support the student to improve prior to graduation. This might involve an extended period prior to graduation, for example, by resitting a year or a specific module. By graduating a student with a recognised qualification, an osteopathic provider is declaring that a student is fit to practise as an osteopath.

The award of a recognised qualification in osteopathy, by an osteopathic education provider, means that the holder is capable of practising without supervision to the standards expected in the GOsC's Osteopathic Practice Standards. This **includes** professional, ethical, competence and performance standards so the award of the 'RQ' means that the student is fit to practise. **Where a student has received a sanction as a result of a student fitness to practice process, this is reported to the General Osteopathic Council as part of the education provider's annual reporting and monitoring process. This does not prevent that student ultimately being registered as an osteopath if they proceed to gain a Recognised Qualification, but acts as a further check to ensure that only those with the necessary knowledge, skills and behaviours are able to join the register and practise as an osteopath.**

Once a recognised qualification has been awarded, the holder may apply for registration and entry to the GOsC Register, subject to satisfying character and health requirements. If no additional information is available to the GOsC, it would not normally expect to refuse registration to a person who has been awarded a recognised qualification.

Registration with the General Osteopathic Council

The award of a recognised qualification indicates that the osteopathic education provider regards the graduate as being capable of practising in accordance with the Osteopathic Practice Standards. However, if additional information, not known to the provider, is discovered about the health or character of the applicant between the award of the recognised qualification and the application for registration, the Registrar will consider this information separately in the light of the current standards of conduct and competence set out in the Osteopathic Practice Standards.

As part of the application for registration, the applicant must declare:

- any criminal charges or convictions
- whether they have been party to any civil proceedings
- whether they have been removed from any other professional or regulatory Register

This means that applicants must disclose all convictions, cautions, reprimands, and final warnings. All graduates are required to have an enhanced Disclosure and Barring Service (DBS) check as part of their application for registration. In the event that an enhanced DBS check discloses cautions or convictions that have not been declared, applicants are requested to explain in writing the circumstances that led to their being cautioned. This information will then be considered further by the Registrar before a decision about registration is made.

The [application for registration](#) requires a health reference from a doctor, and a character reference from a person of professional standing who has known the applicant for at least four years.

Student fitness to practise: matters to consider

Student fitness to practise is about patient safety and the trust that the public places in the profession, therefore procedures should be used appropriately. The process and outcomes in student fitness to practise procedures should not be a punishment to the student.

Osteopathic education providers should ensure that the GOsC guidance on student fitness to practise – together with any guidance issued by the provider itself, including its student fitness to practise policies, statements and procedures – are published and highlighted to students, prospective students and staff.

When thinking about student fitness to practise procedures, either at pre-clinical or clinical stages of their programmes matters to consider will include those that may affect:

- Patient safety.
- The trust that the public places in the profession behaviours in both the student's professional and personal lives. The process and outcomes should not be a punishment to the student.
- It is also important to consider whether the issue raises concerns about health conditions or a disability that may require reasonable adjustments. For example, students who experience difficulties with their health may display unprofessional behaviour that raises concerns. However, these patterns may be symptomatic of another problem which could be an early indicator of a more significant misconduct fitness to practise issue.

Low-level concerns

Low level concerns may be raised by a range of sources, eg students or educators or patients. These kind of concerns may include infrequent attendance at lectures, lateness to lectures, seminars or clinic or late submission of coursework, and inability (within the context of the expectations on students at that stage of their course) to meet a particular requirement of the Osteopathic Practice Standards in the first year of studies.

It is important to discuss, address, record and monitor these kinds of concerns so that unprofessional behaviour can be remedied early before it leads to significant fitness to practise issues.

Osteopathic education providers should have clear policies about the identification, management and monitoring of these issues and this should be clear to staff and students. Outcomes should be clearly justified to students.

Awareness and education are key to making sure, from the beginning of their courses, all students are familiar with the standards of professional and personal behaviour expected of them and the values that underpin these standards. International students who come to study osteopathy in the United Kingdom might need additional support to understand some of the cultural aspects of working and studying in the UK. Both education providers and students themselves have a duty to behave in a way that promotes an open and transparent culture to develop professional values and behaviours.

Case example 1

A fourth-year student repeatedly arrived late for clinic, and on two occasions missed treating a patient. The student's colleagues were unhappy with covering for them.

Having been spoken to about this, the student subsequently took a long weekend in France, and failed to show up for clinic on the following Monday at all, blaming a ferry strike.

The Head of Clinical practice met with the student, and gave a formal written warning. The student's behaviour was monitored over the next three months, and a marked improvement was noticed.

Providing the right support for students is critical to ensuring that inappropriate behaviour or the impact of health conditions are identified at the earliest opportunity and that students are provided with or signposted to appropriate support to put this right.

This includes ensuring that:

- the culture is such that staff and students who make mistakes or who do not know how to approach a particular situation appropriately are welcomed, encouraged and supported to speak up and to seek advice and support.
- Students are provided with clear and accurate information regarding the curriculum, approaches to teaching, learning and assessment and the policies and processes relevant to their programme.
- Students have access to effective support for their academic and welfare needs to support their development as autonomous reflective and caring Allied Health Professionals.
- Students have their diverse needs respected and taken into account across all aspects of the programme (consider the GOsC Guidance about the Management of Health and Disability).
- Students receive regular and constructive feedback to support their progression through the programme, and to facilitate and encourage reflective practice.
- Students have the opportunity to provide regular feedback on all aspects of their programme, and to respond effectively to this feedback.
- Students are supported and encouraged in having an active voice within the education provider.
- All staff involved in the design and delivery of programmes are trained in all policies in the education provider (including policies to ensure equality, diversity and inclusion), and are supportive, accessible, and able to fulfil their roles effectively.

Invoking student fitness to practise proceedings

The purpose of student fitness to practise policies and procedures is to ensure patient safety and that the trust placed by the public in the profession is upheld, they are not meant to be a punishment for particular behaviours. Insight into unprofessional behaviour is normally a pre-requisite to remaining a healthcare professional student.

While recommendation for expulsion is a possible outcome from student fitness to practise procedures, normally the emphasis would be on supporting students to be fit to practise.

Osteopathic education providers must ensure that they have appropriate processes to manage student fitness to practise issues so that they can assure that the award of the recognised qualification means that the holder is fit to practise. The Student Fitness to Practise Process Guidance towards the end of this document outlines how osteopathic

education providers could manage student fitness to practise processes to meet this requirement.

Case example 2

A first-year student repeatedly arrived late for lectures, and often failed to attend at all. They failed to hand in their first piece of coursework at the end of the first term. At a meeting with their personal tutor and the student welfare officer, it was explained why this was a serious issue, and the implications that poor attendance is likely to have on their end of year outcomes.

They said that this was their first time living away from home, and they had got into the habit of staying up late with the consequence that they were struggling to get up in the mornings. They had now completed the essay, and were sure that they wanted to stay on the programme and become an osteopath.

The student's attendance was monitored over the next month, and a meeting scheduled for the end of this period to review progress. Their attendance improved significantly.

Case example 3

An examiner reported a student for inappropriate behaviour during an assessment. The student had been very defensive during questioning, and made an aggressive and sarcastic comment at the end, implying the examiner had been biased, didn't like the student, and was going to fail them anyway.

In fact, the student had passed the assessment. A meeting was held with the student at which their inappropriate behaviour and attitude were discussed. The student apologised, and said that it was just a case of extreme exam nerves that had prompted the response. No further action was taken.

• Personal lives and the impact on fitness to practise

As students have chosen to join a regulated healthcare profession, they must behave in an honest and trustworthy way from the start of their course, taking into account the effects of their actions on others.

As well as professional competence and behaviours referred to especially in the sections on the OPS, personal lives of students will count too and may impact on their fitness to practise.

In the table below, we have set out potential areas of concern which might arise in a student's personal life, with examples of the types of issues that might relate to each category. Examples given are not exhaustive, they are just provided to illustrate the types of issues which may lead to a query as to a student's fitness to practise.

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- **Potential areas of concern which might arise in a student's personal life**

Potential areas of concern	Examples of issues
Criminal convictions	Theft Fraud Sexual offences
Aggressive, violent or threatening behaviour	Assault Abuse Bullying or intimidatory behaviour Violent behaviour
Dishonesty	Falsifying CVs or other documents
Unprofessional behaviours or attitudes	Placing inappropriate postings or photos on social media (for example, racist, misogynistic, homophobic or disablist comments)
Health concerns, including mental health issues	While health conditions in themselves are not usually sufficient to call a student's fitness to practise into question, a lack of awareness about these and how these might impact on patient care might raise concerns. This might include failure to seek appropriate medical help, or to engage with treatment or medical care.

Case example 4

It came to light that a second-year student had recently received a year's driving ban, having been caught driving over the legal alcohol limit. The student had failed to disclose this to the osteopathic education provider. When a clinic tutor heard some students discussing it, the student in question had tried to persuade her not to inform the education provider's management team.

A fitness to practise investigation was instigated, and the case was referred to a panel. The panel found that fitness to practise was impaired. Although the driving ban was clearly an issue in itself, a major concern was the student's failure to disclose this, and their attempts at concealment.

The panel recommended that remedial action be taken to ensure that the student understood the implications of failing to disclose criminal acts, and that additional coursework be produced to this effect. They were allowed to remain on the programme. The GOSc were informed.

Case example 5

A fourth-year student was reported to the management team for turning up to clinic looking dishevelled, and smelling of alcohol. They had clearly been drinking at lunchtime. The student was immediately suspended from clinic. Other students came forward and said that they were concerned about them, as they had been drinking excessively recently, and seemed disengaged from their studies following a recent relationship break up.

A fitness to practise investigation was held, and the case referred to a panel. The student admitted that they did have an alcohol problem, and that this had been exacerbated by the recent relationship problems. They were trying to sort things out, however, and had been receiving counselling, as well as attending Alcoholics Anonymous meetings. They had been sober for three weeks prior to the hearing. In view of the student's awareness of their issues and the positive steps that they were taking, the panel recommended they return to the course, but that they be monitored closely, and attend weekly meetings with the student welfare officer to ensure that they were progressing well. The GOsC was informed.

Case example 6

A third-year student works in a gym as a qualified massage therapist. A lecturer at the osteopathic education provider also uses the same gym, and is chatting to someone in an exercise class, who mentions that she has seen the student for a massage. She commented that 'they were very good, as they also practised some osteopathic techniques on me'. The lecturer asks what types of techniques, and is told that the student 'made my back click a couple of times'.

The lecturer refers this to the Head of Clinic, and a fitness to practise investigation is carried out. The student admits that they performed two high velocity thrust techniques on the patient, but had told her that this was only by way of 'practice', as they weren't yet qualified as an osteopath. The case is referred to a panel, who find that the student's fitness to practise is impaired, but recommend that they be able to continue on the programme, undertaking additional work by way of remediation. The student demonstrates appropriate awareness of the issues involved, and does not carry out any further osteopathic techniques outside of the teaching environment.

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Case example 7

A second-year full time student missed several lectures and clinical sessions over the course of a six week period at the start of the academic year. Appointments were made with the student welfare team which were not kept, when the student did attend, they avoided any attempt to follow up on their progress and absences. The student welfare team attempted different ways to engage the student in dialogue to discuss whether there was any support that would help them engage in the process better, but no response was received. Coursework was either not handed in, or was of a very poor standard, and over time, the absences became more frequent and consistent with the student unresponsive to all attempts to contact them, explore what was going on with them and provide support.

A fitness to practise process took place, with the student continuing not to engage with any aspect of this, and as a result, it was determined that the student should be removed from the programme.

Maintaining professional boundaries

It is important that students are aware of the importance of maintaining appropriate professional boundaries with patients.

They should be taught, at the earliest opportunity, about the dynamics of the therapeutic relationship and the vulnerability of patients. A patient must feel confident and safe with a healthcare professional and trust that they are acting in the patient's best interests, providing the best possible care. A breach of, for example, sexual boundaries, can seriously damage this trust. Even as a student, there is likely to be a power difference between the 'authority' figure of the practitioner and that of a vulnerable patient, and any breaching of this professional boundary may give rise to concern.

There can also be challenges around maintaining appropriate professional boundaries with teaching staff. Personal relationships with teaching staff, for example, may also lead to difficulties. Guidance should be given to osteopathic education provider staff and students regarding the appropriateness of personal relationships between staff and students, and the potential issues that this may raise.

Each provider will have its own processes and policies in this respect, although the issues of relationships based on the power difference between an authority figure such as an educator and what may be a vulnerable student will be largely consistent for each. Boundary issues might arise in relation to friendships and social relationships between staff and students, as well as with sexual relationships.

Examples of behaviours that might give rise to concern would include:

- disclosing or asking for inappropriate personal information
- socialising with students
- holding study groups in the staff member's home

- inappropriate social media contact with students for non-educational purposes

Students should also be aware of the importance of maintaining boundaries with their colleagues during their training. In a course where there is often intimate contact with fellow students, the familiarity that develops can lead to (sometimes inadvertent) boundary transgressions. Students are usually keen to practise techniques on each other, and sometimes this may take place away from the education provider, perhaps in the student's own accommodation. This is an environment where boundaries are easily crossed, and which may lead to concerns being raised. Guidance to students should be provided on this by the osteopathic education provider.

For a student of osteopathy, maintaining clear professional boundaries with patients, colleagues and staff from the education provider is a fundamental aspect of developing professional behaviours. A breach of professional boundaries can lead to a student's fitness to practise being called into question, which might affect their ability to remain on the course.

Case example 7

A fourth-year student gets on very well with one of their patients, a 75 year old with various chronic health issues. They mention that they are struggling to cope with their garden, and, without the tutor's knowledge, the student offers to call round and do a few jobs for them. They do so, and this becomes a regular event over a three month period. The student does not seek any financial reward for their actions but, at Christmas, the patient gives them a cheque for £500.

When the patient's daughter finds out about this, they complain to the osteopathic education provider, and an investigation is undertaken, resulting in a referral being made to a fitness to practise panel. The student realises that they have placed themselves in a very vulnerable position by transgressing boundaries with the patient, albeit with kind intentions. Their acceptance of the £500, although not sought by them, again, raises questions as to their professional judgement and personal integrity.

The panel feels that the student has, indeed shown poor judgement, but accepts they did not enter into the arrangement looking for personal gain. They show self-awareness as to the issues raised, and by the time the panel meets, has already returned the £500 to the patient. The student is allowed to continue on the programme with the requirement that they undertake some additional work on professional boundaries, and meet regularly with a personal tutor.

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Case example 8

A final-year student bumps into a patient while out in a local nightclub. They have a chat and a drink together, and then dance. A friend takes a photo of them dancing together, and uploads it to Facebook, tagging the student so that the photo appears in their timeline.

On the following Monday morning, a student friend sees the Facebook photo when in the teaching clinic, and recognises the patient. They make a comment to the student in question about going out with a patient, which is overheard by a clinic tutor. The tutor asks what is going on, and is shown the photo. They also recognise the patient, and reports the matter to clinic management.

The student maintains that it was an accidental meeting, and though they realise that the photo looks inappropriate, they say their actions were innocent. They are reminded of the osteopathic education providers guidance on patient boundaries and asks their friend to delete the photo from Facebook. No further action is taken.

Raising concerns

Students should be made aware of their obligations to keep patients safe from an early stage of their course. If students have concerns about the behaviour of a student colleague or member of staff, they should be encouraged to raise these with their education provider in accordance with relevant policies already in place. The provider should be mindful of the challenges that students who raise concerns may face and provide appropriate support for them. It is important to establish and maintain a culture whereby students feel comfortable to raise concerns in this way.

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Case example 9

A student drank an excessive amount of alcohol at an end of year party, and was seen harassing a fellow student, following them into the toilets and grabbing them. Other students intervened, and complained to the osteopathic education provider management team.

The student was suspended while a fitness to practise investigation was undertaken. During the investigation, it was discovered that the student had behaved similarly to two other students the previous year.

The students had been reluctant to report this at the time, but now provided statements. The case was referred to a Panel. The Panel considered the student's fitness to practise to be impaired, and recommended that the student be removed from the course.

Duty of candour

The duty of professional candour to patients applies to all healthcare professionals and is incorporated into standards, codes and guidance. It applies when something goes wrong with treatment or care, or has the potential to cause harm or distress to the patient.

In 2014, the GOsC and other regulators issued a [joint statement regarding the duty of candour](#). It is recognised that the context will differ considerably for different professions.

For students, the duty of candour, will involve being open and honest with teaching staff, as well as with patients, when something goes wrong. Education providers should be clear about how the duty of candour applies to students, and support them in engaging with this.

Student fitness to practise policies and procedures

Osteopathic educational providers should ensure that the General Osteopathic Council (GOsC) guidance on student fitness to practise – together with any guidance issued by the provider itself, including its student fitness to practise policies, statements and procedures – are published and highlighted to students, prospective students and staff.

Discussing admissions with potential students

Potential students may seek advice about osteopathic recognised qualifications from an osteopathic education provider and eventually, register with the GOsC. Education providers should be open and encourage potential students to discuss their application and receive guidance about the Osteopathic Practice Standards. Applicants should also be made aware of the [GOsC's Graduate Outcomes and Standards for Education and Training](#), which set out competence and standards that can help make an appropriate application.

Based on principles of public protection, osteopathic education providers should also have robust criteria in place for dealing with any issues that are revealed by applications or supporting documentation such as enhanced Disclosure and Barring Scheme (DBS) checks and regular self-declarations.

Health conditions and disabilities

Like all healthcare regulators, the GOsC is keen to promote inclusivity in the profession and to ensure that people with disabilities or long term health conditions can participate fully in osteopathic education and training with necessary adjustments to support them in doing so to help the osteopathic profession reflect the society that it serves more closely.

The GOsC aims to remove common fears about regulatory processes, helping all involved in osteopathy to discuss and understand better how practice can be supported to meet the required standards.

The GOsC has also published [guidance for students](#) about the management of disability or health impairments and separate [guidance for osteopathic education providers](#).

The GOsC guidance emphasises education providers' legal responsibilities to support students and provides a consistent framework for making reasonable adjustments for students with particular health conditions or disabilities. It also helps education providers along with students, make decisions about admissions where matters related to health and disability are considered. Education providers should encourage applicants with disabilities, a particular impairment, long-term health condition or neurodivergence, to read the guidance, and enter into discussions with them about how to provide additional support to enable a career in osteopathy.

As part of the admissions process, the osteopathic education provider will assess whether students have the knowledge, skills and attributes for entry to the course, the capacity and capability to enable prospective students to meet the competence standards at the end of the programme, and the potential to enter unsupervised, independent and safe practice (with reasonable adjustments where appropriate).

A disability, health condition or other impairment may make it impossible for a student to meet the requirements of the Osteopathic Practice Standards without assistance. The student should be offered the opportunity to discuss the types of reasonable adjustments that may enable them to reach the required standards during their education; they should also have the opportunity to discuss the strategies that they will need to employ after registration to self-manage their disability or health condition and ensure safe practice. These discussions should take place as early in the process as possible. Osteopathic education providers must make reasonable adjustments for such students, to enable them to meet the competence standards if this is possible. Reasonable adjustments should not be made to the standards themselves, but to the method of learning and the way in which the student is assessed against the requirements.

If following discussions between an osteopathic education provider and a student, it appears that no reasonable adjustments can be made that will enable the student to meet the required Osteopathic Practice Standards, further options need to be considered. It would be rare for such discussions to lead to a formal fitness to practise hearing; however, this course of action may be indicated if all avenues have been explored, and a way forward cannot be mutually agreed.

Previous convictions and cautions

Previous conduct or convictions may impact upon a potential student's fitness to practise and their ability to join their chosen course. Osteopathic education providers should take into account their own guidance, as well as any guidance available from their validating university (where this is separate) and any other relevant organisation such as the GOsC. Providers are required to have explicit processes in place to implement the guidance effectively.

Each case must be considered according to its individual circumstances. To encourage a balanced decision, it is important that all available information can be considered by the osteopathic educational provider. This means that the admissions process must encourage and support applicants to disclose all relevant information, and to consent to the disclosure of further information from other agencies where appropriate.

It would normally be expected that prospective students who have certain types of convictions would be denied access to a recognised qualification programme on the grounds of patient safety. This might apply to people who, for example, have:

- committed serious sexual or violent offences, leading to convictions that merited a custodial sentence
- been barred from working with children on any official list
- been barred from working with vulnerable groups, under disclosure and barring schemes both within and outside the UK

The osteopathic education provider must take a decision about whether fitness to practise would continue to be impaired in all circumstances. Matters requiring serious consideration include:

- dishonesty, fraud deceit or misrepresentation
- drug or alcohol dependency
- abuse of trust or other inappropriate behaviour with vulnerable persons
- breach of confidentiality
- threats to public health, safety or welfare
- blatant disregard for the law or the system of registration
- unlawful discrimination, harassment or victimisation, contrary to the requirements of the Equalities legislation.

In making such a decision, the osteopathic education provider should consider the following factors:

- What are the circumstances leading to this conviction?
- How long is it since the offending behaviour took place?
- How serious are the circumstances relating to the conviction?

- Is this person barred from working with children or adults in any jurisdiction or on any official list?
- Does the person have insight into the circumstances leading to the conviction?
- What remedial actions have they taken?
- Does the evidence indicate that patients are still at risk with this person?
- Will patient wellbeing be assured with this person?
- Will the trust that the public places in the profession be affected by the admission of this person to an osteopathic training course, subsequently leading to a recognised qualification and GOsC registration (subject to statutory health and character requirements)?

Case example 10

A 25-year old applicant admitted they had served a six-month sentence for burglary aged 18. They were very open about the circumstances and how they had been disengaged from school and fallen in with a group who had encouraged criminal behaviour. They reported that the six-month sentence was the shock they needed, and that they did much reflection on their attitude while in prison.

On release, they returned to education, took two A levels and have been working for a charity helping in the resettlement of ex-prisoners. They have developed a strong ambition to become an osteopath, having received some treatment in the past following a back injury, after which they took an Access to Healthcare course.

The osteopathic education provider was happy to offer them a place. They were candid about their past behaviour, and demonstrated considerable self-awareness. They showed no return to criminal activity since being released over six years ago, and have demonstrated a commitment to gaining a career. It was felt that the past conviction would have no bearing on their current fitness to practise.

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Ongoing student support

Students should be taught and supported to learn professional behaviours. The teaching should also emphasise the importance of being aware of patient expectations, the impact of behaviours on patients and colleagues and should focus on delivering the requirements of the [Osteopathic Practice Standards](#).

Students may be affected by many issues during their studies, including health, financial and family or other social issues. When concerns arise, education providers should give their students access to appropriate support and adjustments to help manage these issues.

It is also important for students to be able to confide in an appropriate person at their education provider if they have concerns about their own fitness to practise. This will help the osteopathic education provider provide students with the right support and guidance.

Where issues of patient safety arise, this must be communicated to the relevant person within the education provider with accountability for fitness to practise issues so that the matter can be dealt with formally and in accordance with established procedures to ensure that patient safety and wellbeing is protected. However, the student should still be offered independent support alongside the fitness to practise procedures.

Osteopathic education providers should foster an environment where speaking up is encouraged and supported, in the event that any practice or behaviour is felt to compromise an individual's fitness to practise or patient safety.

When an osteopathic education provider awards a recognised qualification, they are confirming that the graduate is capable of practising in accordance with the published ethical standards of the osteopathic profession, the Osteopathic Practice Standards.

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Guidance on process for student fitness to practise proceedings

Education providers are required by the GOsC's Standards for Education and Training to have in place and implement fair, effective and transparent procedures to address concerns about student conduct which might compromise public or patient safety, trust in the profession, or call into question their ability to deliver the Osteopathic Practice Standards. In this section we have set out guidance for education providers in relation to the process of putting fitness to practise proceedings into place, thinking about the threshold for action, the roles and the potential outcomes of any proceedings. The purpose is to provide a framework identifying the key elements that all student fitness to practise processes should cover, rather than a prescriptive set of requirements. We recognise that each provider will have its own policies, and that the terms in these may vary, though the principles of fair and transparent procedures to determine fitness to practise will remain consistent.

We will consider the following:

- The threshold for student fitness to practise
- The investigation process
- The role of the investigator
- Interim suspensions
- The adjudication process: the fitness to practise panel

The threshold for student fitness to practise

Students are not yet practising osteopaths. They are under an obligation to adhere to the Osteopathic Practice Standards but at a standard appropriate to their level of training at the time, when treating patients under supervision. This is to ensure that their behaviour does not affect the trust that the public places in healthcare practitioners.

Osteopathic education providers should make a judgement about whether issues that arise can be dealt with by remediation during the course, or whether formal fitness to practise proceedings should be considered. In part, this judgement will depend on the matter in question, and the stage of training the student is at and the environment that the student is working in.

In determining whether any one-off event or pattern of conduct affects fitness to practise, the following questions may be considered:

Context: What happened?

i. Were rules available?

ii. Were rules workable?

- iii. Were rules knowingly departed from?
 - iv. Is this an exception to peers?
 - v. Was training available?
 - vi. Was there sufficient supervision?
- If the answer to any of these questions is no, it may be appropriate to learn from the event in terms of enhancing the learning and working environment.
 - How serious is the behaviour?
 - Was this a one-off incident, or representative of a pattern of behaviour?
 - What is the level of maturity and insight demonstrated by the student?
 - What is the likelihood of repeat behaviour?
 - What stage of the course is the student undertaking? Are they in the first year, for example, or in their final clinical year, approaching graduation?
 - How well might the student respond to support and remediation?

If particular behaviour or other issues are dealt with through remediation, a record should be made. This is to ensure that any patterns of behaviour are identified and addressed prior to graduation. In certain circumstances, it may be appropriate to pass such information onto the General Osteopathic Council.

At the end of the course, the student will normally be awarded the recognised qualification. This means that they are able to practise in accordance with the Osteopathic Practice Standards in force at the time. If the issue identified could affect this judgement, the formal student fitness to practise procedures should be invoked.

The investigation process

Once proceedings have been instigated, a fair and transparent process should be followed to ensure consistency for all and a common approach to exploring fitness to practise issues. This process and the timeframe, which should be published by each education provider should be clear to all involved both the student and those involved in the fitness to practise proceedings. Students should be provided with regular updates on the progress of their case. The process should be consistent with that expected by the validating university (if separate from the osteopathic education provider), and with the principles in this guidance.

Independent support must be signposted to the student to support their health and wellbeing.

The role of the investigator should be undertaken by a suitably qualified and independent person, in accordance with the education provider's policies.

The role of the investigator

The role of the investigator is to collate and present the evidence, to inform a decision as to whether the student's fitness to practise is impaired. The investigator should be independent of the fitness to practise panel that will make a decision, and should not be the student's personal tutor (or similar) or otherwise involved in supporting the student.

The investigator should keep a full record of the investigation, which should be carried out in a proportionate manner, having regard to the interests of patients and the public, and also the student.

In considering the presentation of evidence, the investigator may consider the following questions:

- Has the student's behaviour harmed patients (including colleagues and staff) or put them at risk of harm?
- Has the student shown a deliberate or reckless disregard of professional and clinical responsibilities towards patients or colleagues?
- Has the student abused a patient's trust or violated a patient's autonomy or other fundamental rights?
- Has the student shown a deliberate and reckless disregard to the processes for the delivery of osteopathic care or put the reputation of the osteopathic education provider, clinic or other setting at risk?
- Has the student behaved dishonestly, fraudulently, or in a way designed to mislead or harm others?
- Is the student's health or disability, or their management of this, compromising patient safety?

If the answer to any of the questions above is 'yes', it would normally be appropriate to present the evidence to a fitness to practise panel.

The investigator may also consider the following:

- Has the student shown insight and reflection into the behaviour, and when was this? Has the student considered appropriate remediation or developmental behaviour to address the issues raised?
- Are there mitigating circumstances that contributed to the fitness to practise issue, and which have been acknowledged? Has the possibility been considered that a reasonable adjustment may be required? Have steps been taken to seek additional support in these circumstances?

The investigator should maintain records of the investigation, including records of concerns raised, notes of meetings held, interviews and statements. A written report should be produced which provides the results of the investigation, and which details all of the evidence gathered.

The investigator should present their findings to an individual or committee, in accordance with the education provider's processes. If that individual or committee considers, in the light of the investigator's report, that the student's behaviour is serious or persistent enough to call their fitness to practise into question, the case should be referred to a fitness to practise panel.

The relevant individual or committee may determine that there is insufficient evidence to call into question the student's fitness to practise. Alternatively, it may be considered as a result of the investigation that there is insufficient evidence to call into question the student's fitness to practise. In these circumstances, it may be felt that additional measures are required to ensure the student is able to address the issues that prompted the investigation, and the student and all relevant teaching staff will need to be informed of these. It is important to ensure that all serious matters reaching the threshold of student fitness to practise (see page 25) are considered through the fitness to practise procedures, in the light of the implications for patient safety.

Interim suspension

At the outset of the investigation, it may be necessary to consider suspending the student from patient contact or from the course while the investigation is ongoing. This may be necessary to protect patients, colleagues or the student. Osteopathic education providers should make sure the decision is proportionate, fair and re-evaluated on a regular basis.

The adjudication process: the fitness to practise panel

The fitness to practise panel should not include the nominated investigator. It may be beneficial for the panel to include staff from other osteopathic education providers, to help to demonstrate an objective consideration of the evidence. A mix of professional, educational and lay expertise will normally be appropriate. All members of the panel should be familiar with this guidance, local guidance, and the [General Osteopathic Council's guidance on the management of students with disability and health conditions and equality and diversity issues](#).

The fitness to practise panel should ensure that the student is given adequate notice regarding the date, time and location of the fitness to practise hearing, **and all the evidence the investigator intends to rely on**, and should provide the student with information about how proceedings will run. The student should be given the opportunity to collect any necessary evidence, including medical evidence, **and witness evidence covered by the investigator where relevant**. The student should also have the opportunity to attend the hearing with an independent, knowledgeable and objective supporter. The student should have an outline of the allegations and the evidence to be presented at the earliest opportunity, so they can prepare for the hearing. Steps must be taken to explore whether reasonable adjustments may be required by the student to attend the panel hearing.

The fitness to practise panel will hear the evidence from the investigator and from the student, **and may also hear from witnesses on behalf of the investigator and student.** The panel should adopt an inquisitorial rather than an adversarial approach. It will then make a decision about whether fitness to practise is impaired. If fitness to practise is impaired, the panel should allow the student to present mitigation. The panel will then consider sanctions.

The fitness to practise panel should:

- consider evidence presented by the investigator
- consider evidence presented by the student
- decide whether fitness to practise is impaired by reference to the balance between patient and public safety, the interests of the student and the need to maintain trust in the profession
- consider any mitigation presented
- decide on the appropriate sanction

Outcomes of student fitness to practise hearings

The outcomes of a student fitness to practise hearing are solely about patient safety, the wellbeing of the public and the trust that the public places in the profession. The outcomes should not be a punishment to the student.

Students must also consent to disclosure of the student fitness to practise sanctions by the osteopathic education provider to other personnel where required for the purposes of patient safety, and also to the GOsC. For example, depending on the circumstances, it will normally be appropriate for those supervising students to be aware of any student fitness to practise sanctions, for the purpose of protecting patients, colleagues or staff.

Osteopathic education providers must report student fitness to practise cases to the GOsC as part of their Annual Report. Individual student's details are only reported to GOsC where the panel have found that the student's fitness to practise is in question and a sanction has been imposed. They should also report details of cases in which individual students have been subject to student fitness to practise procedures but if no finding has been made, the name of the student should not be disclosed.

Graduates must disclose all sanctions imposed as a result of fitness to practise hearings when they were students to the General Osteopathic Council (GOsC) as part of the application for registration.

The possible outcomes of a student fitness to practise hearing include:

- Fitness to practise is not impaired and there is no case to answer.
- Evidence of misconduct but fitness to practise is not currently impaired.
- The student's fitness to practise is judged to be impaired and they receive a formal sanction. Beginning with the least severe, the sanctions are:

- formal warning
- undertaking
- conditions
- suspension from the osteopathic course or parts of it
- expulsion from the osteopathic course

The purpose of imposing a sanction is to protect patients and the public, to maintain trust in the profession, and to ensure that students whose fitness to practise is impaired are dealt with effectively through close monitoring or even removal from their course if necessary. Generally, students should be given the opportunity to learn from their mistakes.

Panels should consider whether the sanction will protect patients and the public, and maintain professional standards.

It is important that, when a panel decides to impose a sanction, it:

- makes clear in its determination that it has considered all the options
- explains why it considers its determination to be an appropriate and proportionate response
- gives clear reasons, including any mitigating or aggravating factors that influenced its decision, for imposing a particular sanction
- where appropriate, includes a separate explanation as to why a particular length of sanction was considered necessary

Formal warnings

A warning allows the osteopathic education provider to indicate to a student that their behaviour represents a departure from the standards expected of osteopathic students and should not be repeated. It is a formal response in the interests of maintaining professional values and behaviours, underlining the importance of patient safety. There should be adequate support for the student to address any underlying problems that may have contributed to their poor behaviour.

The formal recording of warnings allows the osteopathic education provider to identify any repeat behaviour and to take appropriate action. Any breach of a warning may be taken into account by a panel in relation to a future case against the student, as it may demonstrate a pattern of behaviour with particular implications for their fitness to practise. The warning should remain on the student's record, and the student must be aware of their responsibilities to disclose the warning when applying to the GOSc for registration. Usually, the GOSc will not take further action if the matter is known to have been dealt with at the education provider. However, if the information is not disclosed, this in itself could raise concerns about registration which will need to be investigated further.

The fitness to practise panel may want to consider the following questions when deciding whether it is appropriate to issue a warning:

- Is there evidence that the student may pose a danger to patients (including fellow students and staff) or the public? If so, a warning is unlikely to be appropriate.
- Has the student behaved unprofessionally?
- Has the student shown insight into the behaviour and the impact of the behaviour?
- Does the student's behaviour raise concerns, but falls short of indicating that the student is currently not fit to practise (although they may have been in the immediate past)?
- Are the concerns sufficiently serious that, if there were a repetition, it would be likely to result in a finding of impaired fitness to practise? The panel will need to consider the degree to which the concern could affect patient safety and public confidence in the profession.

Undertakings

In particular circumstances, the fitness to practise panel may agree an undertaking with the student concerned, and agree to halt further proceedings while the undertaking is in place. Undertakings can be helpful where both the education provider and the student agree that fitness to practise may be impaired and agree on how patient safety can be assured moving forward.

An undertaking is an agreement between the student and the osteopathic education provider, where there is an explicit acknowledgement that the student's fitness to practise may be impaired. This agreement can usually be taken forward before or instead of a formal fitness to practise hearing or determination.

Undertakings may include restrictions on the student's clinical practice or behaviour, or a commitment to undergo medical supervision or remedial teaching. As with conditions (see page 34), they are likely to be appropriate if the concerns about the student's fitness to practise are such that a period of remedial teaching or supervision, or both, is likely to be the best way to address them.

Undertakings will only be appropriate if there is reason to believe that the student will comply – for example, because the student has shown genuine insight into their problems and the impact that the behaviour has had or could have had on patients, colleagues and staff. The student should also demonstrate potential for remediation. The panel may wish to see evidence that the student has taken responsibility for their own actions, and where necessary taken steps to improve their behaviour.

When considering whether to invite the student to accept undertakings, the panel should consider whether:

- undertakings appear to offer sufficient safeguards to protect patients and the public, other students and staff

- the student has demonstrated sufficient insight, including an understanding of the impact of the behaviour

In the event that an undertaking is not suitable or appropriate, the fitness to practise panel should reconvene in accordance with the framework and guidelines in place.

Conditions

Placing conditions on the student's continued participation in the programme is appropriate when there is significant concern about the behaviour or health of the student, following a finding that their fitness to practise is impaired. This sanction should be applied only if the panel is satisfied that the student might respond positively to remedial tuition and increased supervision, and has displayed insight into their problems. The panel should consider any evidence such as reports on the student's performance, health, behaviour, and any other mitigating circumstances.

The objectives of any conditions should be made clear so that the student knows what is expected of them, and so that a panel at a future review can identify the original shortcomings and the proposals for their correction. Any conditions should be appropriate, proportionate, workable and measurable, and should set a specific time for review of progress.

Before imposing conditions, the panel should satisfy themselves that:

- the behaviour can be improved by setting conditions as part of an action plan
- the objectives of the conditions are clear
- any future review of the action plan will be able to decide whether the objective has been achieved, and whether patients will still be at risk
- the additional resources required to supervise the student under conditions are in place or will be made available

Although this list is not exhaustive, conditions may be appropriate when most or all of the following factors are apparent:

- The student has shown sufficient insight, and there is no evidence that they are inherently incapable of following good practice and professional values.
- There is no evidence of harmful, deep-seated personality or attitudinal problems.
- There are identifiable areas of the student's studies in need of further assessment or remedial action.
- There is potential for remediation to be successful.
- The student is willing to respond positively to support and conditions.

The student is willing to be honest and open with patients, colleagues and supervisors if things go wrong.

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- Patients (including colleagues and staff) will not be put in danger either directly or indirectly as a result of the conditions.
- It is possible to formulate appropriate and practical conditions which can be verified and monitored, and which will protect patients during the time they are in force.

If, in relation to the management of health impairments or disability, reasonable adjustments have failed because of 'non-compliance' behaviour but there is genuine willingness to manage the health impairment and the student has agreed to abide by conditions relating to, for example, medical condition, treatment and supervision, it may be appropriate to agree further reasonable adjustments and impose conditions regarding behaviour.

Suspension from the course

Suspension prevents a student from continuing with their course for a specified period, and from graduating at the expected time. Suspension is appropriate for patient safety concerns that are serious enough to require suspension while remediation is undertaken. It should be imposed where conditions are not workable, and the opportunity to remediate deficiencies or recover from illness, for example, is best achieved outside the course environment.

Examples of conduct that might merit a suspension include students who are in the process of demonstrating that they have recovered from an addiction.

When students return from suspension, there should be an appropriate review to enable progress to be considered as part of a discussion. During the discussion, evidence of remedial action taken by the student, specific to their case, during the period of suspension would usually be considered. This might include, for example, further evidence of reflection and learning such as a reflective essay or other set work demonstrating understanding of why the suspension was necessary and why the student feels that they can return; it might also include medical and therapeutic reports if appropriate. In cases of substance misuse, a medical and therapeutic report will almost always be required before a student can return to clinical practice under supervision. If progress has been made and patient safety can be assured, further conditions for a period of time with an appropriate review may be agreed (see page 35).

Although this list is not exhaustive, suspension may be appropriate when some or all of the following factors are apparent:

- The breach of professional values is serious, but is not fundamentally incompatible with the student continuing on the course. Remediation is possible, but suspension is necessary for patient safety reasons.
- There is potential for remediation while the student is suspended.
- The student's judgement may be impaired and there is a risk to patient safety if the student is allowed to continue on the course, even with conditions.

- There is no evidence that the student is inherently incapable of following good practice and professional values.
- The panel is satisfied the student has insight and is not likely to repeat the behaviour.
- There will be appropriate support for the student when returning to the course.

Expulsion from the course

The fitness to practise panel can make a recommendation to the osteopathic education provider to expel a student if they consider that this is the only way to protect patients, fellow students, staff, and others. The student should be helped to transfer to another course if appropriate; however, the nature of the student's behaviour may mean that they should not be accepted on clinically related courses, or on any other course.

Expulsion is the most severe sanction and should be applied only if the student's behaviour is considered to be fundamentally incompatible with continuing on an osteopathic course or eventually practising as an osteopath. Although this list is not exhaustive, expulsion may be appropriate when a student:

- has seriously departed from the principles set out in the Osteopathic Practice Standards and in this guidance
- has behaved in a way that is fundamentally incompatible with being an osteopath
- has shown a reckless disregard for patient safety
- has done serious harm to others, patients or otherwise, either deliberately or through incompetence, particularly when there is a continuing risk to patients
- has abused their position of trust
- has violated a patient's rights or exploited a vulnerable person
- has committed offences of a sexual nature, including but not limited to involvement in child pornography
- has committed offences involving violence
- has been dishonest, including covering up their actions, especially when the dishonesty has been persistent
- has put their own interests before those of patients
- has persistently shown a lack of insight into the seriousness of their actions or the consequences
- shows no potential for remediation

Discontinuation on health grounds

Discontinuation on health grounds may be necessary where no reasonable adjustments can be made that would enable a student to meet or continue to meet the graduate

outcomes/competence standards. However, this would only be following consultation with the student and once all reasonable adjustments had been considered.

Disposal by consent

A student fitness to practise investigation may be concluded through consensual disposal in appropriate circumstances. Disposal by consent is a process by which the student and the educational provider can agree to conclude a case without the need for a contested panel hearing. This might apply in circumstances where the student decides to leave the programme before a panel hearing, or where the student consents to a sanction. In relation to consent to a sanction, the education provider and student must agree to an outcome of the kind that a panel would make if the issue had been considered in that way. In addition, the following criteria should apply:

- The investigator should recommend that the case be considered by a panel
- The student admits the substance of the allegations, shows insight into these and a willingness to address them.
- Any agreed remedial action is consistent with the outcomes likely to be reached by a panel as set out in the sections above

Cases disposed by consent should still be reported to GOsC as part of the provider's annual reporting requirements.

Acknowledgements:

In preparing this guidance we have drawn on the [GMC and MSC's Achieving Good Medical Practice: Guidance for Students](#) (2016)

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Post consultation changes to draft guidance about professional behaviours and student fitness to practise

These additions are shown in red in the updated draft guidance, and are further summarised here:

1. Content list – page numbers to be finalised so will need review
2. Page 5 – in behaviours that might give rise to a concern in relation to theme A of the Osteopathic Practice Standards (OPS), we have added (changes in red):
 - Demonstrated poor or inappropriate communication skills (including rudeness or unresponsiveness), which might manifest with patients, fellow students or staff.
 - Used social media to communicate inappropriately with patients or others
3. In relation to knowledge skills and performance (theme B of the OPS), we have added:
 - Reflect on and act within the limits for their competence and ask for help when necessary when they are uncertain, or if they feel that they or other students require more supervision in particular patient interactions.
4. In relation to Theme D of the OPS, we have added:
 - Behaved in such a way that would be likely to bring the reputation of the profession into disrepute including behaving or posting online in a bullying, harassing, racist or discriminatory manner.
5. A footnote added to clarify what clinical experience might include (p11):

This will include predominantly face to face clinical provision with patients under supervision, but might also include some element of remote consultations, external placements, simulated clinical experience (see the [Graduate Outcomes](#)).
6. In relation to the role of the GOsC, some additional wording to clarify in this section what information is passed to the GOsC:

The award of a recognised qualification in osteopathy, by an osteopathic education provider, means that the holder is capable of practising without supervision to the standards expected in the GOsC's Osteopathic Practice Standards. This includes professional, ethical, competence and performance standards so the award of the 'RQ' means that the student is fit to practise. Where a student has received a sanction as a result of a student fitness to practice process, this is reported to the General Osteopathic Council as part of the education provider's annual reporting and monitoring process. This does not prevent that student ultimately being registered as an osteopath if they proceed to gain a Recognised Qualification, but acts as a further check to ensure

that only those with the necessary knowledge, skills and behaviours are able to join the register and practise as an osteopath.

7. An additional case example (p19) added to cover a scenario where a student is unresponsive to the fitness to practise process:

A second-year full time student missed several lectures and clinical sessions over the course of a six week period at the start of the academic year. Appointments were made with the student welfare team which were not kept, when the student did attend, they avoided any attempt to follow up on their progress and absences. Coursework was either not handed in, or was of a very poor standard, and over time, the absences became more frequent and consistent with the student unresponsive to all attempts to contact them, explore what was going on with them and provide support.

A fitness to practise process took place, with the student continuing not to engage with any aspect of this, and as a result, it was determined that the student should be removed from the programme.

8. In relation to guidance on the process for student fitness to practise proceedings, we have enhanced the introductory paragraph:

Education providers are required by the GOsC's Standards for Education and Training to have in place and implement fair, effective and transparent procedures to address concerns about student conduct which might compromise public or patient safety, trust in the profession, or call into question their ability to deliver the Osteopathic Practice Standards. In this section we have set out guidance for education providers in relation to the process of putting fitness to practise proceedings into place, thinking about the threshold for action, the roles and the potential outcomes of any proceedings. The purpose is to provide a framework identifying the key elements that all student fitness to practise processes should cover, rather than a prescriptive set of requirements. We recognise that each provider will have its own policies, and that the terms in these may vary, though the principles of fair and transparent procedures to determine fitness to practise will remain consistent.

9. And been clearer about disclosure and the possibility of a witness being asked to attend:

The fitness to practise panel should ensure that the student is given adequate notice regarding the date, time and location of the fitness to practise hearing, and all the evidence the investigator intends to rely on, and should provide the student with information about how proceedings will run. The student should be given the

opportunity to collect any necessary evidence, including medical evidence, and witness evidence covered by the investigator where relevant.

The fitness to practise panel will hear the evidence from the investigator and from the student, and may also hear from witnesses on behalf of the investigator and student.

10. We have added a section on consensual disposal, where an outcome could be agreed between the student and education provider to a student fitness to practise investigation without it having to be considered by a panel:

Disposal by consent

A student fitness to practise investigation may be concluded through consensual disposal in appropriate circumstances. Disposal by consent is a process by which the student and the educational provider can agree to conclude a case without the need for a contested panel hearing. This might apply in circumstances where the student decides to leave the programme before a panel hearing, or where the student consents to a sanction. In relation to consent to a sanction, the education provider and student must agree to an outcome of the kind that a panel would make if the issue had been considered in that way. In addition, the following criteria should apply:

- The investigator should recommend that the case be considered by a panel
- The student admits the substance of the allegations, shows insight into these and a willingness to address them.
- Any agreed remedial action is consistent with the outcomes likely to be reached by a panel as set out in the sections above

Cases disposed by consent should still be reported to GOsC as part of the provider's annual reporting requirements.

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Issues arising for consideration in Student Fitness to Practice Guidance with commentary

Issue for consideration	Response
<p>The iO also suggested that education providers be required to provide cultural awareness/EDI training to students to help them develop this aspect of professionalism and build their capacity to manage issues in this area.</p> <p>In relation to EDI issues, the point made was a useful one, and we will consider how this might be better exemplified within the guidance.</p>	<p>This is a part of the Graduate Outcomes and Standards for Education and Training (2022) already.</p> <p>We have considered this aspect in relation to this guidance, though the role of the education providers in the guidance is very much embedded in the standards for education and training, and we can't use the guidance to add to or amend these. We do look at the delivery of standards however as part of RQ visits and annual reporting with providers, so the detail of implementation is explored more in this context, and we'd prefer that the guidance remains more top level in this respect.</p>
<p>Participants [in a focus group] liked the case studies which were specific to the student population such as the one around 'rudeness.' However, it was thought that this looked clunky on its own as a single entity and that it would be good to add some further examples which were specific to the student population, such as one on unresponsiveness (e.g., the education provider/tutors cannot engage with the student), plus some other examples similar to this.</p>	<p>We are suggesting the following as an example of unresponsiveness:</p> <p><i>A second year full time student missed several lectures and clinical sessions over the course of a six week period at the start of the academic year. Appointments were made with the student welfare team which were not kept, when the student did attend, they avoided any attempt to follow up on their progress and absences. Coursework was either not handed in, or was of a very poor standard, and over time, the absences became more frequent and consistent with the student unresponsive to all attempts to contact them, explore what was going on with them and provide support.</i></p>

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Issue for consideration	Response
	<i>A fitness to practise process took place, with the student continuing not to engage with any aspect of this, and as a result, it was determined that the student should be removed from the programme.</i>
[in relation to the case where a student goes to France for the weekend and misses a clinic session as a result] – A focus group participant felt that this case is written as if a written warning was given without a fitness to practise panel sitting i.e., the student was just sanctioned. It was felt here that the clarity of the process that has gone on for the written warning to be given needed to be provided here.	We've reviewed this and the case is an illustration of the management of a low level concern, rather than a full FtoP process. In that context, a written warning seems appropriate as a means of preventing further escalation of such behaviours.
In relation to the case where the student had been found guilty of drink driving, It was raised in a focus group that if the student in this scenario remains on the programme, and went on to graduate with an RQ, that when they registered with GOsC this offence would come up in their DBS check.	That's true – but the case would be regarded in context and would not necessarily preclude registration.
In relation to anything being missing from the guidance: <ul style="list-style-type: none"> • 'Building trust between the tutor and the student; cultural training; timely updating of patient records; concentrates on treating/communicating with patients – no mention of chaperones or interpreters ie an accompanying adult; no mention of issues around (sexual) relationships between students and how this should be handled.' 	These elements are grounded in the graduate outcomes and the Osteopathic Practice Standards, and the examples provided in the guidance under consideration are exactly that – examples, rather than a definitive and complete list of behaviours that would be problematic. We have added 'bullying and harrassing' to behaviours that might demonstrate a concern and the guidance also includes:

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Issue for consideration	Response
<ul style="list-style-type: none"> • 'Maybe this isn't for the guidance, but in some areas – notably the duty of candour – the onus is all on the practitioner. I would like to see – somewhere – examples of patients withholding significant information that could result in misdiagnoses and/or improper treatment.' • [From patient focus group] Missing completely - no reference to whistleblowing – see reference to concerns about other students and practitioners but nothing on whistleblowing and how that's handled. • [Patient focus group] Confidentiality missing. 	<p>'Speak up when they are concerned about bullying, harassment and racist or discriminatory behaviour.'</p> <p>This is about student behaviours, not patients, so this point does not really need reflecting in the guidance.</p> <p>In relation to Safety and Quality, we already say:</p> <p><i>Students must:</i></p> <ul style="list-style-type: none"> • <i>Know how to raise concerns.</i> • <i>Raise concerns about patient safety promptly using their own osteopathic education provider's policies where possible.</i> <p>'Failed to respect a patient's confidentiality.' Is already listed in the professionalism section of the guidance.</p> <p>The guidance cannot reference every possible issue that might arise, and needs to be sufficiently flexible to be able to apply to circumstances that may not have been foreseen.</p> <p>Some of the existing cases do touch on sexual conduct, but not in the sense of consensual relationships between students. Inappropriate sexual behaviours/boundaries issues would fall under the category of fitness to practise, but we have not used the guidance to set expectations of relationships between students.</p>

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Issue for consideration	Response
<p>In relation to consistency with the GOsC's duty of public protection:</p> <p>'The general approach yes, but the details come across as punitive as previously mentioned particularly with the new proposals for fitness to practise currently under consultation for PAs and AAs.'</p>	<p>The thinking, when first introducing this guidance was to provide a consistent framework for education institutions to model their processes on, and this to an extent, mirrors the processes employed by GOsC in relation to concerns or complaints raised regarding osteopaths on the register. This approach has been continued in the updated draft. The reference in the comment above to the processes being punitive, particularly 'with the new proposals for fitness to practise currently under consultation for Physician Associates and Anaesthesia Associates' refers to a recent consultation reported on here: https://www.gov.uk/government/consultations/regulating-anaesthesia-associates-and-physician-associates/outcome/consultation-response-to-regulating-anaesthesia-associates-and-physician-associates#part-4-fitness-to-practise.</p> <p>In the government consultation, 'Regulating healthcare professionals, protecting the public', it was proposed that all regulators should have a 3-stage fitness to practise process consisting of the initial assessment stage, the case examiner stage and the Fitness to Practise Panel stage. The thinking is that the case examiner stage would enable more cases to be resolved without the need for a Fitness to Practise Panel stage which would lead to a less adversarial fitness to practise model and which would enable cases to be concluded more quickly.</p>

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Issue for consideration	Response
	<p>The GMC published interim guidance on professional behaviours and Fitness to Practise for Physician Associates and Anaesthesia Associates in 2022, which sets out fairly detailed guidance on what a student fitness to practise process should look like:</p> <p>https://www.gmc-uk.org/-/media/documents/professional-behaviour-and-ftp-for-pas-and-aas-interim_pdf-93468735.pdf</p> <p>Our own Fitness to Practise processes are set out on our website: https://www.osteopathy.org.uk/standards/fitness-to-practise/</p> <p>Since this guidance was first published, we have introduced specific Standards for Education and Training (SET). Within the 'Programme, Leadership and Management' Theme, standard (b) requires that education providers: <i>'have in place and implement fair, effective and transparent fitness to practise procedures to address concerns about student conduct which might compromise public or patient safety, or call into question their ability to deliver the Osteopathic Practice Standards.'</i></p> <p>We have reviewed this section in the draft updated guidance, and made some further amendments to clarify that the guidance is not intended to be prescriptive and to overrule the institution's own policy but to provide a framework identifying key aspects that a fitness to practise</p>

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Issue for consideration	Response
	<p>process should cover. Also, that a panel should be inquisitorial, not adversarial.</p> <p>We've also added a section to reference 'consensual disposal', whereby an outcome could be agreed between the parties in certain circumstances without the need to progress to a full panel decision.</p>
<p><i>Is the language clear and easy to understand?</i></p> <p>Most agreed that the language was clear and easy to understand, with some caveats as follows:</p> <ul style="list-style-type: none"> • Needs a plain English version and different accessible easy reads perhaps for students whose first language is not English. To ensure the messaging reaches all cohorts of students training here. • Neither yes or no, as too repetitive and detailed (wordy) in parts which may lead to confusion particularly now both sections for students and providers are combined. It is not easy to read neither for use as a reference document. <p>In relation to the issue around the detailed setting out of the fitness to practise process, as part of the further post consultation review, we will consider whether a flow chart depiction might be helpful.</p>	<p>We will consider this further once we have consulted on Easy Read versions of the guidance in relation to students with health conditions or disabilities (Due to launch in September). We are interested to see what the views on these are, and if positive, will consider how we apply this approach more widely.</p>
<p><i>Does the guidance adequately address ethical considerations in relation to fitness to practise issues?</i></p>	<p>Our mentioning of low-level concerns was not to play these down in the guidance, but to illustrate the difference between issues that are a clear fitness to practise issue,</p>

Issue for consideration	Response
<p>The iO response cited perceived gaps as outlined in responses to earlier questions – for example, EDI, mental health issues and sexual boundaries between students.</p> <p>In one of the focus groups, comments were made around the difference within the document between 'low level' and more serious concerns. Some felt that a level of 'intermediate' concern should be introduced, whilst some felt that labels were unhelpful altogether.</p> <p>In the patient group, some felt that more needed to be said about, for example, social media use and expectations of students in terms of behaviours – (the example given was not Googling patients).</p>	<p>and those which might be, but which would need further consideration in a broader context. A student being late for classes, for example might be a rare occurrence, or something that formed part of a regular pattern of behaviour. Some things could be dealt with outside of fitness to practise processes, initially at least, with pastoral support being offered to help a student, for example. A failure to engage with this, or repeated behavioural issues, however might indicate a broader and more serious concern that does need consideration as a fitness to practise matter.</p> <p>So, we weren't seeking to introduce specific gradings of significance, but acknowledge that though some elements may be low level in isolation, they may combine to bring an issue within the category of a fitness to practise concern.</p>
<p><i>Are the communication and reporting processes between students, education providers and the GOsC clear?</i></p> <p>In one of the focus groups, it was commented it was questioned how providers could make it clearer to students when fitness to practice cases would be on their record and when would GOsC be notified. Further questions were raised about what would happen if a student was sanctioned but able to progress to graduation, and what would happen when they came to apply for registration. Would the education provider be asked to justify its decision, for example?</p>	<p>We have added this as a suggestion for clarification:</p> <p><i>Where a student has received a sanction as a result of a student fitness to practice process, this is reported to the General Osteopathic Council as part of the education provider's annual reporting and monitoring. This does not prevent that student ultimately being registered as an osteopath if they proceed to gain a Recognised Qualification, but acts as a further check to ensure that only those with the necessary knowledge, skills and behaviours are able to join the register and practise as an osteopath.</i></p>

Issue for consideration	Response
<p><i>Does this guidance cause any negative effects for people with specific protected characteristics?</i></p> <p>All but one respondent answered 'no' to this question. The 'yes' went on to say:</p> <ul style="list-style-type: none"> 'It does not state clearly about behaviour of students towards other students/tutors who have a protected characteristic. In view of the student EDI (JD-R) report this should be more explicit'. <p>Although answering ;no', one did add:</p> <ul style="list-style-type: none"> 'Needs a don't know response as I don't know. Accessible language - different language options, plain English, spoken version for those who learn better this way?' 	<p>The Osteopathic Practice Standards and Graduate Outcomes set out requirements in regard to equality and diversity issues and the purpose of the guidance under consideration is not to add further requirements. An issue where a student demonstrated discriminatory behaviour, for example, could definitely call into question their fitness to practise, and this is referenced within the examples of concerns in relation to the professionalism theme of the OPS.</p> <p>The point about accessibility is a good one, and we realise this is a lengthy document. We will think about this further in the design process, in how we publish the guidance and the resources we use to support this, and in relation to feedback we receive on Easy Read versions of our health and disability guidance.</p>
<p><i>Are there additional ways that we could promote inclusion and diversity within our guidance?</i></p> <p>Some said 'no', with one adding:</p> <ul style="list-style-type: none"> 'The assumption should be that students on the course have earned their places and have the linguistic and cultural knowledge to understand these requirements.' <p>Others answered 'yes' adding:</p>	<p>We will consider this aspect further in the context of the expectations and requirements of the Osteopathic Practice Standards and Graduate Outcomes, and consider with a working group whether any further changes might be appropriate to the guidance in this respect.</p>

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Issue for consideration	Response
<ul style="list-style-type: none"> • 'Give examples of people who have hidden disabilities (and diversity); most people are aware however, it's still good to promote by writing something into the document; maybe give examples of students or teacher who have studied in this field.' • '..... cultural awareness training' 	
<p>Focus groups</p> <p>There were some rich discussions in the three focus groups, some elements of which have been referenced above. Some elements have further been reflected in suggested changes to the draft itself. Other issues raised included:</p>	
<ul style="list-style-type: none"> • Putting the guidance into practice was thought to be hard to do well. 	<p>We will promote the guidance actively when published with student/educator groups, and using resources that encourage engagement with this.</p>
<ul style="list-style-type: none"> • It was thought that the challenges were in the implementation of the guidance in practice, particularly with low level concerns which become complex as a result of fluctuations in a student's behaviour, where they might get better for a short while only for a repeated offence to return later or for a slightly different concern to be raised altogether as well as the previous one(s). 	<p>We've covered aspects of low level concerns above. The guidance is aimed at providing top level guidance rather than trying to cover each possible situation. It doesn't exist in isolation, but sits alongside the graduate outcomes/Standards for Education and Osteopathic Practice Standards, to help navigate the complexities of issues which might arise.</p>

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Issue for consideration	Response
<ul style="list-style-type: none"> A student's situation was also reported as a challenge (as it is often found there are other things going on in the student's life) that contribute to the behaviour. 	<p>Indeed – we wouldn't want to decry the complexities of life that students have to manage and which may contribute to them struggling with aspects of their course from time to time in a way which may raise concerns. There are differences though between welfare issues or pastoral needs and behaviours that raise concerns as to someone's ability to practise ultimately as a registered osteopath, and we hope the guidance will help to navigate these.</p>
<ul style="list-style-type: none"> It was reported that the OEIs support students to put the guidance into practice. 	<p>Agreed – this is reflected within the guidance itself, and in the meeting of graduate outcomes and delivering the OPS which GOsC reviews within its quality assurance processes.</p>
<ul style="list-style-type: none"> It was thought that these challenges were confounded by differences between the education provider and the awarding body. For example, It was considered a huge conflict-of-interest and a disconnect between the education provider and the awarding body in terms of what is expected from students. It was noted that more needed to be done from the regulator about this disconnect between provider and awarding body, so that the expectations of students were more robust. 	<p>This refers to a tension between this guidance and professional expectations and between the more standard policies of a provider's validating university.</p> <p>This hasn't been flagged as an issue with us before, and where a validated programme is also the subject of regulatory accreditation/approval, it would generally be the case that the regulatory aspects are given precedence should there be a clash. We review the delivery of standards in RQ visits and in annual reporting, so we are able to report to our Education Committee with a degree of assurance as to how standards are met.</p>
<ul style="list-style-type: none"> Participants would like to see the <i>dos and don'ts</i> published. It was felt this would make it easier to pull students up on things, if these were published and 	<p>We don't want to turn this guidance into a dos and don't list – it's not intended to be definitive. The development of professionalism is about making judgements and</p>

Issue for consideration	Response
visible. It was also thought that publishing these would give the OEIs more weight with it.	navigating complex issues, and the guidance supports this with examples rather than lists of things that are or aren't acceptable.
<ul style="list-style-type: none"> A query was raised about the length of the document and whether this was inevitable or could be avoided. In conjunction with this it was acknowledged by the participants that it would be the OEIs responsibility to deliver this material in a bite-size way to their student body. 	We appreciate that combining the current guidance into one document aimed both at students and education providers has resulted in a long (ish) guidance document. We will consider accessibility further in commissioning the final design.
<ul style="list-style-type: none"> It was suggested that the guidance needed section numbers throughout the document. 	Noted.
<ul style="list-style-type: none"> It was suggested that a flowchart would be useful on how to run a fitness to practise panel (e.g., the setup process), given that it was likely that students wouldn't read the whole document. 	Noted.
<ul style="list-style-type: none"> Comparisons were drawn with the previous guidance and that it was thought that the length of the new guidance was due to the sections on other people's responsibilities (e.g., the education provider and GOsC). It was suggested that these sections could potentially be sectioned out, to make the document clearer in terms of what happens in a student context, as it was thought that students would not want to see all of this information e.g., around responsibilities) at a particular point of time. 	We will review presentation in the design stage.

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Issue for consideration	Response
<p><i>Theme A</i></p> <ul style="list-style-type: none"> It was felt the statement 'poor communication skills' was too wide reaching and broad in nature. Poor communication was something that the education providers expected to see in students all the time. What constitutes as poor communication is different at every study level. 	<p>This is true, and this allows for normal progression of skills acquisition in this area. We could say 'unprofessional' communication skills but think that 'poor' in this context is probably sufficiently understood. The expectations of Year 1 students would be different than those in the final year, and the guidance acknowledge this.</p>
<ul style="list-style-type: none"> What constitutes communication was also thought to include: active listening, or information gathering which are not mentioned in the guidance. 	<p>The detailed outcomes are set out in the Graduate Outcomes, so we don't need to be overly prescriptive within this guidance.</p>
<ul style="list-style-type: none"> It was felt that the low-level fitness to practice case versus how a student develops osteopathic skills (i.e. the natural journey of learning) needed to be considered within the context of the guidance (and what makes these different in each case). With the higher expectation of professionalism level to level 	<p>We say this in the guidance:</p> <p><i>A student's knowledge and understanding of professional behaviours will change and develop over time, and as they progress through their training. The situations and experiences which they encounter during their studies will help to inform this process, and contribute to their fitness to practise and their ability to demonstrate the expected values and behaviours. As a result, the expectations placed upon a student's fitness to practise will increase as their training progresses, particularly when they start to see patients in the clinical phase of their education. This should not be seen, however, as an excuse to behave unprofessionally in the earlier years of their osteopathic</i></p>

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Issue for consideration	Response
	<p><i>education. At any time, it is possible for a student's behaviour to impact on patient safety or trust in the profession.</i></p> <p>There will be space here for the professional judgement of the educators in interpreting and implementing the guidance and reaching decisions regarding a student's fitness to practise.</p>
<ul style="list-style-type: none"> It was thought it might be useful to add a line in around 'institution to obtain level appropriate' (in terms of communication). 	<p>Amended to:</p> <p>Demonstrated poor or inappropriate communication skills (including rudeness or unresponsiveness), which might manifest with patients, fellow students or staff.</p>
<ul style="list-style-type: none"> Participants liked the case studies which were specific to the student population such as the one around 'rudeness.' However, it was thought that this looked clunky on its own as a single entity and that it would be good to add some further examples which were specific to the student population, such as one on unresponsiveness (e.g., the education provider/tutors cannot engage with the student), plus some other examples similar to this. 	<p>We have added a case on unresponsiveness.</p>

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Issue for consideration	Response
<p><i>Theme B</i></p> <ul style="list-style-type: none"> Asking for help if uncertain has to require some level of self-reflection from the student. It was reported that abilities/competence of students and their self-reflection was not always evident, and it was difficult to get through to some students that they needed additional support. 	<p>Noted – the capacity for self-reflection will be an element in the decision making process should their fitness to practise be called into question.</p>
<ul style="list-style-type: none"> The statement about 'Make sure patients, carers and colleagues are aware of the competence level the student' and 'take action if other students require more supervision to carry out patient interactions' can be viewed by students as 'ratting them out'. 	<p>It could be, but so can speaking up as a registered osteopath or any healthcare provider when patient safety is at risk. There are structures in place to support students in these circumstances.</p>
<ul style="list-style-type: none"> There was support among the participants for 'Take action if other students require more supervision to carry out patient interactions' but they would like to see some other statements added around teamwork/collaboration. So as to foster encouragement for support and the notion that there will be mistakes that they should make as part of the student's progressive autonomy. The participants want to get away from the notion that it is rigid, and the misconception that students mustn't get anything wrong. 	<p>We have modified this to combine with another example of what students should do in relation to Theme B (Knowledge, skills and performance):</p> <ul style="list-style-type: none"> Reflect on and act within the limits for their competence and ask for help when necessary or when they are uncertain, or if they feel that they or other students require more supervision in particular patient interactions.
<p>It was reported that the fitness to practice thresholds of low versus high level concerns was something that</p>	<p>These issues can be complex to navigate, particularly in the case of a cluster of low-level concerns. We hope the</p>

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Issue for consideration	Response
institutions wrestled with, along with repetitiveness (which can hamper progression)	guidance helps to navigate this and provide a framework for decision making, but it won't be in isolation.
<ul style="list-style-type: none"> It was questioned how providers could make it clearer to students when fitness to practice cases would be on their record and when would GOsC be notified 	We've added a paragraph to clarify this.
<p><i>Education provider responsibilities:</i></p> <ul style="list-style-type: none"> The statement 'respect and take into account diverse needs' was thought could be strengthened to include 'duty to be proactive' and 'demonstrated in all that they do.' 	This arises from the Standards for Education and Training, so can't be changed.
<ul style="list-style-type: none"> The statement 'support a caring and compassionate culture' was considered something that cannot be forced. For example, students that were 'encouraged' to gain extra support, do not always take this up. 	Again, this is a Standard.
<p><i>GOsC responsibilities:</i></p> <ul style="list-style-type: none"> It was felt the this was a 'muddy' area when OEIs sought guidance from GOsC about student concerns. This wasn't as clear cut in practice. 	We will always strive to respond to queries in a way that supports decision making for stakeholders, but cannot always be definitive or provide legal advice. This is the nature of a regulator. There are some cases that will be clear cut in terms of the likely ability to register ultimately, but not all are so clear.

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Issue for consideration	Response
<ul style="list-style-type: none"> It was said that 'GOsC don't care' Implied non-committal answers would be given and that they are 'telling us that a student will run into patient protection issues later'. 	<p>The GOsC very much cares about the integrity of the register, and will do all it can to support as outlined above, but this might not involve making the decision on their behalf.</p>
<p><i>Concerns:</i></p> <ul style="list-style-type: none"> It was considered important how the student responds to the low-level concerns, and that this is part of the picture here (those that respond are the students that OEIs can work with). 	<p>Agreed</p>
<ul style="list-style-type: none"> It was felt that something like 'clinical engagement' there was such a spectrum of that from non-attendance at a few classes to non-attendance of the whole term. Equally, for something like this 'honesty,' this could be extreme to a little white lie. The example given was of some students booking time out of clinic for other commitments, when photos proved they had been to Ascot. 	<p>Yes – this would be some of the complexity that needs to be navigated and considered in reaching a decision.</p>
<ul style="list-style-type: none"> It was reported that some students experience i.e., what else is going on in their life) are devastating, just one thing after another which can often have led to their unprofessional behaviour. 	<p>Again – all part of the complexity of navigating these issues for the provider and student, and finding a way forward.</p>
<p>All case studies would benefit from:</p> <ul style="list-style-type: none"> Different pathways for each scenario in terms of: <ol style="list-style-type: none"> Did the student reflect. 	<p>We understand the point here and having different pathways would perhaps be helpful in a workshop type scenario as part of the implementation phase for this</p>

Issue for consideration	Response
<p>2. If the student repeated the same offence</p> <p>3. If the student did something else that was considered inappropriate behaviour</p> <ul style="list-style-type: none">Given these different pathways, they would all lead to other outcomes.	<p>guidance. But we are less keen on the case scenarios within the guidance being made much more complex.</p> <p>We will use this as a learning resource suggestion, however and develop this separately.</p>

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Equality Impact Assessment Guidance document

1. This document provides guidance when completing an Equality Impact Assessment (EIA).

What is an Equality Impact assessment (EIA) and why do we need to complete one?

2. An EIA is an evidence-based approach designed to help General Osteopathic Council (GOsC) ensure our policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any protected groups. This covers both strategic and operational activities.
3. The EIA should be an integral part of our decision-making processes as it will assist us in fully understanding the relevance and effect of work and in identifying the most proportionate and effective responses.
4. The term 'policy', as used throughout this document is a blanket-term which covers the full range of functions, activities, practices and decisions for which GOsC undertakes across every part of our business.
5. The EIA will help to ensure that:
 - we understand the potential effects of the policy by assessing the impacts on different groups both external and internal to the GOsC
 - any adverse impacts are identified and actions identified to remove or mitigate them
 - decisions are transparent and based on evidence with clear reasoning.

When might I need to complete an EIA?

6. Whether an EIA is needed or not will depend on the likely impact that the policy may have and relevance of the activity to equality. The EIA should be done when the need for a new policy is identified, or when an existing one is reviewed.
7. Ideally, an EIA should form part of any new policy and be factored in as early as one would for other considerations such as risk, budget or health and safety.

Who is responsible for completing and signing off the EIA?

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8. Depending on the nature of the policy, the responsibility of who should complete the assessment, who should be consulted, and who should sign off the EIA will vary.
9. The Senior Management Team lead is the person responsible for deciding whether an EIA is required, and the evaluation decision(s) made after completing the EIA.

What is discrimination?

10. Discrimination is where someone is treated less favourably or put at a disadvantage because of their protected characteristic. The different groups covered by the Equality Act are referred to as protected characteristics: disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sexual orientation, sex (gender), and age.
11. Discrimination is usually unintended and can often remain undetected until there is a complaint. Improving or promoting equality is when you identify ways to remove barriers and improve participation for people or groups with a protected characteristic.
12. This approach aligns with the GOsC Equality, Diversity and Inclusion Framework 2021-24.

Building the evidence, making a judgement

13. In cases of new policies there may be limited evidence of the potential effect on protected characteristic groups. In such cases you should make a judgement that is as reliable as possible. Consultation will strengthen these value judgements by building a consensus that can avoid prejudices or assumptions.
14. A key point of an impact assessment is that you take account of equality as you develop your policy. Just 'doing it at the end' will not enable you to properly consult. Opportunities for picking up issues and making adjustments as part of the policy development will be missed.

Consultation

15. Consultation can add evidence to the assessment. Consultation is very important and key to demonstrating that organisations are meeting the equality duties, but it also needs to be proportionate and relevant. Considering the degree and range of consultation will safeguard against 'groupthink' by involving a diverse range of consultees. These are the key considerations, to avoid over-consultation on a small policy or practice and under-consultation on a significant policy or an activity that has the potential to create barriers to participation.

16. The GOSC Consultation Principles¹ will aid the decision as to whether or not to consult.

Provisional Assessment

17. At the initial stages, you may not have all the evidence you need so you can conduct a provisional assessment. Where a provisional assessment has been carried out, there must be plans to gather the required data so that a full assessment can be completed after a reasonable time. The scale of these plans should be proportionate to the activity at hand.

18. When there is enough evidence a full impact assessment should be prepared. Only one EIA should be created for each policy, as more evidence becomes available the provisional assessment should be built upon.

Valuing Differences

19. EIAs are about making comparisons between groups of employees, service users or stakeholders to identify differences in their needs and/or requirements. If the difference is disproportionate, then the policy may have a detrimental impact on some and not others.

20. You are looking for bias that can occur when there are significant differences (disproportionate difference) between groups of people in the way a policy or practice has impacted on them, asking the question "Why?" and investigating further.

Evaluation Decision

21. There are four options open to you:

- a. No barriers or impact identified, therefore activity will proceed.
- b. You can decide to stop the policy or practice at some point because the evidence shows bias towards one or more groups
- c. You can adapt or change the policy in a way which you think will eliminate the bias.
- d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

¹ The GOSC Consultation Principles are: Formative, Authentic, Accessible, Inclusive, Transparent

22. In most cases, where disproportionate disadvantage is found by carrying out EIAs, policies and practices are usually changed or adapted. In these cases, or when a change has been justified you should consider making a record on the project risk register.

Equality Impact Assessment Template

Step 1 – Scoping the EIA

Prompts: In completing this section think about the policy or activity that is being introduced and what its impact would be if implemented immediately.

Think about the purpose of the policy or activity – how would you briefly describe it to someone outside of the GOsC who did not understand healthcare regulation? Who would be affected by the policy or activity if implemented immediately?

Think about the data that you might need in order to take the policy or activity forward to implementation. Do you know what data you need and where you might find the data? Do you know if there is data which relates to each protected characteristic? If there are gaps in the data, how might this be addressed through consultation?

Title of policy or activity
Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers
Is a new or existing policy/activity?
Review of existing guidance originally published in 2016 ² .
What is the main purpose and what are the intended outcomes of the policy/activity?
<p>The main purpose of this activity is to review and update the current student fitness to practice guidance. This currently serves as two separate documents – one aimed at students and one at osteopathic education providers - which are to be merged into one. The intended outcomes are as below:</p> <ul style="list-style-type: none"> • More information/guidance around professional judgment and the implementation of professional standards and behaviours • Address diverse needs and ensure the guidance reflects current expectations as to equality, diversity and inclusion • Plug any identified gaps (At what threshold and what time frame are cases to be reported to GOsC)

² <https://www.osteopathy.org.uk/training-and-registering/becoming-an-osteopath/student-fitness-to-practise/>

<ul style="list-style-type: none"> • Ensure the guide is up to date and reflects current society and is relevant • Review the case examples ensuring they are relevant. 	
Who is most likely to benefit or be affected by the policy/activity	
<p>Key stakeholders:</p> <ul style="list-style-type: none"> • Students • Osteopathic Educational Institutions (OEIs)/educators/lectures & tutors • Clinical staff • Patients & public • Practitioners • Other healthcare professionals 	
Does this policy or activity impact on the Welsh Language?	
Yes. Guidance will be published in English and Welsh	
Dates of the EQIA	
• When did it start?	15/12/2022
• When was it completed?	Project underway
• When should the next review of the policy/activity take place?	Further updates have been to reflect consultation activities

Useful information

What information would be useful to assess the impact of the policy/activity on equality?
<p>Osteopathic educational institutions are required to submit annual reports. Within that they must make a declaration of FTP cases. Numbers are generally low, but there may be differences in the way some issues are managed (for example, under code of conduct, rather than as a fitness to practise issue).</p> <p>Student support and welfare offices would be a good source to obtain information in relation to the impact. The guidance would be important for them to support those who have had FTP notifications and investigations against them.</p>

It would be important to engage with students and leads within institutions during or after the implementation stage. They would in essence be the end users so gaining their feedback on the impact of the changes/updates would be important.

- FTP cases in institutions
- Complaints relating to FTP
- Information from the student welfare office
- Views from focus groups – advantages and disadvantages of potential changes and potential impact

Is there data relating to people with any/each of the protected characteristics and, if relevant, on the Welsh Language?³

We have data about ethnicity, sex and disability for students enrolled at osteopathic educational institutions.

We currently collect data about some protected characteristics of students at enrolment and progression from the osteopathic educational institutions.

Further considerations around requested data for groups that fall within protected characteristics are being considered for annual reporting.

14.09.24: We review data collection in annual reporting each year, and this now includes gender, age (within bandings), country of origin, ethnicity, and health and disability (not details of conditions but whether students have declared one health condition or disability, more than one, whether they have particular educational needs, or whether none have been declared).

Where can we get this information and who can help?

- OEIs
- Annual reports – FTP declarations
- Stakeholder groups
- Our investigation information
- Any other published data

Step 2 – Involvement and consultation

³ The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Prompts: Thinking about your policy or activity, have you been liaising with any individuals and/or groups to inform the development of the policy or activity? Has there been pre-consultation events which have provided insight into your policy or activity development?

Think about your answer in Step 1 around data. If there were gaps in the data that you needed to inform your policy or activity development, how are you planning to address them through the involvement and consultation phase?

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

In relation the current updating of this guidance, we will be using Stakeholder Reference Groups listed below as part of the consultation process:

Key Stakeholders to be involved:

- Students
- OEIs/educators
- Patients & public

Actions involving key stakeholders:

- **Survey/questionnaire:** In order to inform our initial analysis, we submitted a questionnaire to the stakeholder group listed above. This was our first form of engagement in the process and was conducted in December 2022-Feb 2023 online.
- **External expertise:** We sought an external independent review of guidance. Feedback was provided and recommendations included in the working document.
- **Peer regulator guidance review:** We looked at GMC, NMC & GDC guides to gauge whether we had missed critical subject areas & to understand if current parts of the guidance required further elaboration/clarification.

Actions to be carried out:

- Consultation focus groups
- Direct feedback mechanisms (education inbox)
- One to one interviews (individuals that have been subject to FTP proceedings)
- Expert/stakeholder panels to review changes
- Explore relevant published reports around FTP within the profession.
- Explore concerns raised around the clarity and support within the process

- Gain views around the implementation of the developed guidance
- Identify any additional data that we may want to implement into our annual reporting
- Review FTP data from other sources
- Expert/stakeholder panels to review changes

14.09.24: The consultation took place as planned between 7 February 2024 and 1 May 2024. The outcome and analysis of this was reported to our Policy and Education Committee in [June 2024](#). At this meeting, it was agreed that we should further consider some issues that arose in the consultation feedback, and explore these with stakeholders. This was undertaken, with some further revisions being made, with feedback on these sought from the educational institutions and the Institute of Osteopathy.

Step 3 – Data collection and evidence

Prompts: In completing this section think about the data and evidence that you have already collected and, when completing the EIA at an early stage of the development of the policy or activity, the data that will be collected through consultation. Where possible, try and show this separately and update your EIA as the policy or activity progresses.

Do you need to undertake further research or data collection? But remember, you will never have a perfect set of data in which to make a decision.

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and on the Welsh Language Scheme?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

We have data on ethnicity, sex and disability for students enrolled at osteopathic educational institutions.

We expect this guide to positively impact equality in relation to FTP for groups with protected characteristics. It will ensure that everyone is assessed on meeting the same criteria.

• **Impact on the Welsh Language?**

There is one osteopathic education provider located in Wales, with approximately 170 students across four years of study. Consultation responses in Welsh will be invited. The guidance documents will be available in Welsh.

14.09.24: In the consultation, we sought feedback on impact and ask specifically:

- *Does this guidance cause any negative effects for people with specific protected characteristics?*
- *Are there additional ways that we could promote inclusion and diversity within our guidance?*
- *In our consultation document, we explain how we have considered the possible effects of this guidance on opportunities for students or osteopathy educators in wales to use the welsh language. do you agree with our assessment?*

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

- New data/information/research to be gained from the consultation activities
- It would be good to speak to those within OEIs that lead FTP issues
- Students that have been subject to FTP cases. We could promote direct feedback mechanisms such as the education inbox as a convenient way to provide feedback. This also provides assurance that feedback is being received by the right team. Documentation can be recorded and tracked systematically helping identify reoccurring themes, concerns and suggestions. This transparent approach contributes to collaborative working giving all stakeholders an open opportunity to engage in the process.

Data collection methods:

- One to one interviews

- Webinars: can be topic focused, questions can be asked by stakeholders on one specific area
- Explore concerns raised around equality, diversity and inclusion in OEIs
- Gain views around the implementation of the developed guidance
- Explore equality, diversity and inclusion issues that have arisen with peer regulators
- Engage with osteopathic students with specific protected characteristics to gain feedback to reflect on our current thinking and ideas and inform potential changes and additions to the guidance going forward. This would be to better understand their current experiences and what impacts they currently face.
- Identify the kind of data we might want to collect that may form part of our Annual reporting process.

Step 4 – assessing impact and strengthening the policy

Prompts: Think about each of the nine protected characteristics and consider the potential positive and negative impacts on each group. If you have identified a negative impact on a particular group, what are the actions that you plan to take to address the negative impact, if at all? Think about what else you might be able to do in order to strengthen equality further in relation to your policy or activity.

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and on the Welsh Language?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

There may be times when a student's health or disability might impact on their fitness to practise, and though this is referenced within the guidance, we also cross refer to specific guidance on the management of students with a health

condition or disability. The guidance aims to provide support to both students and education providers, and the emphasis is on professional behaviours.

From the low numbers of cases reported where there has been a sanction, these relate to behaviours rather than health conditions or disabilities.

- **If relevant, on the Welsh Language?**

Guidance will also be available in Welsh

Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on the Welsh Language?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

It might be helpful to understand any correlation between student fitness to practise cases arising and protected characteristics, but cases are low in number.

- **If relevant, on the Welsh Language?**

We are not aware of any. All UK students of osteopathy are required to be able to speak and write English, but guidance will be published in English and Welsh.

What practical changes will help to reduce any adverse impact on particular groups?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**

- **Age?**

It would be helpful to understand any correlation between student fitness to practise cases arising and protected characteristics, but this information is not currently available, and as mentioned above, numbers are very low.

- **If relevant, on the Welsh Language?**

What could be done to improve the promotion of equality within the policy?

- Encourage inclusive and balanced judgments in relation to FTP cases (ensuring no bias occurs)
- Training within unconscious bias (relevant in the investigation process)
- Understanding if there is a correlation between people with protected characteristics and FTP cases.

Step 5 – making a decision

Prompts: In completing this section, consider all of the data you have collected, the potential impact (positive and negative) on all of the protected characteristics.

Where do you see your policy or activity now? You have four options:

- a. No barriers or impact were identified, therefore activity will proceed.
- b. You have decided to stop the policy or practice because the evidence shows bias towards one or more groups.
- c. You have adapted or changed the policy in a way which you think will eliminate the bias.
- d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

Now summarise your decision and think about how you might explain this to someone outside of the GOsC who has little to no understanding of healthcare regulation.

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.

We are looking to make the guidance more accessible, to reduce repetition (by combining two documents into one), ensuring case studies do not reference unnecessary characteristics (eg, gender of students cited unless relevant), and to ensure that the language is appropriate from an EDI perspective. As part of the consultation process, we will seek feedback from key stakeholders and specifically explore any potential EDI impact as a result of the guidance.

External expertise

- Provide more examples of things that bring FTP into question
- More detail around what competent communication is.
- More detail on misconduct – examples would include sexism, racism, homophobia and disablist.
- Some grammatical corrections
- Making case examples gender neutral where relevant
- Potential areas of concern could include sexual harassment
- Unprofessional behaviours in relation to social media posts
- Health concerns – including mental health
- More detail around neurodiverse conditions that can impact FTP

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?

- Consultation strategy to engage with key stakeholders
- Present changes/findings to the committee & focus groups
- Evaluating feedback

14.09.24: This was all undertaken as part of the consultation process, as reported to our Policy and Education Committee. Taking further time to develop the guidance post-consultation and to give an opportunity for stakeholders to comment further on the updates has been helpful and inclusive, ensuring that the feedback provided was meaningful, and the responses thoroughly thought through.

26.09.04: Case study about removal of student amended to demonstrate additional attempts to engage with student in case there was a health issue.

What practical actions do you recommend to include or increase potential positive impact?

- Consultation strategy to engage with key stakeholders
- Sharing of good practice
- Effective use of feedback provided
- Obtaining diverse perspectives from stakeholder groups.
- Publicising successful pathways in relation to equality
- Notifying stakeholder groups of the updated guidance

14.09.24: Post consultation, we have made several changes to the guidance for consideration by the Policy and Education Committee. Two key examples include:

- The addition of a case scenario where a student fails to engage with the education provider or the fitness to practise process, and is required to leave the programme. This was in response to educator feedback where it was requested that a case was included that exemplified what might happen when a student is unresponsive to any support offered.
- We have clarified the fact that the process element of the guidance which sets out what a student fitness to practise process should typically involve, is there for guidance and is not intended to be overly prescriptive, recognising that each education institution will have its own procedures. We have also introduced a reference to 'disposal by consent', where if the student and the educational provider are in agreement as to the outcome of a fitness to practise process, the case may not have to go to a panel.

Step 6 – monitoring, evaluation and review

Prompts: If the policy or activity is to be introduced, in this section think about how you plan to measure the impact and effectiveness once it has been introduced. How will you do this? How frequently will you monitor the policy or activity? Which individuals or groups will you be asking/collecting data from to inform the monitoring, evaluation and review.

How will you monitor the impact/effectiveness of the policy/activity?

- Gain feedback after the implementation of the new guide
- Monitor if there has been a reduction in complaints/certain type of complaint
- Identify a date for review

What is the impact of the policy/activity over time?

<ul style="list-style-type: none">• A clearer understanding within institutions of FTP particularly in relation to protected characteristics and support available.• A better understanding of the FTP investigation process and what support is available when engaged in one.
Where/how will this EIA be published and updated?
The EIA will be published alongside reporting to our Policy and Education Committee, and will be available via our website.

Step 7 – action planning

Prompts: The final section of the EIA is to detail the actions which have arisen as a result of completing the EIA and who is the person responsible for those actions and the date by which they will be completed.

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Review EIA post consultation	Steven Bettles	14.09.24
Review EIA against updated guidance	Fiona Browne	26.09.24



Council
20 November 2024
Registration report

Classification	Public
Purpose	To note the registration statistics for the six-months to 30 September 2024.
Issue	The paper provides an update on registration activity covering the six-month period from 01 April 2024 to 30 September 2024.
Recommendation	To note the content of the report.
Financial and resourcing implications	The primary source of income for the GOsC is from registration fees, and therefore any movement in the Register has an impact on our annual income.
Equality and diversity implications	The paper provides a range of data about our registrants which relates to equality and diversity, for example, age profile and gender balance.
Communications implications	None
Annex	Registration data
Author	Ben Chambers

Scott Marcia
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Key messages from the paper:

- At the end of September 2024 there were 5,632 osteopaths on the Register.
- The number of non-practising registrants stands at 184 at the end of September 2024.
- Ten return to practise assessments were completed in the reporting period. Ten registration assessments, connected to internationally qualified applicants were completed.

Background

1. The registration report to Council provides detailed information about the statistics and activities which have been undertaken within the Registration team and covers the six months from 1 April 2024 to 30 September 2024.

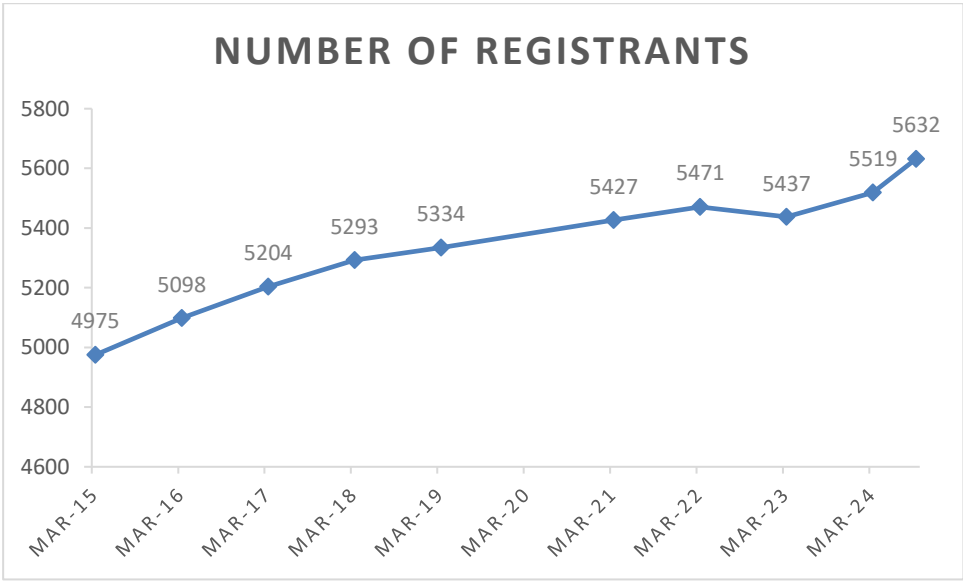
Recommendation: To note the content of the registration report.

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Registration data

Number of registrants

- 1. At the end of September 2024, the Register contained 5,632 registered osteopaths.
- 2. The graph below outlines the number of registrants, from March 2015 to present, to give Council members an overall picture on the average growth of the register.



Gender and age split of registrants

- 3. At the end of September 2024, split by gender, the Register comprised of 2,942 female registrants (52.23%) and 2,690 male registrants (47.77%).
- 4. Twelve years ago (March 2012) the Register contained 4,584 osteopaths, with the female to male registrant ratio being 49:51. Over this period the Register has grown by just over 1,030 osteopaths and there are now a greater proportion of female registrants compared to male registrants.
- 5. The age breakdown of the Register at the end of September 2024 was:

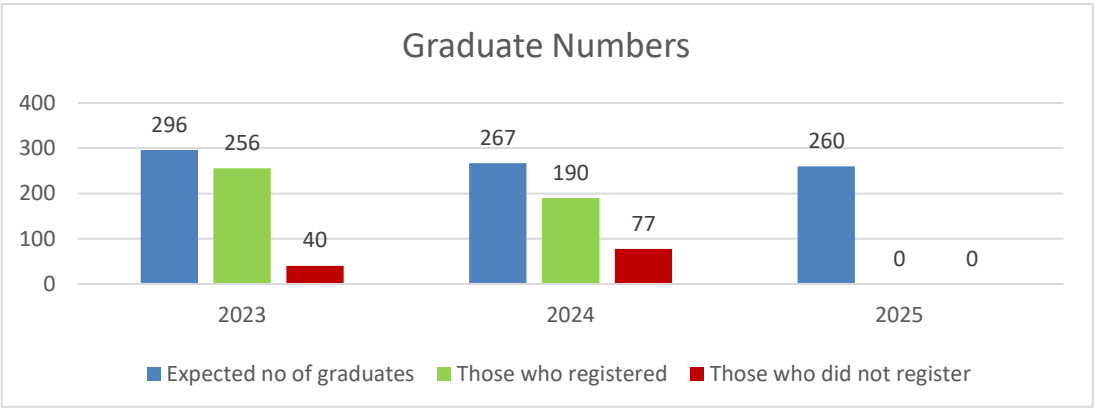
Age	Total registrants	Of which	
		Practising	Non-practising
Under or equal to 30	767	741	26
31-40	1,237	1,176	61
41-50	1,395	1,351	44
51-60	1,421	1,391	30
61-70	709	686	23
71-80	95	95	0
81+	8	8	0

6. 14% of the register are aged 61+. This is something which we need to factor into the longer term financial planning for the GOsC, as a reasonable assumption is that a proportion of registrants in this group may leave the Register in the next 5-10 years.

Number of final year students

7. The information set out in the table and graph below outlines the number of students we are expecting to graduate and the number of UK graduates who subsequently registered with the GOsC:

Graduation year	Graduate numbers (est)	Of which	
		Registered	Did not register
2023	296	256	40
2024	267	190	77
2025	260	-	-



8. It should be noted that the majority of UK graduates qualify and subsequently register between the months of June to October each year.

Entrants to the Register (01 April 2024 to 30 September 2024)

Total number of entrants to the Register	236
------------------------------------------	-----

of which

First time applications	219
Restorations to the Register (taking a break)	16
Restorations to the Register (following FtP case)	1

of which

Annex to 13

Number of registrants living in the UK	222
Number of registrants living overseas	14

Removals from the Register (01 April 2024 to 30 September 2024)

Total number of removals (excluding resignations, retirements and death)	30
--------------------------------------------------------------------------	----

of which, those removed for

Non-compliance with CPD	1
Non-payment of fee	18
Unacceptable professional conduct	2
Under PII Rules	9
Fraudulent application to the Register	-

9. We previously discussed the option of providing a snapshot in time concerning removals from the register rather than the full list of statistics since the reporting of removals began in 2011. Following staff training, where it was highlighted that reporting statistics of less than 10 individuals could result in them being identified, we have decided to continue reporting the full list of removal statistics.
10. Since the reporting of statistics to Council began, 463 registrants have been removed from the Register. The data below sub-analyses the removal from the Register data into different categories including age and gender.

Removals from the Register (age)

11. Of those registrants removed from the Register, 72% (335 registrants) were below the age of 50.
12. The age range per reason for removal is set out in the table below.

Age range	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
20-29	73	51	19	1	2
30-39	137	69	48	3	17

Annex to 13

40-49	125	58	39	10	18
50-59	77	26	28	7	16
60-69	36	9	6	5	16
70+	15	6	3	2	4
Total	463	219	143	28	73

Removals from the Register (gender)

13. The total number of registrants removed from the Register since reporting of statistics to Council began in October 2011, indicates 56:44 split between male to female registrants removed from the Register.

Gender	Number of registrants	Removed for fee non-payment	Removed for CPD non-compliance	Removed under FtP proceedings	Removed under PII Rules or fraudulent application
Male	259	120	75	26	38
Female	204	100	68	2	34
Total	463	220	143	28	72

Reasons for resignations (01 April 2024 to 30 September 2024)

Total number of resignations	76
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of which, the reasons cited were

		Average length of registration with GOSc
Moving overseas	20	7 years
Career change	13	10 years
Retired	20	20 years
Other *	23	12 years

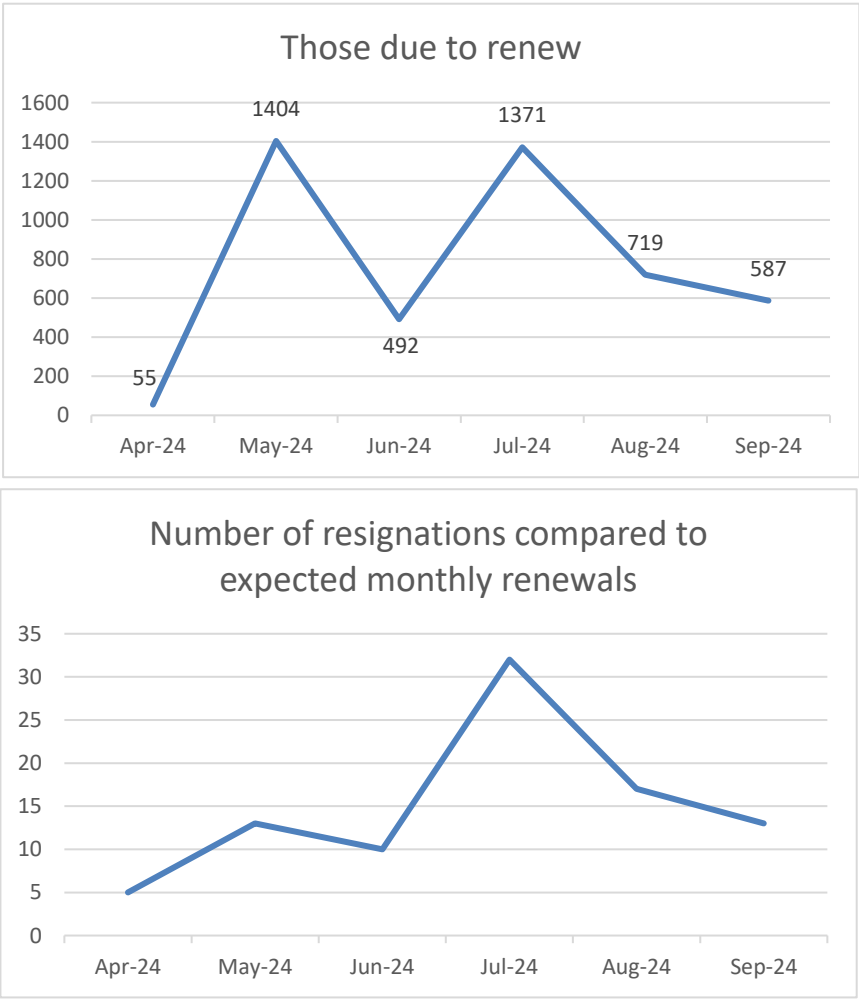
*Other includes the following reasons; Ill health/deceased, No longer practising, Cannot afford fee, Taking a sabbatical, Family/personal reasons, Does not like

GOSc/agree with policy and No reason provided. Due to persons being potentially identifiable if reporting less than 10, these have been consolidated.

14. The number of resignations is broadly consistent with the same period in the previous year (80 in September 2023) which reflects the nature of registration renewals that happen monthly rather than at a single point in time.

Resignations from the Register (by month)

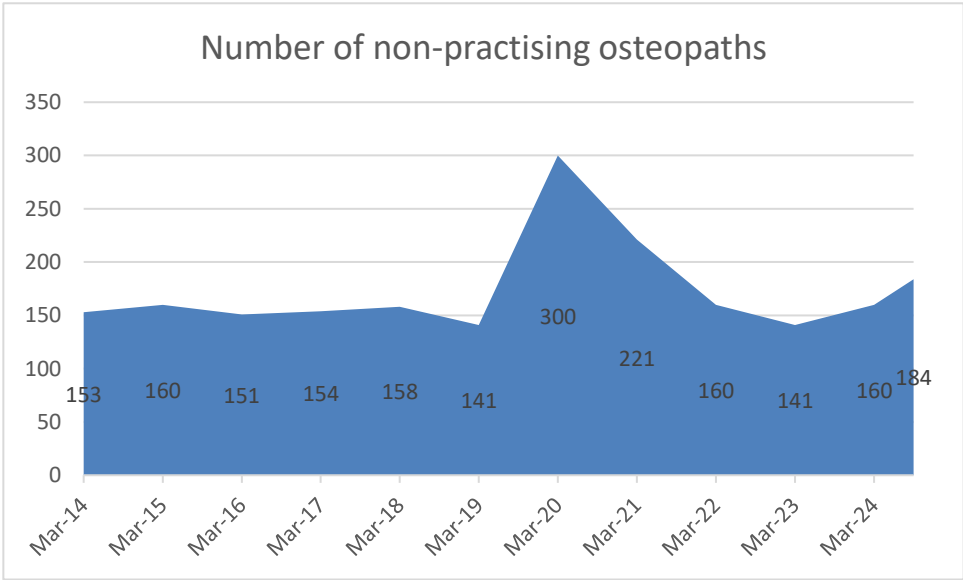
15. As the GOSc does not have one fixed date of renewal for all registrants, there are certain months in the year where more registrants will be due to renew their registration than others and we find this tends to correlate with the number of resignation requests received in those periods as well:



Non-practising registrants (as of 30 September 2024)

Total number of registrants who are listed as non-practising	184
--------------------------------------------------------------	-----

16. Based on the statistics reported to Council since October 2011, at any one-time GOsC has on average 154 registrants who are out of clinical contact with patients. The main reason for registrants to be listed as 'non-practising' is because of maternity leave.



Return to practice activity (01 April 2024 – 30 September 2024)

17. We offer a return to practice process to all applicants who have been away from UK practice for two years or more to support their transition back to practice. This process involves a self-assessment activity, which may then be followed by a meeting with two trained Return to Practice Reviewers.

Total number of applicants who went through the Return to Practice self-assessment process	10
--------------------------------------------------------------------------------------------	----

International Registration Assessment activity (01 April 2024 – 30 September 2024)

18. A total of ten registration assessments were completed in the reporting period.

Number of Non-UK Review of Qualifications	2
Number of Further Evidence of Practice forms	3
Number of Assessments of Clinical Performance	5

19. In the year 2023-24, we conducted 46 return to practice and international registration assessments (50 in 2022-23).

Scott Marcia
08/11/2024 12:08:27



Policy and Education Committee

**Minutes of the Policy and Education Committee held in public on Thursday
10 October 2024, at Osteopathy House, 176 Tower Bridge Road SE1 3LU
and Go-to-Meeting online video conference**

Unconfirmed

Chair: Professor Patricia McClure (Council, Lay)

Present: Gabrielle Anderson (Council Associate)
Dr Daniel Bailey (Council, Registrant)
Dr Marvelle Brown (Independent, Lay)
Bob Davies (Independent, Registrant)
Gill Edelman (Council, Lay)
Simeon London (Council, Registrant)
Professor Raymond Playford (Independent, Lay)
Dr Chris Stockport (Council, Lay)
Laura Turner (Council Associate)(Online)
Nick Woodhead (Independent, Registrant)

Observers with Speaking rights Santosh Jassal, Secretary, the Osteopathic Alliance (OA)(online)
Patrick Gautier, University College School of Osteopathy (UCO),
Health Sciences University (for COEI)

In attendance: Steven Bettles, Head of Policy and Education
Fiona Browne, Director, Education, Standards and Development
Jo Clift, Chair of Council (Chair of Council, Observer, online)
Lorna Coe, Governance Manager
Leeann Greer, Mott MacDonald (QA provider)
Liz Niman, Head of Communications, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance(online)
Will Shilton, Mott MacDonald (QA provider)
Paul Stern, Senior Policy Officer
Hannah Warwick, Mott MacDonald (QA provider)

Observer/s Jen Rimmer, Registrant (online)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to Council and Committee member,

Dr Chris Stockport, whose appointment as a member of Council commenced 2 September 2024.

- Lorna Coe, Governance Manager, who joined the staff team on 7 October 2024.
- Will Shilton, Project Manager, Mott MacDonald

2. Apologies were received from:

- Gabrielle Anderson, Council Associate
- Harry Barton, Chair, Audit Committee (Item 4)
- Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
- Dr Stacey Clift, Senior Policy Officer
- Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR)
- Banye Kanon, Senior Quality Assurance Officer
- Sharon Potter, Vice-Chancellor, University College School of Osteopathy: Health Sciences University (London Campus), Chair of COEI
- Matthew Redford, Chief Executive & Registrar

Item 2: Minutes and Matters arising

3. The minutes of the meeting, June 2024 were agreed subject to the following correction to read:

Item 8: London School of Osteopathy – Visitor Approval: Paragraph 24:

- a. In response to a comment on the composition of the Visitor team including only one osteopath, it was explained that there are no restrictions on the numbers and composition of the Visitor team. As there are a number of Visits taking place between October 2024 – March 2025, and the pool of Visitors is small, there is significant planning required to ensure availability and that there were no conflicts of interest.

Matters arising

4. The Committee was asked to note the formal decisions made and agreed electronically since the last meeting for shortened annual reports for:

- Marjon
- BCNO Group
- Swansea University

The visits would take place prior to the March 2025 Committee meeting, and the visit reports would be made to the June 2025 meeting. On this basis, it was agreed that shortened annual reports for these institutions would be a proportionate approach.

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Item 3: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

5. The Head of Policy and Education introduced the item which proposed a consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.
6. The key messages and following points were highlighted:
 - a. The CPD evaluation report to Committee in June 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
 - b. Consequently, the PDR template was modified to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
 - c. The CPD Guidance was also modified, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
 - d. Initial feedback was sought from osteopaths and key stakeholders on this approach during September 2024, and was generally very positive.
 - e. Further feedback was sought from the Committee and, subject to the Committee's feedback, a recommendation would be made to Council to proceed to a wider consultation on the suggested changes.
7. In discussion the following points were made and responded to:
 - a. Members liked the new template and guidance describing them as clear and comprehensive.
 - b. It was confirmed that regular CPD evaluation surveys do take place with opportunities to provide feedback about the scheme from the wider community. It was acknowledged that the methods for completing the surveys are limited but this is being reviewed.
 - c. In response to a question on whether the review included osteopaths who work in isolation and whether this had been captured in the analysis, it was explained that elements of the scheme did focus on the community aspect of practice but it was recognised that this had not been of benefit to all registrants. The questions in the survey were about engagement, communication, learning with others and the benefits, whether undertaken

online or in-person. The guidance emphasises the benefits of communication and interacting with other professionals. The evaluation had not on this occasion incorporated the working environment and osteopaths who work in isolation as sole practitioners.

- d. It was highlighted that the most recent iO census suggested that 1% of registrants work in isolation and the average size of a practice comprises eight practitioners. In comparison a survey conducted by the GOsC in 2011 indicated over half of respondents were sole practitioners. This change demonstrated how the working environment is changing but there is still a need to ensure that evaluations include an analysis of osteopaths who work in isolation.
- e. The question of individuals using the same peer reviewer was raised but this was not seen as an issue and could be an advantage. Members were informed that the iO has a peer matching website for those who might have difficulty in finding a reviewer.
- f. It was suggested there should be a clear statement setting the limit on the number of times a peer reviewer works an osteopath during the CPD cycle. It was explained that the purpose of the CPD scheme and peer reviewing is to promote contact and networks for osteopaths. At this time there is no intent to change the guidance in this respect.
- g. Considering that most registrants would be completing CPD by way of the GOsC website (o-zone) it was asked if, with the upgrade to the website, there would be a way to integrate and pre-populate the survey form to draw out information. It was explained that at this point it would be difficult to comment on what might be viable for registrants using the website but it was agreed the approach suggested could be beneficial as well as potentially enabling access to alternative online formats.
- h. In response to the question whether the 'Communication and Consent' jigsaw piece on the diagram would now be changing to be mandatory activities, it was explained that CPD Standard 3 is, in fact, that CPD activities benefit patients and, communication and consent is a mandatory part of the scheme that falls under this standard. The guidance allows for flexibility to demonstrate and complete this component and would be made clearer.
- i. It was suggested, with the acknowledged dissatisfaction of some registrants as highlighted in the Registrant survey, that the language of the guidance / template needed to be in plain English and that care should be taken to avoid miscommunication and/or misinterpretation and to ensure that what was required could be clearly understood by all registrants.

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- j. In response to a question about the actions taken if a registrant has not completed any of the categories listed at section 19 of the PDR form: Communications & Consent; Boundaries; Equality, Diversity & Inclusion, it was explained that the scheme is not an assessment and is flexible and focussed on engaging with the scheme and development. In most cases where it might appear that a requirement has not been met it will transpire during peer discussion review that this is not the case. Also if it is found that a registrant who, for a number of reasons, has not met the requirements of the scheme within the timeframe, there will be opportunities to rectify with the peer within their three-year cycle. It was highlighted that if at the end of the CPD cycle requirements had not been met, this would not automatically result in removal from the Register and a conversation would take place and support provided. It was explained that there is a process for CPD removal to take place, it does not happen automatically. The CPD Rules enabled the registrar to extend or vary CPD requirements upon request of the registrant.
- k. It was suggested that at section 9 of the PDR form, consideration be given to additional context in which osteopaths work including:
- Osteopathic group practice (not multi-disciplinary)
 - Osteopaths in private practice receiving NHS patients.

It was agreed that the section could be modified but it was not integral to the scheme as the context in which a registrant practised could be raised during the peer review discussion.

- l. The OA commented that as a CPD provider, they had not been invited to participate in the initial focus group, therefore the comments were not truly representative in particular boundaries and EDI.
- m. The OA considered that the extra requirements might be unsettling for registrants and there might be confusion about EDI requirements. The view was that EDI was not a separate category but already an integral/fundamental part of patient care. It was suggested, that engaging with the EDIB guidance that GOsC publishes and with boundaries resources that GOsC provides, would be a good starting point to meeting these proposed extra requirements. The purpose of both of these requirements was to help osteopaths to avoid future concerns and maintain high quality practice. It was acknowledged that, if agreed by Council following consultation, the requirement would become mandatory after the start of the osteopath's next CPD cycle. However, it was not unreasonable to strongly encourage CPD in these areas, if they had already started their next three-year cycle, given the purpose to help osteopaths to avoid future concerns and maintain high quality practice.

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- n. It was confirmed that what had been presented to the Committee was preliminary drafting and that invitations to participate in further consultation would be extended to all stakeholders.
8. In summary the Chair noted the very useful feedback with a number of small modifications which had been suggested by the Committee.

Noted: The Committee considered and provided feedback on the suggested changes to the Peer Discussion Review template and CPD Guidance

Agreed: The Committee agreed to recommend that Council agree to proceed to a consultation on the updated CPD Guidance and PDR Template.

Item 4: Guidance about Professional Behaviours and Student Fitness to Practise

9. The Head of Policy and Education introduced the item concerning the recommendation of Guidance about Professional Behaviours and Student Fitness to Practise in osteopathic education for publication.
10. The key messages and following points were highlighted:
- a. The paper reported on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers.'
 - b. The Executive summarised the issues considered and the responses to these in the updated draft guidance.
 - c. The Equality Impact Assessment was also updated.
 - d. The Committee was asked to agree to recommend the updated guidance to Council for publication.
11. In discussion the following points were made and responded to:
- a. Members welcomed the guidance provided for the OEIs and recognition of their own fitness to practise (FtP) procedures and also the guidance to students providing reassurance that their future careers need not be impacted by sanctions imposed. The guidance demonstrated fairness and inclusivity of the GOsC.
 - b. Members requested clarification of the process if/when a student disputes the outcome of a student FtP (sftp) decision and whether there are many concerns raised about the process. Members were informed that the OEI annual reporting process includes reporting to GOsC on individual sftp cases where findings had been made and sanctions imposed. There were very few of these cases (one or two a year). To date there had been no concerns

raised where a sftp decision on its own had been in dispute. It was pointed out that a decision in dispute would be dealt with through the OEI appeal processes.

- c. In response to a question about how information about student ftp findings was used by GOsC, it was explained that the information is logged, and would be reviewed at the point of registration to check that a registrant is of good character as part of the Registrar's decision to admit to the Register. This information is made available to OEIs but the suggestion that students should be made aware of the process on registration was acknowledged.
- d. It was confirmed that as part of the registration process, the sftp findings and sanctions were only used to inform Registrar decisions about good character. They were not used for any other purpose. However, the Committee sought further assurances that the data would no longer be available and/or deleted following the decision to register a student.
- e. It was suggested that the Professional Behaviour and Student Fitness to Practise guidance should be made available to prospective students in advance of taking up a place with an osteopathic education institution.
- f. It was questioned whether examples of student behaviour that might give rise to a concern should be expanded to reference all protected characteristics.
- g. The Chair thanked the Committee and stakeholders for their feedback noting the suggestions for amendments.
- h. The Committee also commented on the presentation of the paper; the red text delineating amendments to the original document was also noted and had made reviewing the amendments much easier. It was suggested that the approach would continue with other reports, in particular RQ reviews.

Agreed: The Committee agreed to recommend the Guidance about Professional Behaviours and Student Fitness to Practise to Council for publication

Noted: The Committee noted the updated Equality Impact Assessment.

Item 5: Registrant and Stakeholder Perceptions Survey: next steps

- 12. The Head of Communications, Engagement & Insight introduced the item concerning the publication of the Registrant and Stakeholders Survey and consideration of the next steps in relation to the report's recommendations.

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13. The key messages and following points were highlighted:

- a. The GOsC's Registrant and Perceptions Survey 2024 undertaken by DJS has been published.
- b. The topline findings include: 64% of respondents have a negative perception of GOsC. The most common words associated with GOsC are 'necessary' and 'fear.' There were patchy levels of understanding and some clear misconceptions regarding the role of the GOsC; the most common misconception is that GOsC lobbies the government on behalf of osteopaths and this misunderstanding is significant as analysis shows that respondents with a better understanding of GOsC's core functions have significantly more positive perceptions.
- c. Actions to address the recommendations in the report have started with actions being implemented from launch. There is an action plan in place to make progress on the recommendations from the report in the short, medium and long term.
- d. The Committee was asked to consider and reflect on the recommendations from the research and the next steps to inform the further development of the GOsC's action plan.

14. In discussion the following points were made and responded to:

- a. It was confirmed that the comments made by members at the September 2024 Council Strategy Day had been taken into account.
- b. Members were advised that the Executive are working with the Institute of Osteopathy considering ways of explaining and clarifying the roles of the organisations including if a statement is the correct approach.
- c. Council Member, Simeon London, informed the meeting that he had attended the Scotland Roadshow event which took place in Stirling on 20 September 2024 which included a successful activity about the responsibilities of the iO and the GOsC. It was also highlighted that in discussion at Council, the steps required to be taken in the short-term are being addressed in order to allay some of the negative perceptions highlighted in the survey.
- d. Members were informed that although the survey demonstrated that the perceptions held by osteopaths were negative, those held by the public in terms of osteopathy being a regulated profession were positive (as shown in the YouGov Patient Satisfaction survey). It was unknown whether public perceptions were the same for other regulators.
- e. Members expressed concern at the outcome of the survey and that the specific areas on the functions of the GOsC must be addressed.

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- f. It was noted that members who were involved with a number of osteopathic forums and online platforms also experienced negativity towards the GOsC. It was suggested that the January 2025 PEC Development Day might focus on the ambassadorial role of Committee (and Council) members.
- g. It was commented that adoption of negative beliefs about the regulator begin at student level and this should be targeted in order to educate and build trust at an early stage and also to make this a part of the educator's learning. It was also suggested that to mitigate the negative perceptions and subsequent impact at the earliest stages of student education; that GOPRE, the annual reporting process and RQ requirements could include elements to demonstrate how an understanding of the GOsC and its role are being introduced as a definitive requirement.
- h. It was agreed that the feedback from the Committee would be considered by Council.

15. In summary the Chair:

- Noted the importance of the educators in influencing the perceptions of students.
- The feedback had been very useful and in line with Council's considerations.

Noted: The Committee considered the content of the report and provided feedback on next steps

The following agenda items 6 – 8 were introduced by Paul Stern, Senior Policy Officer.

Item 6: Artificial intelligence and implications for osteopathic regulation

16. The purpose of the item was to update the Committee on the engagement undertaken on Artificial Intelligence (AI) since the June 2024 PEC meeting.

17. The key messages and following points were highlighted:

- a. The purpose of the paper was to update the Committee on work that has been undertaken to develop further understanding of issues in AI since the June meeting.
- b. There has been engagement with other regulators, with colleagues across different functions in GOsC and with Osteopathic Education Institutions (OEIs).
- c. Discussions with other regulators has helped to understand approaches and thinking about benefits, risks and risk mitigations and how the regulators need to work together to ensure a collaborative, consistent approach to regulation in this area.

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- d. It is planned to continue to build knowledge in this space through continuing to engage with regulators; explore in more detail OEIs' approaches to the use of AI in osteopathic education; and to seek patients' views on the use of AI in osteopathy.

18. In discussion the following points were made and responded to:

- a. It was agreed that the benefits of AI outweighed the envisaged/perceived risks for education and osteopaths in practice. The work undertaken by the Executive to date was welcomed.
- b. Concerns about potential disparity between OEIs in how students are supported to use AI and the regulation of its use in training due to the diversity of the institutions
- c. It was asked at what point would the GOsC need to engage external expertise to inform the GOsC's thinking in this area given limited expertise of the Executive and members in this area.
- d. It was advised that a sense of proportionality must be maintained when considering the implementation of AI and related technologies and administrative capacity.
- e. It was suggested a statement was needed to be clear that educators and practitioners would be responsible for the output of AI systems in addition to the need to provide basic education on bias. Risks discussed were:
 - the widening gap between the OEIs and their ability to maintain their administrative and regulatory responsibilities;
 - the widening skills gap between students in their use of AI;
 - the use of AI in the clinical setting;
 - the impact of AI on evidence-based considerations and standards.
- f. Members emphasised the need for consideration on the impact of AI and how it might influence and inform better regulation. The technology could also be used in-house for improving the efficiency of processes as well as having possibilities in the fitness to practise process and other regulatory settings.
- g. A point was also made that the standards are clear about decision making responsibility but with advancements in AI, this may need to be made clearer in future versions of the standards.
- h. It was suggested that the opinions of osteopathic practitioners should also be considered, as well as educators, in the move towards approaches and developments in regulation around the adoption of new technologies and AI.

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- i. In considering AI and regulation it was asked what questions does the Regulator need to answer in order to address the issues? This would help to clarify GOSC's responsibility in this area. It was agreed that the questions needed to be clarified and this would be more clearly put in the next paper, but that the starting point is patient safety.
- j. It was also acknowledged that there are economic drivers for the uptake of AI and the risk that this could present to patients and GOSC's role. Consideration needs to be given to how OEIs can be supported to maintain academic integrity and ensuring that students entering into practice are safe practitioners and have the skills and competencies that will be required by osteopaths in the use of new technologies
- k. It was suggested that in looking to the future ensuring practitioners understood AI and its implications should be given consideration. It was added that all within the profession should be working from the same professional baseline to avoid inequalities, understand the risks and benefits to education, students and the wider regulatory framework.
- l. The feedback and questions raised in discussion were welcomed by the Executive and would be addressed in the next report to the Committee which would include consideration of the standards.

Noted: The Committee considered stakeholder views on the use of AI in osteopathic practice and implications for the GOSC approach to regulation.

Noted: The Committee noted the next steps.

Item 7: Evaluation of the patient involvement forum

- 19. The item considered the work of the GOSC's patient involvement forum and the next steps to improve engagement with patients.
- 20. The key issues and following points were highlighted:
 - a. Improvements have been sought to the way engagement is conducted with patients and have built up the patient involvement forum over the past four years, using it to ensure that patient input is central to informing the work undertaken as regulator.
 - b. An evaluation was undertaken on the work of the GOSC's patient involvement forum considering the experiences of GOSC staff and members of the forum.
 - c. The forum has had a significant positive impact on the work of GOSC and forum members are positive about their experience of being a member of the forum, although areas have also been identified where improvements can be made.

A number of actions have been identified to address some of the feedback received. The information would also be used to reflect on the strategic development of the patient voice.

21. In discussion the following points were made and responded to:

- a. It was noted from the survey that 10% of the forum were public members and not patients and this was viewed as a positive position. It was asked if there were plans to broaden the base and include more public members. Members were advised that not all members of the forum were patients of osteopathy and might be patients of other health professions. It was agreed the membership could be widened to include more non-patient members.
- b. It was suggested that, as the forum members may not be aware of their impact, that a feedback loop might be developed to ensure transparency of the impact and outcome of engagement for members of the forum.
- c. In response to the question on whether forum members have been asked about issues they would like the GOsC to explore, it was explained that the Executive is looking to arrange a day with the group to consider questions or issues they might wish to raise and put forward. It was noted the feedback the group had provided into issues concerning EDI.
- d. The growth of the group was acknowledged, from 3 to 35 members. It was explained that following the evaluation, questions around how the forum was managed and monitored would be considered. Members chose to be involved in a number of ways including on-line and in-person meetings and by completing surveys.

Noted: The Committee considered and provided feedback on the Evaluation of the Patient Involvement Forum Report attached at [Annex A](#).

Agreed: The Committee agreed to publish the Evaluation of the Patient Involvement Forum Report.

Agreed: The Committee agreed the approach to the next steps identified in paragraphs 24 to 27 of the report.

Item 8: Recognition of Professional Qualifications

22. The purpose of the item was to update the Committee on the work being done to explore improvements to the portability of UK qualifications within the EU and internationally.

23. The key messages and following points were highlighted:

- a. In Autumn 2023, the Council of Osteopathic Education Institutions (COEI) raised concerns with the GOsC regarding the impact of Brexit on the number of EU students coming to study osteopathy in the UK. In particular they raised

concerns about the impact of Brexit on the portability of UK qualifications for European students when returning to their home country.

- b. In March 2024, the PEC was presented with a paper outlining the post Brexit commitments between the EU/EEA and the UK on the recognition of professional qualifications. The paper noted that whilst some agreements have been put in place, they do not put back the system previously in place when a member of the EU. The paper set out the proposal to meet with EU regulators/professional bodies to try to improve the GOsC's understanding of their treatment of UK qualifications and explore issues around portability.
- c. In May 2024, the issue of recognition of professional qualifications and the approach to engaging internationally was presented to Council. It was agreed that given broader issues around workforce in the sector, there was value in re-engaging with international counterparts to raise awareness of the GOsC standards and to explore matters related to the recognition of each other's qualifications.
- d. As part of the move to strengthening links with overseas partners, the GOsC Chair was attending the Osteopathy Europe Conference in Luxembourg and the Chief Executive would be attending the Osteopathy International Alliance Conference in Sydney, Australia.

24. The following points were made and responded to:

- a. It was noted that there has been engagement with France and Italy. It was suggested that contact might be made with European countries where osteopathy is regulated. It was explained that Italy is just setting its own regulatory framework and the aim is to understand the approach they will take to UK qualifications in that development. The Executive are waiting for a response from France. Other countries will be approached in due course.
- b. In response to the suggestion that mutual recognition with Italy might be a way to achieve wider European recognition, it was explained that the UK did not have mutual recognition while a member of the European Union. Therefore each qualification was recognised on an individual basis, where if the qualification was the same, the qualification should be recognised. Where there was a substantial difference then a period of adaption or an aptitude test would need to be undertaken. Each country within the Union has its own regulatory framework, therefore access to the wider EU through mutual recognition is not viable.
- c. In response to a question whether there was any value in considering a combined approach to EU recognition with other UK health regulators, it was explained that this was unlikely and that the other regulators have different approaches to EU access with mutual recognition remaining established for some health professions.

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- d. It was noted that mutual recognition was a 'nice to have' but there are issues around the movement of workforce and this pushes the boundaries of the GOsC's scope. Could this be an initiative taken up by another osteopathic stakeholder supported by the information GOsC is gathering. The points were noted but given the recent concerns about workforce and sustainability, Council advocated the re-establishing international links as sustainability issues impact on our remit as an organisation. There remain questions regarding mutual recognition, sustainability and ethics which are yet to be considered, understood and addressed.

Noted: The Committee noted the progress on our work on recognition of professional qualifications.

Item 9: The British College of Naturopathy and Osteopathy (BCNO) – RQ Specification update for new course: Visitor Approval

25. Professor Ray Playford declared an interest and left the meeting for the duration of the discussion.
26. The Head of Policy and Education introduced the item which sought the Committee's agreement for the updated Review Specification and appointment of the visitors for the BCNO Group's Recognised Qualification Review.
27. The key messages and following points were highlighted:
 - a. The paper asked the Committee to approve the updated review specification for the next BCNO RQ visit to take into account year-ones being taught again at Maidstone.
 - b. The paper also sought the approval of the visitors.
 - c. The visit is scheduled to take place on Tuesday 18 February – Thursday 20 February 2025.
28. The Committee had no questions or comments and agreed the recommendations as presented.

Agreed: The Committee agreed the updated review specification.

Agreed: The Committee agreed the appointment of Brian McKenna, Phil Stephenson and Stephen Hartshorn for review of:

- **Masters in Osteopathy (M.Ost)**
- **BSc (Hons) Osteopathy (modified attendance)**
- **BSc (Hons) Osteopathic Medicine**
- **Master of Osteopathy and BSc (Hons) Osteopathy, (validated by Buckinghamshire New University (BNU) awarded by the ESO)**

- **Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed), (validated by University of Plymouth (UoP) awarded by BCOM)**

Item 10: Update from Observers

29. There were no updates presented from the observers with speaking rights.

Noted: The Committee noted there were no updates of the Observers with Speaking Rights.

Item 11: Any other business

30. There was no other business.

Date of the next meeting:

- **Policy and Education Committee Training / Development Day Thursday 23 January 2025**
- **Policy and Education Committee Meeting, 10.00 Thursday, 6 March 2025**

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