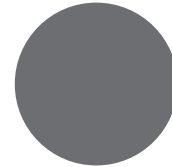
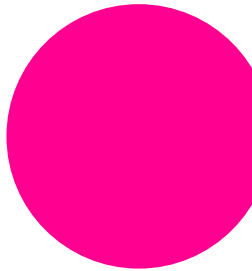
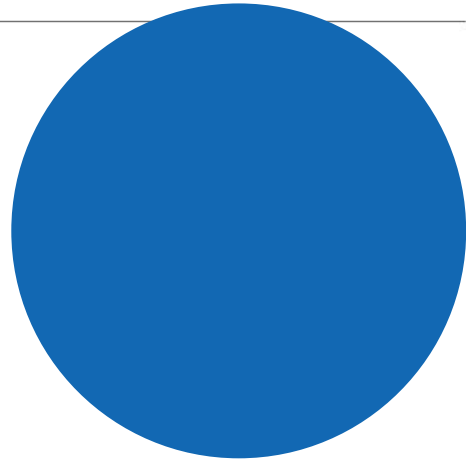




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General
Osteopathic
Council



Perceptions Research: final report

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1 Executive Summary

Introduction

The General Osteopathic Council ('the GOsC') commissioned DJS Research, an independent market research consultancy, to conduct a study to understand perceptions of the GOsC among osteopaths, educators, students, and key partners. The primary goals were to: establish a benchmark for current perceptions; assess the impact of the GOsC's communication and engagement activities; identify areas for improvement.

The research was carried out during 2024 in two phases:

1. **Online (quantitative) survey:** A total of 629 responses were collected - from registered osteopaths, educators, and students - through an online survey.
2. **Qualitative interviews:** In-depth interviews with 24 participants, including osteopaths, educators, and students; they were recruited from survey respondents, covering a cross section of participants in terms of (demographic) profile and positive vs. negative perceptions of the GOsC.
 - o Qualitative focus groups and in-depth interviews were also conducted with key partner organisations and educators.

It should be noted that perceptions refer to the way individuals or groups interpret and understand information or situations based on their experiences, beliefs, and biases. These perceptions are subjective and can significantly influence attitudes and behaviours, but they may not always align with objective reality. Any views and opinions expressed in this report are those of respondents and participants engaging in the research project conducted by DJS Research and are not necessarily shared by the GOsC.

Headline findings

Understanding, perceptions and misconceptions

It is clear that the extent to which osteopaths understand the role of the GOsC as their regulator is linked with the nature of perceptions held towards the GOsC. Those with a clearer understanding of the GOsC's remit tend to be more positive than those who have a lower level of understanding.

The majority of respondents to the survey have negative perceptions of the GOsC (64%), around a quarter (24%) are neutral, and 11% are positive. Respondents who have positive perceptions are significantly more likely to select correctly each of the GOsC's core functions, than those who hold negative perceptions. This suggests a link between a lack of understanding of the GOsC's role and negative views.

The research highlights common misconceptions held by osteopaths, educators and students towards the GOsC and the ways in which this affects their views of the GOsC. The most common misconception is that the GOsC 'lobbies the government on behalf of osteopaths/the osteopathic profession', followed by 'advocating/educating the public on the benefits of osteopathy'. In both the survey and qualitative interviews, it was clear that a significant number of osteopaths feel that the GOsC should be doing more to advocate and lobby for the profession, which is not within the organisation's remit.

Those with negative perceptions of the GOsC are significantly more likely to have been influenced by 'the way my colleagues/friends have been treated by the GOsC' and 'comments or discussions on social media, including closed forums', but significantly less likely to be



influenced by the GOsC activities, resources and partnerships (CPD scheme, Ozone/websites, OPS, direct contact, publications, treatment by the GOsC, the iO, NCOR, and OA), which were more influential on those with a positive view of the organisation. In summary, while positive views are more likely to be influenced by the GOsC's role and activity, negative views tend to come from 'second-hand' experiences via colleagues and social media.

There are also several findings that indicate a general lack of awareness of some of the work the GOsC is doing to support and engage with the profession which may contribute to negative perceptions of the GOsC. Some osteopaths and students felt that the GOsC should be providing more opportunities to engage with them directly. Specific suggestions include the GOsC attending regional osteopath networking meetings or roadshows and visiting universities to engage with students. These are both examples of activities that have been prioritised by the GOsC over the past two years following the pandemic; however, such activities are clearly not cutting through across the osteopath community.

When asked where the GOsC can improve, some of the most common answers given also highlight how the regulator's role is sometimes misunderstood. For example, respondents suggested: protect osteopaths (16%), promotion of the profession (14%) and becoming an advocate for practitioners (13%).

Trust, fear and tone of voice

Respondents were asked whether they currently trust the GOsC to perform its functions as a regulator. A third of respondents (33%) say they have some trust in the GOsC or trust the GOsC completely; a fifth (19%) neither trust nor distrust the GOsC and almost half (46%) don't trust the GOsC at all or have little trust in the GOsC. Strengthening trust is a key priority within the GOsC's new Strategy through to 2030.

The most common reasons for a lack of trust in the GOsC are how colleagues have been treated by the GOsC (25%) or not trusting the GOsC to protect them in case of patient allegations (11%).

While the most common words associated with the GOsC are necessary (47%) and fear (38%), almost three in ten (28%) associate the GOsC with the word 'aggressive'. Some interview participants felt that communications from the GOsC are overly aggressive, particularly in cases where a genuine mistake had been made due to extenuating circumstances, and this can impact on trust; examples include late registration or missing a renewal of insurance.

The majority feel that there is no support for osteopaths going through the fitness to practise process, with very few participants aware of the Independent Support Service which is offered to all osteopaths, witnesses and patients involved in a fitness to practise investigation.

The length of time that fitness to practise cases take was raised as a key concern due to the subsequent impact this has on the osteopath who is being investigated. These impacts are both financial (osteopaths subject to an interim suspension order are not allowed to practise until proceedings have finished) and emotional (the mental health impact of their livelihood being threatened).

Most of the osteopaths interviewed did not have first-hand experience of the fitness to practise process but almost all knew someone who had been through the process. Many of the perceptions of fitness to practise are therefore based on second-hand experiences. Negative comments and stories on social media platforms (particularly relating to FTP) are also often cited as influencing perceptions.



A challenge for the GOsC is that many osteopaths feel that fear is an inevitable sentiment where regulators like the GOsC are concerned, and that that fear can be reduced but not removed entirely. If fear is removed completely, the GOsC has no role to play and cannot effectively protect the public (e.g. if they cannot/do not remove osteopaths from the Register).

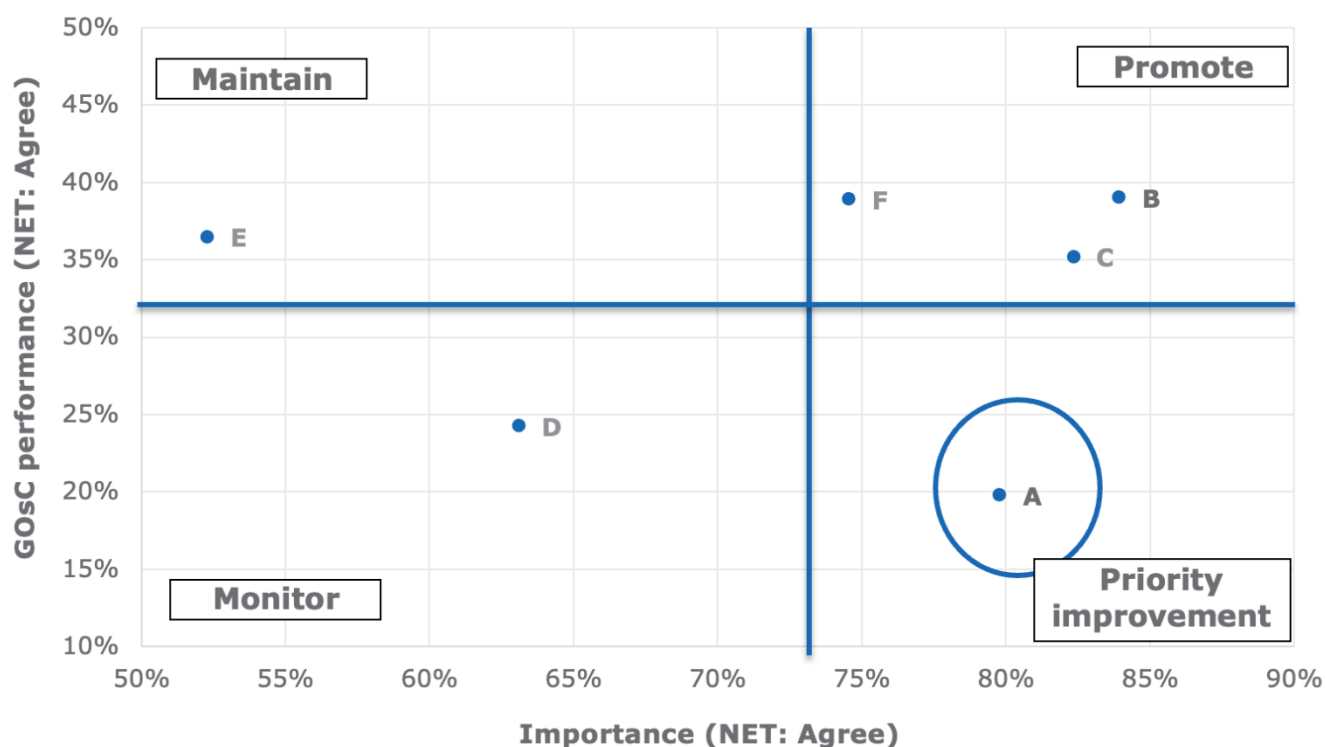
In this context, it is worth making the point that the most common answer to the question of what the GOsC does particularly well was regulation of practice; qualitative comments suggest that osteopaths feel that the GOsC does fulfil this role effectively (primarily from the perspective of protecting the public) and partner organisations also tend to hold this view. The main issue for the profession is that in protecting the public it is felt that the GOsC can, at times, be a little too aggressive and not supportive enough towards osteopaths, who may be innocent of any wrongdoing.

Communication and listening

The GOsC was keen to obtain views specifically on its communications and engagement strategy. Respondents to the online survey were asked the extent to which they agree to a list of statements relating to communications and engagement in terms of importance and performance.

By analysing the relative importance of each attribute against how well the GOsC performs we can identify the areas where the GOsC could focus on improving (see matrix below).

Importance vs performance on communications and engagement



- A**=focuses on listening to the views and needs of osteopaths and students
- B**=focuses on providing clear and relevant information to the profession
- C**=focuses on providing information to the profession in a timely manner
- D**=focuses on recognising diversity of osteopaths across the profession in its communications
- E**=when communicating, only focus on communicating key information
- F**=focuses on listening to views and needs of patients



Respondents think it is most important that the GOsC listens to the views of osteopaths and students (80% NET agree), provides clear and relevant information to the profession (84% NET agree) and provides information in a timely manner (82% NET agree). These align with the aims previously set out in the GOsC Communications and Engagement Strategy, now reflected within the Strategy through to 2030.

Based on these findings, an increased focus on listening to the views and needs of osteopaths and students should be a key focus for the GOsC.

Conclusions and recommendations

The link between understanding and perceptions: The majority of survey respondents have negative perceptions of the GOsC. There is a clear link between the level of understanding osteopaths have about the GOsC's role as a regulator and their perceptions of the organization. Those with a clearer understanding of the GOsC's remit tend to hold more positive views, while those with less understanding are more likely to be negative.

A need to address misconceptions: Common misconceptions, such as the belief that the GOsC should lobby the government or advocate for the osteopathic profession, are widespread. These misconceptions can significantly influence perceptions of the GOsC.

- **Recommendation:** the GOsC should consider developing communication and education campaigns to improve understanding of the GOsC's core functions, addressing common misconceptions directly. This should include clear, accessible explanations of what the GOsC does and does not do.

Lack of awareness of the GOsC's activities: There is a general lack of awareness about the GOsC's recent efforts to support and engage with the profession. Many osteopaths and students are unaware of initiatives like attending regional meetings and university visits.

- **Recommendation:** Continue and expand efforts to engage directly with osteopaths and students, such as attending regional meetings and visiting universities. Ensure these activities are well-publicised to increase awareness.

Trust and communication issues: Trust in the GOsC is relatively low, with almost half of respondents expressing little or no trust. A lack of trust is often fuelled by how colleagues have been treated by the GOsC and fears of not being supported or treated fairly in FTP cases.

- **Recommendation:** Work to rebuild trust by being transparent about decision-making processes and the rationale behind regulatory actions. Highlight positive outcomes and case studies where possible.

Perceptions of fear and aggression: the GOsC is often perceived as aggressive in its communications, for example in instances of late registration or missing a renewal of insurance. This perception is exacerbated by social media discussions and second-hand experiences, which shape the views of many more negative osteopaths.

Most of the osteopaths interviewed did not have first-hand experience of the fitness to practise process but almost all knew someone who had been through the process, and many had heard about the fear and stress involved. It is highlighted that the FTP process can be a very stressful time for any practitioner and, whilst it is recognised that communications during the process need to be neutral, it is felt that additional communications to clearly explain the process, what to expect and likely timelines would be useful from the outset.



- **Recommendation:** Review and adjust the tone of communications (e.g. insurance, registration, fitness to practise). Specifically in relation to Registration cases, to take into account cases which could involve genuine mistakes or extenuating circumstances where appropriate. In addition, the GOsC should look to provide more information and clarity on process and timelines for the FTP process which can be a very stressful time for osteopaths.
- **Recommendation:** Increase awareness of the Independent Support Service and other resources available to osteopaths undergoing the FTP process. Ensuring that osteopaths know about and can easily access these services may mitigate some of the fear associated with FTP.

Fear as an inherent challenge: Fear of regulators like the GOsC is seen as inevitable by many osteopaths (it is also something we have seen in research for other regulators). While fear can be reduced, it should be recognised that it is unlikely to be eliminated entirely, as the GOsC's role in protecting the public necessarily involves actions that can be perceived as threatening by practitioners.

A more balanced approach to protecting the public: Despite these challenges, the GOsC is generally seen as effective in its primary role of regulating practice (from the perspective of protecting the public). Many osteopaths and partner organizations recognize that the GOsC fulfils this primary duty, although there is concern that the approach can sometimes be overly aggressive and insufficiently supportive from the perspective of the osteopath. Partner organisations state that GOsC is forward-looking, excelling at the FTP process, and that GOsC have tried to actively demystify the process of FTP.

- **Recommendation:** Explain more clearly how decisions to remove osteopaths support the reputation of the osteopathic profession; consider providing additional resources to help osteopaths undergoing investigation to understand the process, where they are and any next steps.



2 Overview of key findings

Understanding of the GOsC's role

Respondents were asked to indicate what they consider the functions of the GOsC to be from a list of ten items, five of which were the correct core functions of the GOsC. Responses suggest that understanding of the organisation's role is patchy.

A majority of respondents correctly identified the GOsC's core functions, such as registering qualified professionals, ensuring their continuing fitness to practice, and protecting the osteopathic title from misuse. However, setting standards for osteopathic education and training and promoting high standards of practice and conduct were less well-known. Overall, 60% of respondents correctly identified all five core functions of the GOsC.

There are clearly some misconceptions regarding the role of the GOsC; the most common misconception is that the GOsC lobbies the government on behalf of osteopaths (59%), followed by advocating for public education on osteopathy (50%). From the list of ten items, only 12% of respondents correctly selected all five correct functions without selecting any incorrect functions. This suggests that whilst most osteopaths are clear on what functions are part of the GOsC's role, they are not clear on some of the things that the GOsC doesn't (or indeed can't) do, such as advocating for the profession. This is supported by qualitative findings where more advocacy for the profession was a frequent suggestion for improvement.

These patchy levels of understanding have important implications, because analysis shows that respondents with a better understanding of the GOsC's core functions have significantly more positive perceptions of the organization.

Overall perceptions of the GOsC

Overall, 64% of respondents have a negative perception of the GOsC, around a quarter (24%) are neutral and just over a tenth (11%) are positive.

Perceptions have been shaped primarily by the way colleagues have been treated (61%), the CPD Scheme (54%) and direct contact with the GOsC staff (43%).

Perceptions of those who have a negative view of the GOsC are significantly more likely to be based on the way other practitioners have been treated by the GOsC and by discussions on social media, as opposed to first-hand experience. Conversely, those who have a positive view of the GOsC are more likely to base their views on first hand dealings or communication with the organisation.

Qualitative interviews underline the importance of the tone of communications which the GOsC produces. As receiving communications from the GOsC is often the only contact respondents have, what can be seen as a heavy-handed tone utilised by the GOsC perpetuates negative associations with the organisation, such as 'fear' and 'aggression'.

Student perceptions of the GOsC are influenced by those of their educators, some of which have a negative perception of the GOsC and who appear to actively instil feelings of fear amongst students. This leads to perceptions being passed from one generation to the next. Despite this, those registered for under two years remain significantly less likely to have negative perceptions of the GOsC than those who have been registered for longer.



When asked where the GOsC could improve, some of the most common answers given highlight how the GOsC's role is misunderstood by many within the profession. For example, 16% state that the GOsC should protect osteopaths, 14% believe the GOsC should promote the profession, and 13% think that the GOsC should become advocates for practitioners.

Fees of the GOsC are mentioned throughout the qualitative interviews and in the online survey, with some participants feeling that the GOsC should reduce their fees, manage their finances better, or provide more information to justify the costs.

Stakeholders in partner organisations generally praise the GOsC as an effective regulator with an excellent fitness to practise (FTP) process. Some stakeholders believe that the GOsC is going above and beyond to engage and develop the profession, while others think that the GOsC's approach to regulation could be more flexible, with a more balanced approach to protecting patients and upkeeping a high standard of practice.

Issues of fear and trust

The most common words associated with the GOsC are 'necessary' and 'fear'. This sums up the dichotomy often associated with perceptions of a regulator, and a general feeling that they are a 'necessary evil'.

Around a one-third of respondents say they have some trust in the GOsC or trust them completely; one in one-fifth neither trust nor distrust them and almost half don't trust them at all or have little trust in them.

The FTP process appears to be a significant driver of fear and distrust. The FTP process appears to be influential in shaping (mostly negative) perceptions – although again it is important to emphasise that these perceptions are more often based on word-of-mouth and social media posts as opposed to first-hand experience.

Most participants felt the FTP process took too long and that the communication was insufficient and heavy handed. There was also a general lack of awareness about the support services available to osteopaths undergoing the FTP process.

Fear is also related to the fact that the GOsC can remove osteopaths from the Register and therefore take away their livelihood. For some, this fear has been exacerbated by complaints made against osteopaths being shared by peers/colleagues or on social media. Some respondents feel that the GOsC are 'out to get them' or 'big brother', with some students being told by educators to be wary of the GOsC.

Qualitative comments suggest that fear is an inevitable sentiment where regulators like the GOsC are concerned, and that that fear can be reduced but not removed entirely. Some believe that an element of fear is unavoidable and that some fear will always exist - if fear is removed completely, the GOsC has no role to play (e.g. if they cannot/do not remove osteopaths from the Register).

The tone of some of the GOsC's communications appears to exacerbate feelings of fear. Osteopaths report feeling that communications can be heavy-handed, overly aggressive and lacking empathy.



Engaging and developing the profession

The GOsC is perceived as performing worse in developing the profession compared to protecting the public and patients. Just under a third thought the GOsC perform 'well' (quite or very) in relation to supporting development of osteopathic research; this falls to a quarter for supporting osteopaths to complete activities under the CPD scheme, and a fifth for providing opportunities to engage directly with the GOsC.

Qualitative discussions provided a general sense that osteopaths want to get a better understanding of what the GOsC does and to receive updates about their activities.

Some osteopaths and students feel that the GOsC should engage with them directly, including attending regional osteopaths' networking meetings, running roadshows and visiting universities to engage with students. Respondents feel that establishing two-way communication with the GOsC is important to improve the organisation's image and make the regulator seem more 'human' rather than a 'faceless' organisation.

In terms of the direction of the profession, there appears to be a division among osteopaths, with some feeling that a move towards a more 'evidence based' or 'medical osteopathy' is correct, whilst others argue that this is diminishing and diluting the practice.

The issue of diversity also appears to be a divisive one in the profession. Just over half (55%) believe it is important that the GOsC promotes EDI in line with its EDI framework; however, one-fifth said this is unimportant and around a quarter are either neutral or don't know.

When asked to rate the GOsC in terms of how they are performing against EDI aims, one-fifth agree the GOsC is performing well. Two-fifths said don't know or don't know enough to comment and just under one-third are neutral.

When respondents were asked why the GOsC performed well or not in relation to EDI, there were some clearly conflicting views. Around 11% say there is sufficient data/evidence and communication around their diversity efforts, but 9% say there is a lack of data/evidence about this. While 10% feel diversity should not be the GOsC's primary concern, 7% say the GOsC should have a stronger diversity stance.

Priority Improvements

When asked where the GOsC can improve, some of the most common answers given highlight how the GOsC's role is sometimes misunderstood – e.g. protect osteopaths (16%), promotion of the profession (14%) and become advocates for practitioners (13%).

During the qualitative interviews, we asked participants how the GOsC can educate osteopaths, educators and students on its role, to help improve perceptions. There were several suggestions, including:

- Have more of a 'presence', network and collaborate more with osteopathic students, regional osteopathic groups etc.
- Visit universities to educate students on their role – students are keen to hear from the GOsC throughout their studies.
- Have more osteopaths on their staff – to ensure the GOsC remains in touch with the realities and challenges of everyday practice.
- Consider requesting a mandatory training session or module on the role of the GOsC for all osteopathic students or add a training session on the role of the GOsC to CPD.

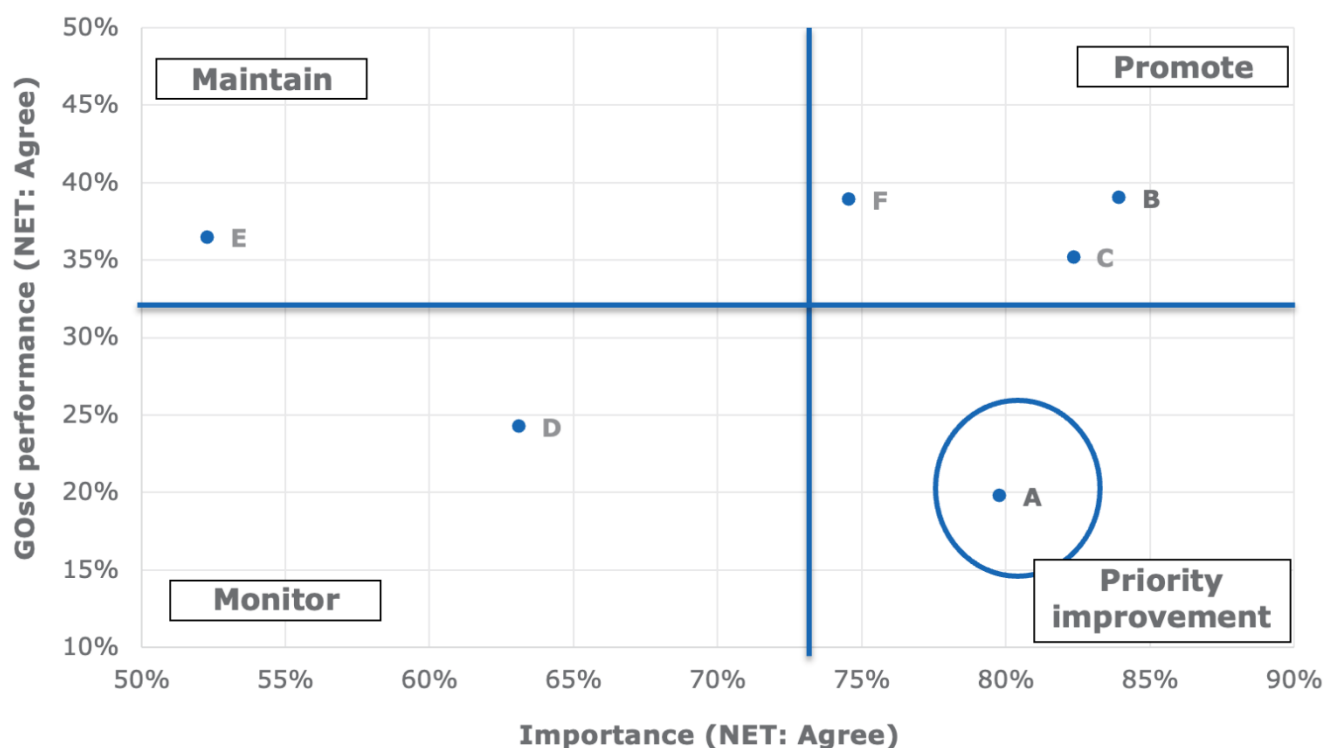


Again, these suggestions suggest a lack of awareness of some the GOsC's activity as some of these suggestions are already areas of focus. Continuing and expanding these engagement efforts should help change perceptions (which can take time), particularly if combined with strong supporting communications.

The GOsC was keen to obtain views specifically on its communications and engagement strategy. Respondents to the online survey were asked the extent to which they agree to a list of statements relating to communications and engagement in terms of importance and performance.

By analysing the relative importance of each attribute against how well the GOsC performs we can identify the areas where the GOsC could focus on improving (see matrix below).

Importance vs performance on communications and engagement



- A**=focuses on listening to the views and needs of osteopaths and students
- B**=focuses on providing clear and relevant information to the profession
- C**=focuses on providing information to the profession in a timely manner
- D**=focuses on recognising diversity of osteopaths across the profession in its communications
- E**=when communicating, only focus on communicating key information
- F**=focuses on listening to views and needs of patients

Respondents think it is most important that the GOsC listens to the views of osteopaths and students (80% NET agree), provides clear and relevant information to the profession (84% NET agree) and provides information in a timely manner (82% NET agree). These align with the aims previously set out in the GOsC Communications and Engagement Strategy, now reflected within the Strategy through to 2030.

Based on these findings, an increased focus on listening to the views and needs of osteopaths and students should be a key focus for the GOsC.



3 Introduction

Background and objectives

Background

The General Osteopathic Council (GOsC) is the regulatory body for osteopaths in the UK and its objective is to protect the public. The GOsC does this by setting, maintaining and developing standards of professional practice and conduct; promoting public confidence in osteopathy; investigating concerns from the public; and removing osteopaths from the Register if they do not meet the professional standards and are therefore unfit to practise.

The GOsC commissioned DJS Research, an independent market research consultancy, to conduct research to understand perceptions of the organisation among osteopaths, osteopathic students, educators and key partner organisations. The aim is to use these perceptions as a benchmark going forward to help assess the progress and impact of communications and engagement activities.

Objectives

- Assess understanding of the role and purpose of the GOsC among registered osteopaths, osteopathic students and educators.
- Explore and assess stakeholders' understanding of the GOsC's role in terms of its core functions (education, standards, registration, fitness to practise and equality, diversity, and inclusion).
- Measure perceptions of how the GOsC performs its role and understand how these perceptions have been formed, including views on whether the GOsC has the competence, skills and knowledge to carry out its role.
- Understand if the ways the GOsC communicates and engages with its audiences are seen to be aligned with the principles in the Communications and Engagement Strategy.
- Assess the impact of the Communications and Engagement Strategy and Equality, Diversity and Inclusion framework on levels of trust in the GOsC as a regulator.
- Identify future areas of focus or improvement.

Methodology and sample approach

This research used a mixed methodological approach and was conducted in two phases.

Phase 1: an online survey with 629 responses. The survey was developed by DJS Research in conjunction with the GOsC. The survey was hosted online from 16th Jan-10th May 2024. The survey took respondents 15 minutes to complete on average. There was a question at the end of the survey asking if respondents would be willing to take part in Phase 2.

Phase 2:

- **Follow-up interviews:** a set of 24 in-depth qualitative interviews were undertaken with osteopaths, educators and osteopathic students. These interviews took place remotely via MS Teams. Participants were recruited from the online survey. DJS agreed the sampling criteria with the GOsC which was designed to ensure we spoke to a range of audiences and a mixture of those with positive, neutral and negative views (which we obtained from their answers to the online survey).



- **Stakeholder perceptions:** Phase 2 also included qualitative focus groups and in-depth interviews (which took place virtually via MS Teams) with key partner organisations and postgraduate educators. These contacts were provided by the GOsC. Interviews were carried out with representatives from The Institute for Osteopathy, the Council for Osteopathic Education Institutions (COEI), the National Council for Osteopathic Research (NCOR), and various postgraduate education providers.

Fieldwork for this phase concluded on 27th June 2024.

For both the in-depth interviews and focus groups, a discussion guide was designed by DJS Research in conjunction with the GOsC. Copies of the research instruments can be found in the Appendices.

Acknowledgements and disclaimers

We would like to thank the respondents to the online survey and participants in the qualitative interviews and focus groups for their views and feedback. We would also like to thank the team at the GOsC, particularly Jess Davies and Liz Niman for their input and guidance throughout this research.

This report presents independent research findings, from research funded by the GOsC. Any views and opinions expressed in this report are those of respondents and participants engaging in the research project conducted by DJS Research and are not necessarily shared by the GOsC.

Sampling

The GOsC holds a Register of all osteopathic professionals; DJS approached a total of 5,494 contacts from the database with an email invitation to participate in the survey.

Pilot phase: To pilot the survey, DJS Research sent it to a small sample of osteopaths within the GOsC's Register; in addition, 83 penultimate year students were invited to participate through direct email communication.

Phase 1: for the main stage of the online survey, all osteopaths within the GOsC's Register were invited, via an email from DJS Research, to take part in the survey. Students were contacted via an email sent by the GOsC to education providers. In addition, education providers were emailed by the GOsC and requested to share information about the survey with their students. Additionally, 185 final and penultimate year students received information about the survey directly as part of a student bulletin email. The GOsC has also promoted an open link to the survey targeting students through social media.

Phase 2: within the online survey, respondents were asked whether they would like to take part in a follow-up qualitative interview. Interim data from the online survey was analysed and key themes emerged; respondents whose answers were of thematic interest were then contacted for a follow-up interview.

Overview of respondents and participants

Phase 1: online survey

There were 629 responses to the online survey. Of these, 616 were registered osteopaths, 69 were educators, and 10 were osteopathic students. Six respondents put themselves in an 'other' category. Respondents could select more than one category if this applied to them,



for example, if they were both a registered osteopath and an educator, they would be included within both groups.

To ensure we captured a range of views, a number of questions were asked upfront about their location, type of practice and/or studies. Details of these are provided below to provide an overview of the online survey respondents.

Where are you mainly based/practising/studying?

Respondents were asked where they were mainly based for their practice or studies. The national breakdown reflects the GOSc's Register, with the vast majority of respondents being based in England.

Figure 1: Respondents to online survey by country



Source: S03. Where are you currently mainly based, practising or studying?

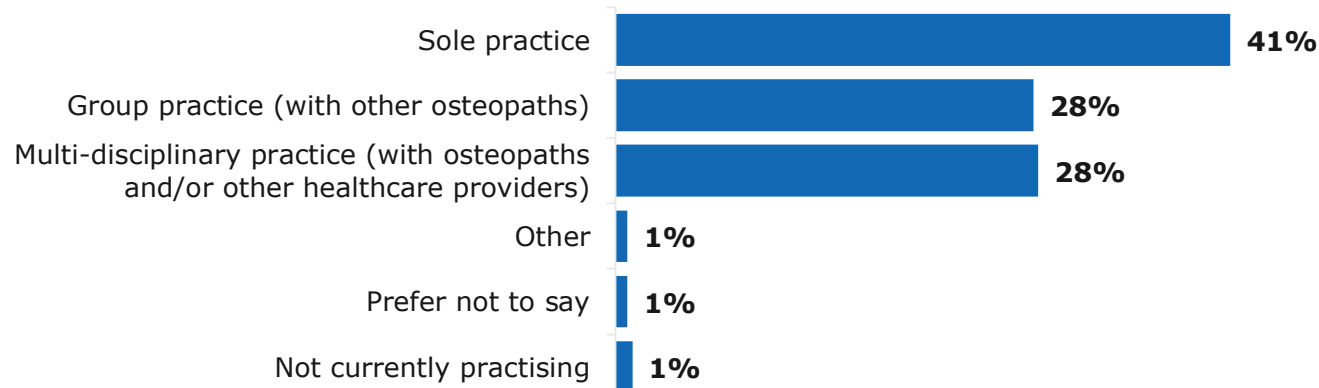
Base: all respondents (n=629).

The survey is broadly representative of the Register, where 86% of registrants are from England, 3% from Scotland, 3% from Wales, <1% is based in Northern Ireland, <1% in Channel Islands & Isle of Man. Overseas/International registrants represent 2% of the Register.

Type of practice

Of the osteopaths who responded to the survey, 41% spend most of their time in sole practice, 28% in group practice and 28% in multi-disciplinary practice.

Figure 2: Respondents to online survey by type of practice



Source: S06. In what type of practice do you spend the majority of your working week?

Base: osteopaths only (n=616).



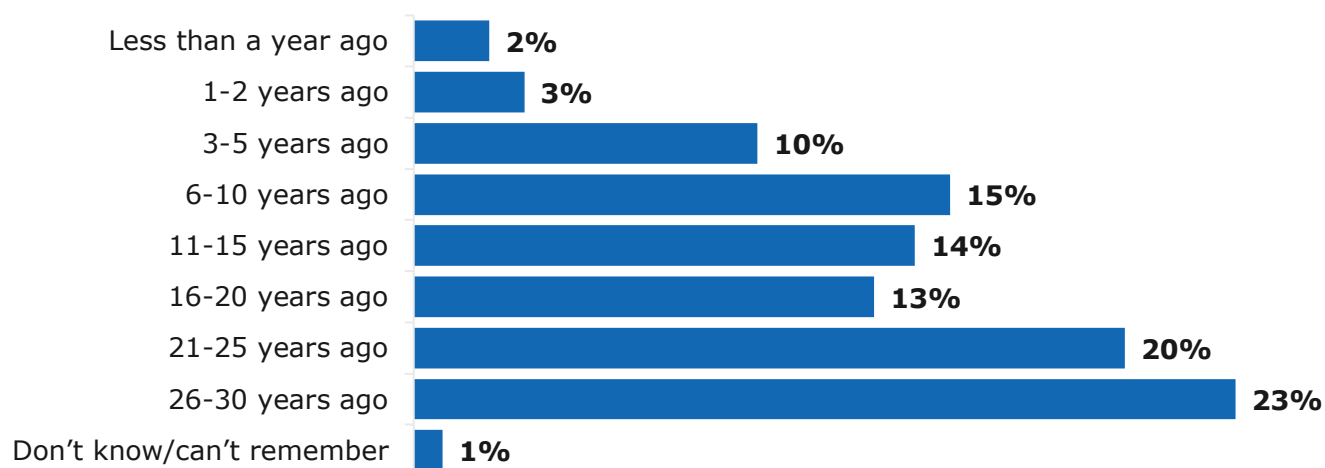
How long osteopaths have been registered with the GOsC

Osteopaths were asked when they first registered with the GOsC. The most common answer was 26-30 years ago (when the GOsC was established), followed by 21-25 years ago.

The survey is broadly in line with the Register (fig. 3 below), although with more stating they have been registered more than 25 years. According to the register: 5% of registrants have been registered for less than a year; 9% registered 1-2 years ago; 11% 3-5 years ago; 18% 6-10 years ago; 15% 11-15 years ago; 12% 16-20 years ago; 27% 21-25 years ago; 3% 26-30 years ago.

The length of time osteopaths have been registered was analysed to see if there were any key differences in their views throughout the survey.

Figure 3: Respondents to online survey by length of registration



Source: Q01a. When did you first register with the GOsC?

Base: osteopaths only (n=616).

Osteopathic students

There were ten responses to the online survey from osteopathic students.

Students were asked which year of their studies they were in. Of these ten, one was in first year, three in third year, three in fourth year and two in fifth year (one said 'other').

Students were also asked if they were full or part-time students – four were full-time students and six were part-time students.

All ten students said they first came across/heard about the GOsC in their first year of study (N.B.: the GOsC aims to give students a presentation on professionalism and an introduction to regulation, including Q&A session, to first year student groups in all education providers).

Phase 2: qualitative interviews and groups

We conducted 24 qualitative interviews with respondents to the online survey, ensuring we obtained a mixture of views (positive/negative and neutral views expressed in the quantitative survey) and audience type (osteopath, student and educators). Assuring a mixture of views allows a better understanding of the factors which work to influence the profession's view of the GOsC as a regulatory body.



Table 1: Overview of follow-up interview respondents

	Positive	Neutral	Negative	TOTAL
Osteopaths	5	5	5	15
Educators (osteopaths who also have teaching responsibilities, including: 3 undergraduate, 1 postgraduate and 2 undergraduate and postgraduate)	2	2	2	6
Osteopathic students	1	1	1	3
TOTAL	8	8	8	24

N.B: Respondents' views were identified based on the answer to the question "What are your perceptions of the GOsC at present" in the quantitative survey (Q04, Figure 9).

Table 2: Overview of key partner organisation group/in-depth participants

The GOsC provided DJS with a list of 27 stakeholder contacts, who were asked to represent the opinions of key partner/stakeholder organisations

A total of 10 stakeholders participated in the research. Stakeholders had a choice of participating in a group interview (2-4) or a one-on-one in-depth interview. Discussions took place over MS Teams call and lasted between 45min to 90min.

Organisation	No. of respondents
The Institute for Osteopathy	4
NCOR	2
Osteopathic Education providers (incl. PGOEP)	4

Interpreting findings

Quantitative findings (online survey)

Analysis has been undertaken at total sample level. Due to the small number of students and the fact that educators are also osteopaths, we have not separated the results for osteopaths, osteopathic students and educators in the charts. Significant differences in views by demographics and other key subgroups are noted in tables or in the text commentary. Significant differences are reported at a 95% confidence level.

Percentages may not always sum to 100% for reasons including rounding, multi-code responses, or where only the most common answers are displayed. For some questions, answers have been 'netted', e.g. 'slightly agree' and 'strongly agree' have been combined to 'agree'. In these instances, the chart will indicate the data as 'net'. Where charts aren't netted, net percentages in the text may differ from those in the chart due to the chart showing rounded numbers, while the nets in the text are calculated based on exact numbers.



Qualitative findings (in-depth interviews and focus groups)

The findings from the interviews and focus groups, whilst not statistically representative, add depth and further insight to the results. Verbatim quotations from interviewees are used throughout the report to provide context, and in relation to Phase 2 interviews or focus groups, to indicate their role and perceptions of the GOsC.

Throughout the report, 'respondents' refers to those answering the online survey and, unless specified otherwise, refers to all survey respondents. 'Participants' refers to those who took part in the in-depth interviews.



4 Research results: understanding the role of the GOsC

Understanding the role and functions of the GOsC

Perceptions of the GOsC's role: core functions

The GOsC was interested in understanding what osteopaths, educators and osteopathic students believe to be the core functions of the GOsC. Respondents were asked to indicate what they consider the functions of the GOsC to be from a list of ten items, only five of which were the GOsC's (correct) core functions.

It appears that overall, the core functions of the GOsC are well-known, with the majority of respondents selecting each of the five core functions. Six in ten respondents selected all five statements.

The most well-recognised functions of the GOsC were registering qualified professionals and ensuring their continuing fitness to practise, protecting the osteopathic title from misuse and helping patients with complaints/concerns.

Setting standards appears to be less well-known, both for assuring the quality of osteopathic education and training and promoting high standards of osteopathic practice and conduct (although still recognised by 77% and 76% respectively).

Figure 4: Proportion of respondents selecting each of the GOsC's core functions



Source: Q06. Which of the following do you consider to be functions of the GOsC?
Base: all respondents (n=629).



Understanding of the GOSc's core functions appears to be relatively consistent across demographics and roles. Osteopaths who have been registered for 11-30 years are more likely to select 'registering qualified professionals and ensuring continued fitness to practise' compared to those who have been registered for less time (90% vs 82%). The same is true for 'protecting the osteopathic title...' (87% vs 80%).

It also appears that understanding the GOSc's role is linked to perceptions of the GOSc, as respondents who have positive perceptions are significantly more likely to select each of the GOSc's core functions than those who hold negative perceptions.

Table 3: Awareness by positive and negative respondents

	Negative	Neutral	Positive
Registering qualified professionals and ensuring their continuing fitness to practise	83%↓	95%	97%↑
Protecting the osteopathic title from misuse by individuals not registered with the GOSc	80%↓	91%	93%↑
Helping patients with complaints or concerns about osteopaths and where necessary dealing with those concerns through fitness to practise procedures	77%↓	91%	91%↑
Setting standards and assuring the quality of osteopathic education and training	71%↓	88%	96%↑
Setting and promoting high standards of osteopathic practice and conduct	69%↓	85%↓	96%↑

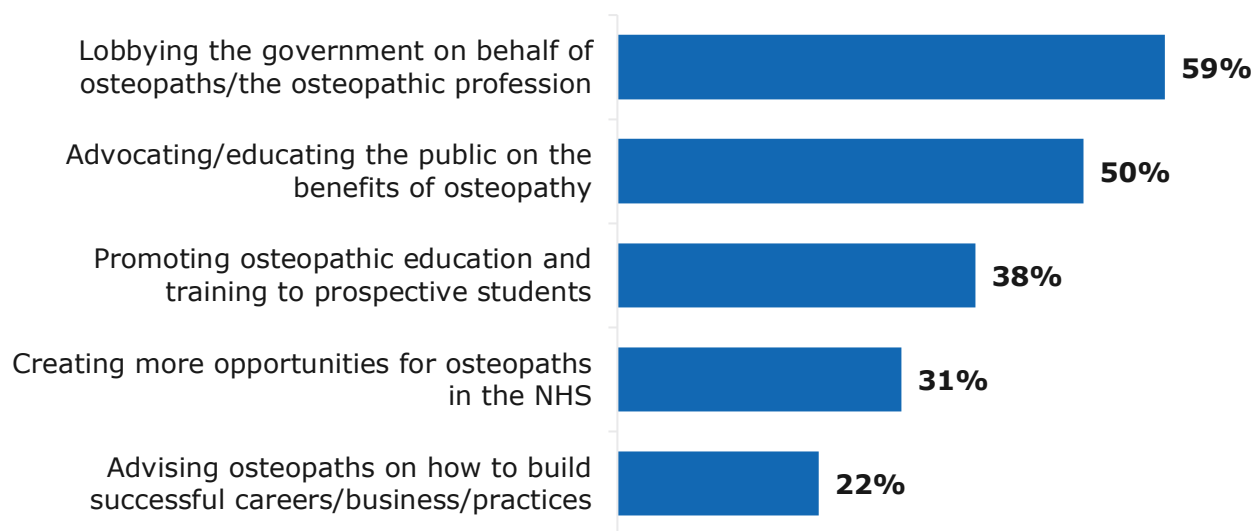
N.B.: Arrows in the table represent statistically significant differences amongst comparable group, with an arrow pointing up indicating a significantly higher score than comparable group, and an arrow pointing down indicating a significantly lower score than comparable group.



Perceptions of the GOsC's role: misconceptions

From the five items on the list which are not a key function of the GOsC, the most common misconception is that the GOsC 'lobbies the government on behalf of osteopaths/the osteopathic profession' (59%), followed by 'advocating/educating the public on the benefits of osteopathy' (50%).

Figure 5: Proportion of respondents selecting 'incorrect' functions of the GOsC



Source: Q06. Which of the following do you consider to be functions of the GOsC?
Base: all respondents (n=629).

There is no clear-cut pattern or trend in the misconceptions according to demographic, role or length of time registered with the GOsC.

From the list of ten items, just 12% of respondents selected all five correct functions and did not select any of the misconceptions. Again, this appears to be linked with perceptions as a quarter of those who are positive about the GOsC got all statements correct, compared to just 9% of those who have negative perceptions.

Qualitative insights on understanding the GOsC's role

The follow-up qualitative interviews with osteopaths, educators and students gave more context to these findings and backed up the quantitative findings that knowledge of the GOsC's role is varied.

Those who understand the GOsC's role, including the fact that the GOsC are not able to promote osteopaths/the osteopathic profession, are generally more positive or neutral about the GOsC compared to those who feel the GOsC should be promoting the profession.

"There's a perennial argument in osteopaths who tend to say, 'Why aren't the GOsC promoting us?' I've always said, because it's not their job. It's interesting to hear that, not only is it not their job, but it's formally forbidden."

Educator, Neutral, 11-15 years on the register



“I think osteopaths who think that the GOsC promote their businesses are a bit naive. The GOsC are not there to promote our businesses and make us money, but they should be there to promote the osteopathic profession.”

Osteopath, Positive, 26-30 years on the register

Whilst many osteopaths who participated in the in-depth interviews recognise that the GOsC cannot promote osteopaths, some feel that there are certain duties that the GOsC can do to support the profession. These include views such as:

- Educating the public on osteopathy will help to avoid misunderstandings or unnecessary complaints – some feel that part of the GOsC’s duty to protect the public includes ensuring the public is well-informed about osteopathy to make informed decisions about potential treatment.
- Promotion of osteopathy to ensure that the profession survives and becomes increasingly recognised as a regulated healthcare profession. Some are unclear on who should be promoting osteopathy if this is not the GOsC (indicating patchy awareness of the Institute of Osteopathy (iO)).
- Educating medical insurers on osteopathy – insurers are often using outdated information and, as such, patients do not get osteopathy covered by their private medical insurance.

“I don't see how they [the GOsC] can be protecting the public unless they're telling the public what osteopathic is. So, they're getting lots of spurious complaints from people who don't actually know what osteopaths are supposed to be doing. They launched full-scale investigations into people who were just doing their jobs.”

Osteopath, Negative, 26-30 years on the register

During the interviews, we asked participants for their views of how the GOsC can educate osteopaths, educators and students on its role, to help improve perceptions. There were several suggestions, including:

- Have more of a ‘presence’, network and collaborate more with osteopathic students, regional osteopathic groups etc.
- Visit universities to educate students on their role – students are keen to hear from the GOsC throughout their studies.
- Have more osteopaths on their staff – to ensure the GOsC remains in touch with the realities and challenges of everyday practice.
- Consider requesting a mandatory training session or module on the role of the GOsC for all osteopathic students or add a training session on the role of the GOsC to CPD.

“It doesn't have to involve a roadshow and all the expense and organisation that goes with that, but just meeting groups...I would say get in touch with your regional groups of which there are a lot now. Quite a lot of them meet online as well as in person.”

Educator, Positive, 26-30 years on the register



"A mandatory bit of training. It could be an online thing, a series of videos and slides with a quiz at the end. But it would need to be a big quiz with randomised questions... a requirement for the GOsC qualifications...Make it as necessary as GDPR, first aid, course and your degree.."

Educator, Neutral, 16-20 years on the register

Stakeholders' perceptions on the GOsC's role

As expected, partners who work with the GOsC have a good understanding of the role of the organisation, and correctly quote the organisation's core functions, including registering qualified professionals; protecting the osteopathic title and practice; aiding and protecting patients; and setting and promoting high standards of osteopathic practice. All stakeholders were aware that the GOsC does not participate in promoting the profession.

It has been stated by stakeholders, however, that the GOsC is actively working to develop the profession (e.g., international work, supporting education institutes, etc), and that the GOsC perform well as a regulator, fulfilling their functions to a good standard.

"The GOsC's perception from the outside is extremely positive. People highly praise and value the GOsC on an international scene, I think, because it's considered as a beacon of the profession being regulated, being integrated in the healthcare system, and being mature enough to be able to self-regulate itself. So, you know, outside; it's just amazing."

Stakeholder

"They rate themselves in terms of performance on the PSA reports they do get done on an annual basis, which is indeed what a regulator should actually look at as a primary indicator of performance. The PSA reports praise them for being very forward-looking. They do an awful lot of very interesting stuff, including upstream regulation.

Stakeholder

Some stakeholders believe the GOsC is very involved in developing the profession, perhaps more so than other regulators. As the field is quite small, with its establishment in 1997, the GOsC has taken up the role of a profession leader aside from its core function as a regulator and has particularly stood out in its activities to support educational establishments.



“Our professional body is a lot better than it was the last few years. ... Previously, it wasn't doing what you'd expect a professional body to be doing to support the profession, and to support the educational establishments. And the GOsC have, quite helpfully stepped in to bridge that gap in a way. They've been quite intuitive...they've identified that the profession is struggling a little bit and they're certainly stepping in to try and future-proof the profession.”

Stakeholder

Others think that the GOsC's involvement in so many activities outside of its remit as a regulator influences the lack of understanding of the GOsC's role among practising osteopaths.

“We're seeing that it's very fuzzy boundaries. And there is a lot more involvement in basically directing the profession which has nothing to do with regulation. I think the confusion for the profession is that they do see the GOsC...promoting various things. Having said that, unless you have more engagement with the GOsC and the iO, there's a lot of confusion about what [they] stand for...I feel like sometimes the goalposts get changed. So, it's not a case of, 'Does the profession understand it's only regulation that we do?'”

Stakeholder

Qualitative insights on the fitness to practise process and support received

The findings from the online survey suggest that views of the fitness to practise process are a key driver of perceptions of the GOsC, whether experienced first or second-hand by osteopaths. The in-depth interviews therefore included questions to further explore the fitness to practise process and, in particular, support received by those who have a complaint raised against them.

General feedback on the fitness to practise process

Most of the osteopaths interviewed did not have first-hand experience of the fitness to practise process. Only two out of 24 interviewees had experienced the fitness to practise process first-hand. However, the majority (19) knew someone (either a friend or colleague) who had been through the process.

Those who had experience (either first or second hand) of the fitness to practise process raised two main concerns – the length of cases and communication (or a lack of) throughout the process.

Length of cases

The length of time that fitness to practise cases take was raised as a key concern due to the subsequent impact this has on the osteopath who is being investigated. These impacts are both financial (osteopaths subject to an interim suspension order are not allowed to practise until proceedings have finished) and emotional (the mental health impact of their livelihood being threatened). Several participants commented that osteopaths they know decided to leave the profession rather than have the case 'hanging over them', highlighting how serious the impact of fitness to practise cases can be.



“Just a lack of communication, a lack of empathy... lack of the fact that you're dealing with a human being with a life and a big sword hanging over him basically. I'm an osteopath, that's what I do. I spent four years training. It's the only thing I know and suddenly I was at this point where that could have been taken away from me. That was huge. That was a really hard time.”

Osteopath, Negative, 26-30 years on the register, First-hand FTP experience

It is therefore suggested that the GOsC should have clear timelines they are working towards, and these should be communicated throughout the process.

“The only thing I think they should be doing is expediting this within a timeframe. There should be timeframes that are set for the prosecution that will take place after notification within a certain period of time. And if it's not, why not? They need to be giving reasons all the time why they've failed.”

Osteopath, Negative, 21-25 years on the register, Second-hand FTP experience

However, some participants recognise that in certain cases, the timelines may be outside of the GOsC's control, particularly if other organisations are involved (e.g., the police, Advertising Standards Authority). It was felt that in these cases, the GOsC should communicate why delays are happening and keep the osteopath informed on a regular basis.

Stakeholder perceptions on length of cases

Partner organisations have a greater understanding of the internal processes involved in the FTP process and understand variables which can extend the wait time for the progress of the cases. However, they do point out that more could be done to inform osteopaths about the process and why certain cases might take longer to conclude. ¹

“This is another reason why they're the PSA [Professional Standards Authority] golden boys, they are consistently scoring 18 out of 18 key performance factors, one of which is in Fitness to Practise - they have the shortest time to conclusion on ICs [Investigating Committees] and full FTPs of any of the regulators, which is impressive. They're the shortest to IC by a street and a half. In terms of reforms, they are doing very well, but we are obviously picking up what's happening with the outliers as well. That's something that we have to deal with because we are a key part of the member defence, basically.”

Stakeholder

¹ The Professional Standards Authority assesses the performance of the GOsC and the nine other health professional regulators annually against standards related to education, standards, registration, fitness to practice and equality, diversity and inclusion. Investigating Committee - Complaints must be screened and are then considered by Investigating Committee to assess whether the case should proceed to a full hearing or not.



"There's a lot of bureaucracy that goes on with these investigations, and they've got to be very careful because it is people's lives, people's livelihoods and people's reputations. I think that takes a lot more time than people expect when you're investigating something or looking into something ... I think sometimes it's that transparency of process, I often find that people don't understand it. It's possibly because they haven't read it, or they haven't bothered looking at the GOsC website."

Stakeholder

"Often it's not in the GOsC's hands, [but] with the police or it's sitting outside of the GOsC and they have to wait. But I don't think that is very clear to osteopaths; that there are external contextual obstacles that are limiting the speed of the FTP processes. I think the GOsC have started doing some sort of narrative around that. But I anticipate that it would be difficult to reach out to osteopaths, because that [topic is] probably something that you don't really want to hear about."

Stakeholder

Communication

Most participants are of the view that communications throughout the fitness to practise process could be improved both in terms of frequency and tone. It is important to note, however, that the vast majority of the participants have not gone through the process first-hand, but instead, have either formed this opinion from online forums and social media or through a friend/colleague who has gone through the process.

One of the most challenging times throughout the process is when an osteopath finds out that a complaint has been raised against them. This is usually done by letter which most participants agreed is the right communication method, given the importance of the matter. To try and alleviate some of the osteopath's concerns and to help them know what to expect, it is suggested that the GOsC should provide some information on the fitness to practise process. This information could be online, within the letter or be provided by a follow-up telephone call and could include an overview of the different stages of the process including indicative timescales for each stage. This information may already be available; however, as this is a particularly stressful time for an osteopath, directing them or reminding them where they can access this information may be beneficial.

"I would think just a phone call after that or some human contact, some way of reaching out to the osteopath to explain the procedure at that point, rather than this kind of summons to say, 'Look, you know, this complaint's made against you.' To be talked through the process would be very helpful, I think. Like a person on the end of the phone so that you can ask questions more than just a letter or an email."

Osteopath, Positive, 26-30 years on the register, Second-hand FTP experience

In terms of the tone of communications throughout the fitness to practise process, most participants recognise that, as the GOsC are investigating the osteopath, their



communications need to be neutral and cannot be overly sympathetic or empathetic. However, some feel that the communications could be more 'human', remain professional and strike a tone that reflects an 'innocent until proven guilty' mentality.

"No, they shouldn't be necessarily empathetic. I think they should be professional and clear and be able to answer questions properly to the osteopath."

Osteopath, Negative, 21-25 years on the register, Second-hand FTP experience

One suggestion is that the tone of communications should reflect the seriousness of the complaint, as those who have/are being investigated for criminal activity may be dealt with differently compared to those who are being investigated for less serious complaints.

Stakeholders' view on communication during FTP

Stakeholders agree that communications during the FTP process could be improved. There have been some suggestions about specific changes to the process (e.g., providing a deadline for submission of witness statements); however, it is the tone and frequency of communication, as well as types of communication, that stakeholders find to be the key improvements to make. It was suggested that concerns over the length of the process can be managed by:

In contact with osteopath going through the FTP process:

- Ensuring the tone is neutral, and does not assume the guilt of the osteopath going through the process
- Proactively providing osteopaths and case handlers with updates about the progress of the case
- Managing expectations by explaining next steps and expected timeframe in direct communications with the osteopath going through the FTP process
- Providing written confirmation of receipt of documents and/or evidence

In contact with the osteopathic community:

- Conducting an education piece about the variables which might influence the length of the process
- Addressing issues of fear of the length and outcomes of the process by creating easily accessible and digestible content (e.g., short social media videos, anonymous case studies/vignettes). This could also include FAQs and introductions of the parties involved in the FTP process, etc.

Wider, more accessible communications explaining the FTP process to all osteopaths, not only those who are facing the FTP process, might alleviate the stress if such a situation were to occur in their practice and can help the GOSC seem more human.

Moreover, stakeholders underline the importance of managing stress and expectation, as several point out that the stress associated with going through the FTP process, especially for those who are eventually cleared of charges, can be enough to deregister.



"Now, the GOsC were actually doing a lot of webinars to try and demystify the process. To give them their due, they would have someone from their prosecution, they would have people from the regulation team, they broke it down into stages. There was one on the IC, one on the PCC one, on a suspension, all the hearing, things like that... they're trying, we're not saying they're not doing anything. As I say, Fitness to Practise is quite complex."

Stakeholder

Stakeholders do point out that the GOsC is actively trying to demystify the process, acknowledging the difficulty of engaging registrants, particularly those who are actively negative towards the GOsC. Perhaps a new strategy for communications is what could drive the change in perception amongst osteopathic practitioners.

"I was wondering whether there might be some sort of very short social media videos that could be done, like a sort of snapshot...where they talk a little bit about their work...But I wonder whether from your survey or maybe from your call work, there will be some themes around the FTP that will come up. You know, like, 'It takes way too long, or it's too expensive, or just don't communicate with us at all', or whatever. And then it could take one point and say it takes too long. 'Yeah. So, on average, it takes around 18 months, but the main reason is because it's difficult to have information from patients or sometimes it's blocked by the police order'. And then, osteopaths can think, 'Oh, right. Okay. So, it's not just the GOsC sitting on this and milking our money by having too many meetings'. It's about building trust...And it could be one of the videos to say that [for example], '60% of the FTP are osteopaths'. That might alleviate some of these fears."

Stakeholders

"The trick is to try to turn it somehow through good communications or however we want to do it, towards, 'Actually every person removed from the register is actually a safeguard to the reputation of the rest of us' - it's a much stronger message. But they've still got to get around the fact that when they are dealing with people, they need to be seen to be dealing fairly and appropriately and actually quickly because one of the most stressful times in any health professional's life is being accused of some malpractice."

Stakeholder

Views on support throughout the fitness to practise process

Again, whilst mostly based on second-hand experiences (19) of the process, the majority feel that there is no support for osteopaths going through the fitness to practise process.



"No [communication]. Nor in a supportive manner. I obviously get that they've got to take the patient's side. Of course they have. But there was no support for my colleague. I remember this distinctly."

Osteopath, Neutral, 26-30 years on the register, Second-hand FTP experience

Very few participants are aware of the GOsC's Independent Support Service. There are mixed views on accessing support from the GOsC: some feel that this is a good resource to have, whilst others voice concerns over the true independence of this service.

"I think [some mental health support] should be offered openly and publicly, but the independence of the organisation would have to be proven to me. I'd have to know for certain that it was run by, I don't know, the association of counselling or and had no links with the GOsC at all...I'd like ... access to some kind of counselling support. I know that's available through the Institute, but we don't all belong to the Institute of Osteopathy for various reasons."

Osteopath, Negative, 26-30 years on the register, First-hand FTP experience

Others feel that support would be better sought from elsewhere (e.g., Institute of Osteopathy). It was noted, however, that not all osteopaths are members of the iO and so this support may not be available to all.

"I'm a member of the iO, so I can call upon them, but there are many who choose not to pay...because of the GOsC's fees."

Educator, Negative, 21-25 years on the register, Second-hand FTP experience

Suggestions on how the GOsC could improve support (aside from improving communication), mostly centre around signposting to the GOsC resources, or other organisations.

"Signposting is easy to do, isn't it, and would reflect well on them. I think, yes, having an independent support person... It might sound harsh, but I don't think you can expect more, because you would get the support from your insurer or from the Institute of Osteopathy. That would be the more appropriate avenue for your support than the regulator. You can't be the poacher and the gamekeeper, can you?"

Osteopath, Neutral, 3-5 years on the register, No FTP experience



Stakeholder perceptions on providing support for osteopaths going through the FTP process

Stakeholders generally feel that it is not the GOSc's role to provide support to osteopaths through the process. Instead, stakeholders feel that the GOSc should support osteopaths by making the process transparent, keeping the osteopath and all other parties involved updated, and directing osteopaths to external support where appropriate.

"There should be someone who they feel looks out for them, but I'm not convinced that [is] the GOSc... [there] has to be support, but maybe support that is allowed to communicate with the GOSc and know what's going on. It's a bit like a union, but we don't have one. We've got the Institute of Osteopathy, which is the closest we've got to a union and not everyone's a member of it."

Stakeholder

"They perceive they have duty of care to registrants who are undergoing a complaints process...[but] it depends on how you define support. There is a standard of engagement ... the registrant involved has an expectation that should be met. They have a reasonable expectation that they were treated fairly all the way through"

Stakeholder

Views on the GOSc's performance in delivering its core functions

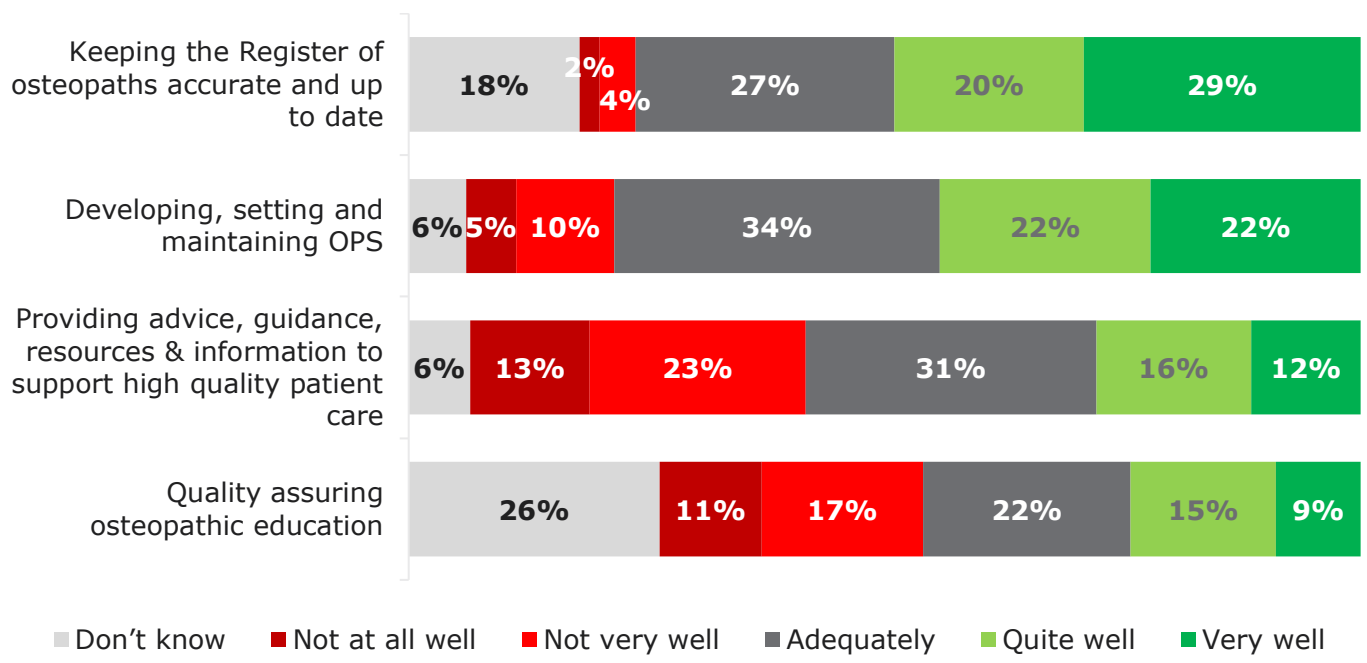
Protecting the public and patients

Of the four functions within protecting the public and patients, the GOSc performs best in 'keeping the Register of osteopaths accurate and up to date' with around half saying this is done well (quite or very well).

There is quite a degree of ambivalence across all statements, with between a fifth and a third saying the GOSc perform these functions 'adequately'. In addition to a level of unawareness with between a fifth and a quarter saying 'don't know' to 'keeping the Register of osteopaths accurate and up to date' and 'quality assuring osteopathic education'.



Figure 6: Respondents' views on how the GOsC perform its role – protecting the public and patients



Source: Q07. How does the GOsC currently perform in delivering the following functions?
Base: all respondents (n=629).

The GOsC performs slightly less well for 'providing advice, guidance, resources and information to support high quality patient care' and 'quality assuring osteopathic education'. The qualitative interviews provided further insight into why 'quality assuring osteopathic education' may have been rated lower in terms of the GOsC's performance. Some osteopaths/educators voice concerns that the standards of education are falling.

Others were of the view that only certain disciplines of osteopathy are being taught, leading to a 'diluting' of the profession. It is also observed during the interviews that the intake of osteopathic students is falling, with some courses or institutions stopping altogether, leading to concerns over the future existence of the profession.

"A lot of people in the osteopathic profession feel that this is going to put the kiss of death on osteopathy and the way that the educational colleges are making osteopathy very medical. A lot of us feel that the real osteopathy is being lost, that we must only be... We must be like physiotherapists... A lot of osteopaths feel that the regulator - in wanting the profession to become legitimate in the eyes of the medical profession - is steering the profession away from the real principles of osteopathy."

Osteopath, Negative, 6-10 years on the register



"I want to see standards and relationships with the medical profession improved. There needs to be more updated, modern medical thinking in the profession with a high standard of training... I think there's a real problem because where I trained and qualified is closing now because there's no money and no students."

Osteopath, Negative, 21-25 years on the register

"There is a culture of fear amongst osteopaths, particularly the younger ones, and that fear is inhibiting their effectiveness and their breadth of practice."

Educator, Positive, 26-30 years on the register

Educator stakeholder perspective on quality of education

Some stakeholders believe that osteopathic education has changed in recent years, which has affected uptake and drop-out rates. Key concerns among some educational stakeholders, similar to those of some osteopaths, is that the practice has shifted away from the classical methods, which means students do not receive education on the full spectrum of osteopathic practice. Stakeholders with this view voice some frustration with key organisations (like the GOsC) for not acknowledging this as an important factor for the decrease in uptake. However, some stakeholders feel that GOsC has recognised these issues and is working to support educators and to future proof the profession.

"A lot of people go into osteopathy because they've had treatment themselves. And they've thought, 'Wow, this is great. I want to be able to do this'. And then they go to an undergraduate college, and they go through it, and they think, 'This is not what I thought it was going to be'. So, there's this disconnect somewhere and it seems to be getting worse as the years go on. And often I've spoken to the powers that be, these different organisations and said that, have they ever considered this loss in numbers going into osteopathy is actually because they're not teaching the osteopathy that we would consider to be osteopathy?"

Stakeholder

"It's been stated numerous times - the issues with education, recruitment issues and the retention issues. We feel for a very long time that we've seen this happening. The well has been drying up for a number of years. The fact that it's more visible now, it's not to do with the narratives that they're saying [cost of living]. We've been saying that actually osteopathy is not demonstrated within practice anymore. So, people are not getting inspired like our normal route of students coming in."

Stakeholder



“Our professional body is a lot better than it was the last few years. ... Previously, it wasn't doing what you'd expect a professional body to be doing to support the profession, and to support the educational establishments. And the GOsC have, quite helpfully stepped in to bridge that gap in a way. They've been quite intuitive...they've identified that the profession is struggling a little bit and they're certainly stepping in to try and future-proof the profession.”

Stakeholder

The future of the GOsC

Several participants mentioned a lack of clarity over the future of the GOsC and the possibility of combining regulators with other Allied Health Professionals. There are mixed views on this: some think this would be a good thing, but the majority feel this would be a backward step for the profession. When there is more clarity the GOsC could perhaps communicate with osteopaths on any regulatory reform which may impact the osteopathic profession to ease any concerns.

“I'll be quite happy when we go underneath the umbrella, underneath the government plan of pulling us all together. I think we're quite a small profession and I think we're already sucked in.”

Osteopath, Negative, 11-15 years on the register

“Osteopathy as a profession has become much more recognised, ... certainly 25 years since its inception. I still think there's a long way to go [in] developing relations, and maybe this is where the GOsC could help out, to develop closer ties and relationships, with other professional medical bodies.”

Osteopath, Positive, 21-25 years on the register

Developing the osteopathic profession

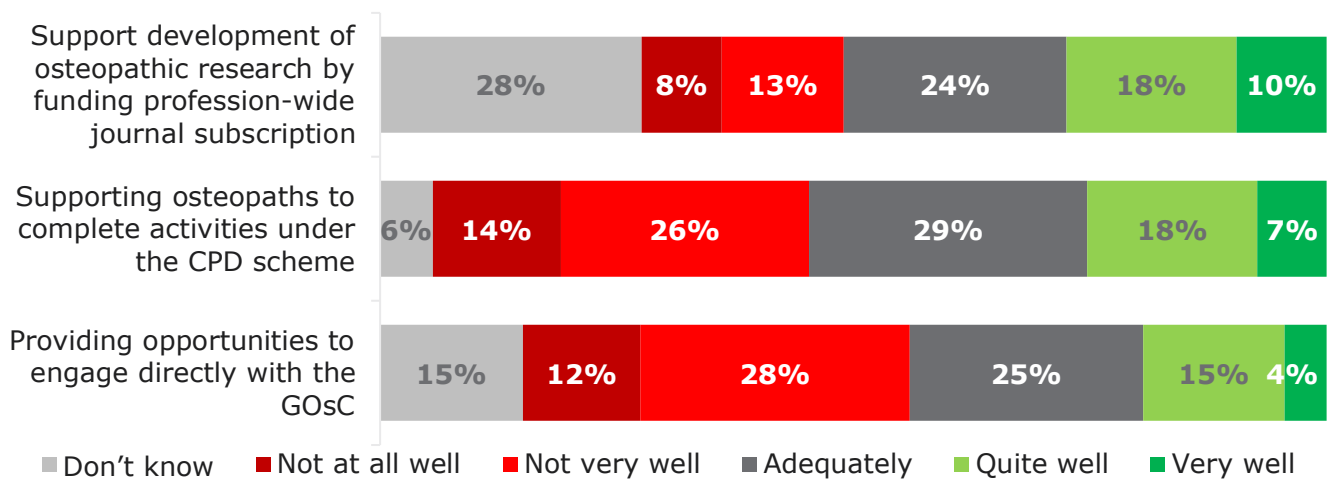
Perceptions are that the GOsC is performing worse in this area overall when compared to the role of protecting the public and patients.

Just under one-third think the GOsC perform 'well' (quite or very) in relation to supporting development of osteopathic research; this falls to a quarter for supporting osteopaths to complete activities under the CPD scheme, and one-fifth for providing opportunities to engage directly with the GOsC.

Again, there is a relatively high degree of neutrality and lack of knowledge in this area with a high proportion of 'don't knows', particularly for supporting development of osteopathic research.



Figure 7: Respondents' views on how the GOsC perform its role – Developing the osteopathic profession



Source: Q07. How does the GOsC currently perform in delivering the following functions?
Base: all respondents (n=629).

Engaging students

During the qualitative interviews, some osteopaths and students felt that the GOsC should be providing more opportunities to engage with them directly. Specific suggestions include the GOsC attending regional osteopath networking meetings or roadshows and visiting universities to engage with students. Others comment more generally that the GOsC should share more about the GOsC staff to make them appear more 'human' and less of a 'faceless' organisation.

"I think if we had, you know, an hour or an hour and a half's lesson of them coming in, explaining what they do from their perspective rather than having someone else tell us, who's never worked directly [with the GOsC]."

Student, Negative, Not registered

"I would say, come out to us and listen and talk and stop being an anonymous, faceless institution, corporation. ...There's a lot of fear, and maybe mistrust. So, yes, they can really do a lot to fix it. It's just coming out and being seen and being heard and letting us experience what they do and how they do it. That would be priceless for us."

Student, Positive, Not registered

However, some educational stakeholders state that the GOsC does involve itself in education and participates in engaging with students. There appears to be an issue with either awareness, or consistency of contact, or more should be done to discover what type of engagement students are looking for to satisfy the unfulfilled desire for engagement.



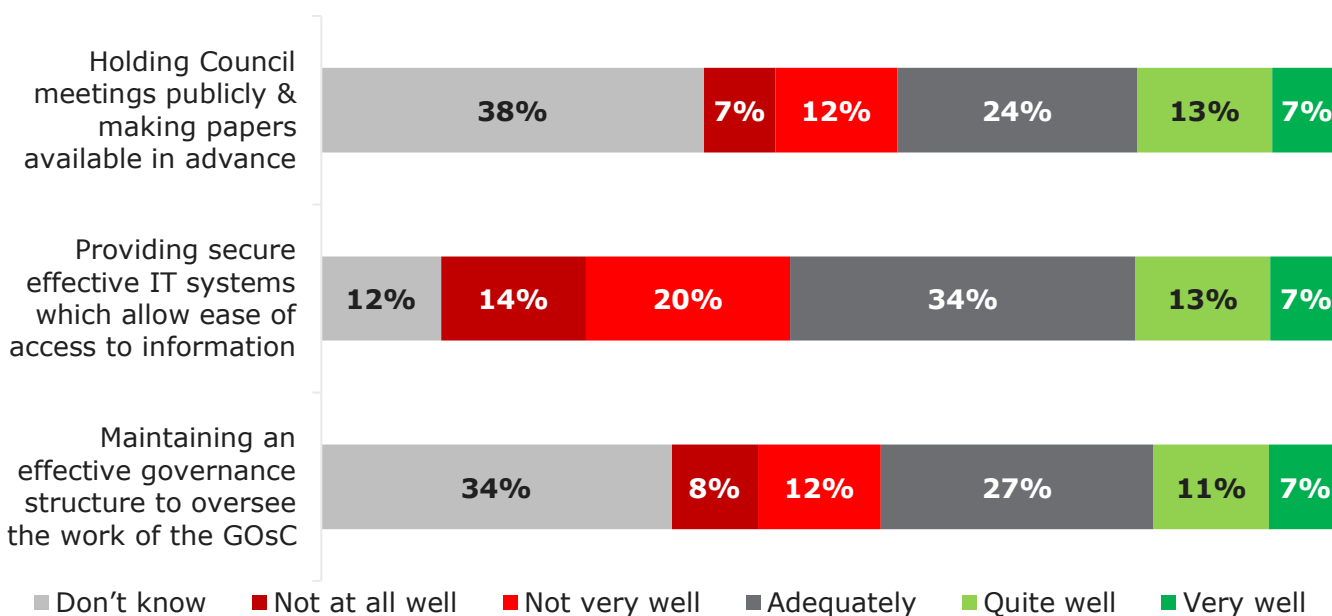
“The GOsC are really good at coming in and they do quite a few sessions with us. They're quite keen to be engaged and working with us, with our students, to make sure that we do break down that barrier between us and the regulator. We get them in an induction with our first-year students. So, they meet them then and then we carry on and do some sessions with them throughout the years and then we get them back in at the end when students are graduating to come and talk to them about registration, what they need to do and things like that. So, we really try and everything we do is based around the osteopathic practice standards.”

Stakeholder

Being accountable and transparent

The GOsC performs least well in relation to being accountable and transparent, with only a fifth saying they do 'well' for each of the statements below.

Figure 8: Respondents' views on how the GOsC perform its role – Being accountable and transparent



Source: Q07. How does the GOsC currently perform in delivering the following functions?

Base: all respondents (n=629).

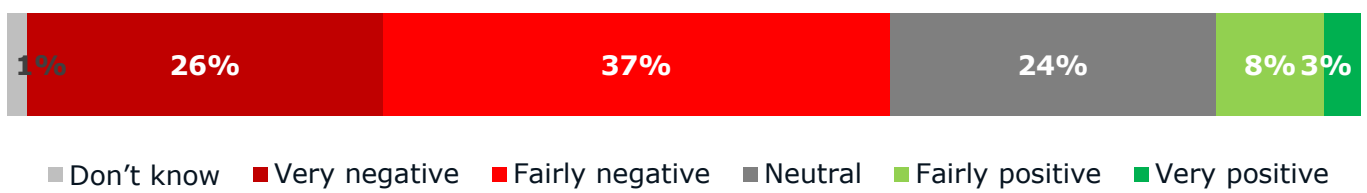


5 Research results: perceptions of the GOsC

Perceptions of the GOsC

Respondents were asked about their overall perceptions of the GOsC on a five-point scale, from "1 - very negative" through to "5 - very positive". The majority have negative perceptions of the GOsC (64%), around a quarter are neutral and just over one in ten are positive (11%).

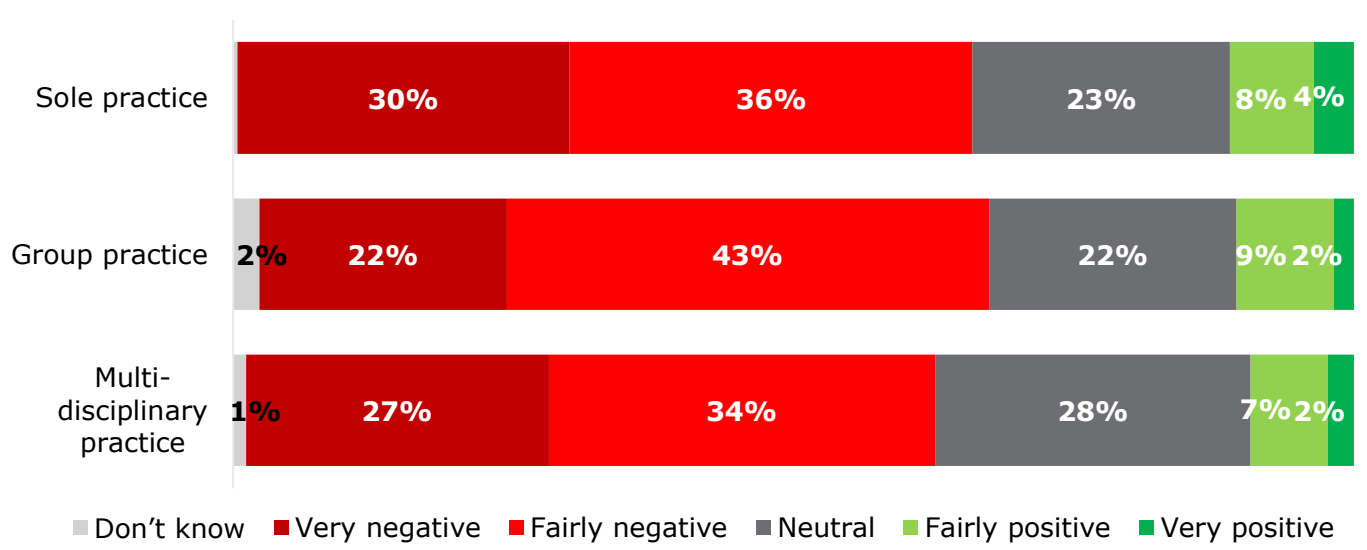
Figure 9: Perceptions of the GOsC



Source: Q04. What are your perceptions of the GOsC at present?
Base: all respondents (n=629).

There are some interesting differences by subgroups, with males being more likely to say, 'very negative' (29%), than females (19%). It should be noted that the male sample was significantly more likely to be aged 65+, than the female sample. It is also apparent that while sole practitioners have a more negative perception of the GOsC (66% Net negative), no statistically significant difference can be noted between this group versus group practitioners (65%) or those working at a multidisciplinary practice (61%).

Figure 10: Perceptions of the GOsC by type of practice



Source: Q04. What are your perceptions of the GOsC at present?
Base: all respondents disclosing type of practice (n=599).



The length of time an osteopath has been registered impacts their perceptions, with those who are recently registered (within two years) being less negative than those registered for more than two years, as shown in the table below. Those within 2 years of registration are significantly more likely to be younger (21% are 18-34).

Table 4: Perceptions of the GOsC by career stage

Career stage	Within 2 years registration	2-10 years registration	11-30 years registration
NET: Negative	47%↓	66%↑	65%↑

Educators appear more positive than registrants, although this is not a statistically significant difference:

Table 5: Perceptions of the GOsC by role

Role	Registrant	Educator
NET: Positive	11%	17%
NET: Negative	64%	58%

Perceptions among students appear mixed. Whilst the sample size for the online survey is small (n=10), we investigated student perceptions further during the qualitative interviews, with students and educators.

It appears that students' perceptions of the GOsC are heavily influenced by the opinions of educators – who often themselves have negative views of the GOsC. This leads to perceptions of the GOsC being passed down from one generation of osteopaths to the next.

"I think their connection with students whilst they're in training is very poor. So, there's very little connection with students and unfortunately, students pick up on negative attitudes towards the profession from social media and sometimes unfortunately from tutors on courses about the GOsC. I think there is a role for the GOsC to improve its self-promotion amongst students, and what its role is. So few people understand what the difference is between the GOsC and the Institute of Osteopathy."

Osteopath, Positive, Registered less than a year ago



"Having been in education for a good length of time, many educators feel the way I do about the GOsC, or probably even more so. So, that permeates through to the profession, and to the students, to some degree. The other [thing] is they see it very much like big brother,... someone you don't want to really have any engagement with... you just toe the line as much as possible, and just hope they never see you."

Educator, Negative, 21-25 years on the register

"Our students are very much influenced by many of their clinic tutors, I would say, because they work quite closely with clinic tutors on a one-to-one basis that they don't get in a classroom situation. And in a classroom situation, it's much easier for us to monitor what goes on. And I don't mean that we check up, but you're aware of it because you're delivering to 30 students in one go. ...But, of course, in the clinical environment, it's groups of three or four and, you know, it's really difficult... We try and manage it. We've done training on it. I know the GOsC does as well, we do a lot of training on professionalism and boundaries and what it means, but I suspect there is still some blurring."

Stakeholder

However, some students do have more balanced or neutral views of the GOsC, mostly based on limited or no interaction with them.

Opinions of the GOsC are also shaped by what students see online, through social media and forum pages. Having limited or no personal interactions with the GOsC means they are more likely to form their opinions through qualified professionals' negative experiences shared online.

"We are being told, any time that the GOsC is actually brought up by lecturers or by other students, the GOsC is going to find out and they're going to strike you off. That is the understood undercurrent of the GOsC. They're there, looking out, and taking stock of what you're doing wrong, instead of actually taking stock of what's being done right and how we're being educated and how they can communicate with us so we're not fearful of them."

Student, Positive

"Because we're about to qualify and so it's the costs associated at the moment. And when you're at the end of your student years of studying, obviously, you don't have a huge amount of excess money floating around. I would say generally as a cohort, we all view them in a similar way, just in that they're sort of there to chase us up if we do something badly... being on social media forums and things like that, you see a lot of people talking about them then, which tends to be quite negative."

Student, Negative



Students express a desire to hear from the GOsC more throughout their course, with current interaction limited to fourth year in relation to CPD.

"Certainly, they would be saying, 'Listen, they're good at what they do'. They do uphold standards, but I think there have been cases where... And again, it could be a rumour, as in 'Oh, such and such an osteopath got investigated and they didn't do anything wrong, but the GOsC are so strict'. You hear things like that, that they're very strict and that might be rightly so."

Student, Negative

Stakeholder view on perceptions of the GOsC by students

Educational stakeholders feel that it is impossible to completely eradicate the influence of educators on students' perceptions of the GOsC.

However, some organisations do focus on ensuring that students graduate their courses with a very good understanding of what the GOsC is, its role and importance. This is done by incorporating information about the GOsC into the curriculum and inviting the GOsC to engage with students on several occasions throughout the student's education. It appears therefore, that there is either a variation in the amount that education providers incorporate meetings with the GOsC into their undergraduate courses, or students are interested in different interactions than what the GOsC is currently providing.

"I think it's perceived differently by different generations of osteopaths if I'm completely honest. I think we, as an institution, work really hard to get the GOsC involved from day one with our students. So, they're aware of what the regulator is, what it means to be regulated, what it's like to be in a regulated profession and how important it is that you're aware... So, our newer graduates ...even [those who have graduated 10, 15 [years ago], but they're much more aware and okay with the regulation because they've sort of grown up with it and it's embedded. Whereas I think some of the older osteopaths are a bit more resentful and resistant to being regulated and I often hear, 'I don't know why we needed to be regulated in the first place'."

Stakeholder

What are the GOsC perceived as doing well?

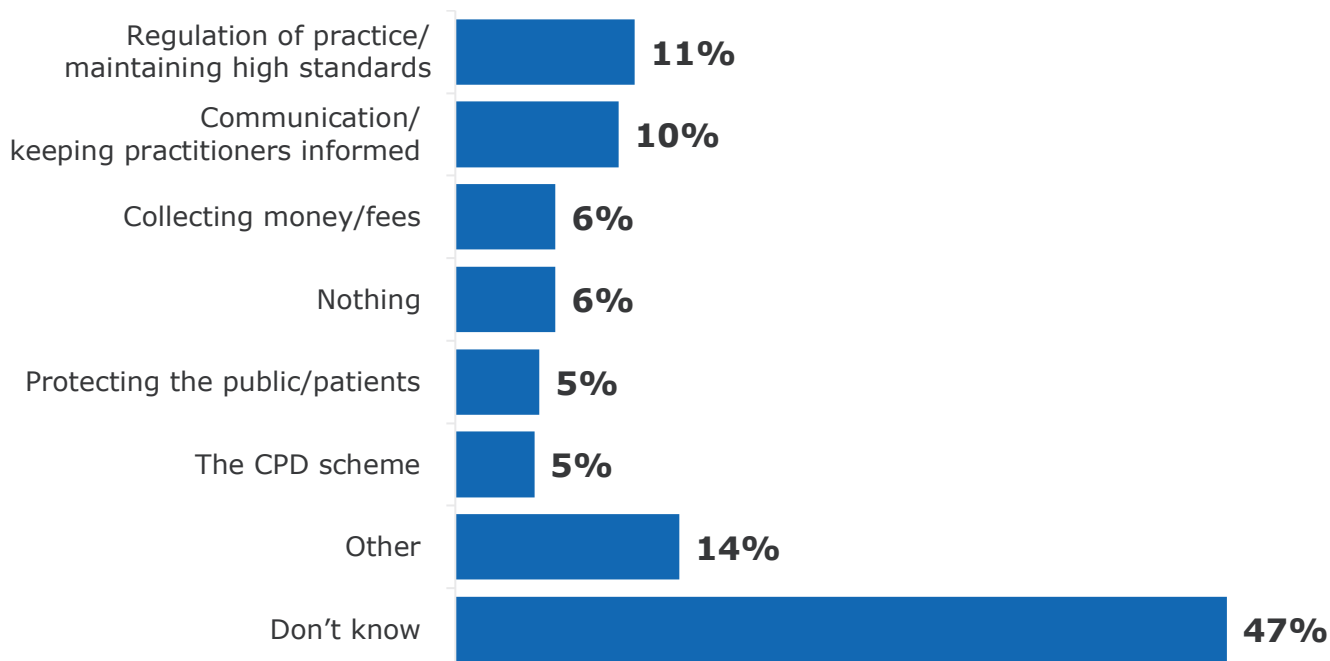
Respondents were asked several follow-up questions about the GOsC's performance including what they do well and where they can improve. These questions were asked as open-ended questions. Verbatims have been coded into themes for analysis purposes, with the most common themes highlighted in the charts below.

The most common answers to what the GOsC does particularly well, are regulation of practice and keeping practitioners informed. However, almost half could not think of anything that the GOsC does well currently.



Other answers given (not shown below) are: maintaining the Register of practitioners (4%), overly penalising osteopaths (2%), managing complaints (1%) and liaising with other institutions (1%).

Figure 11: What do the GOsC do particularly well?



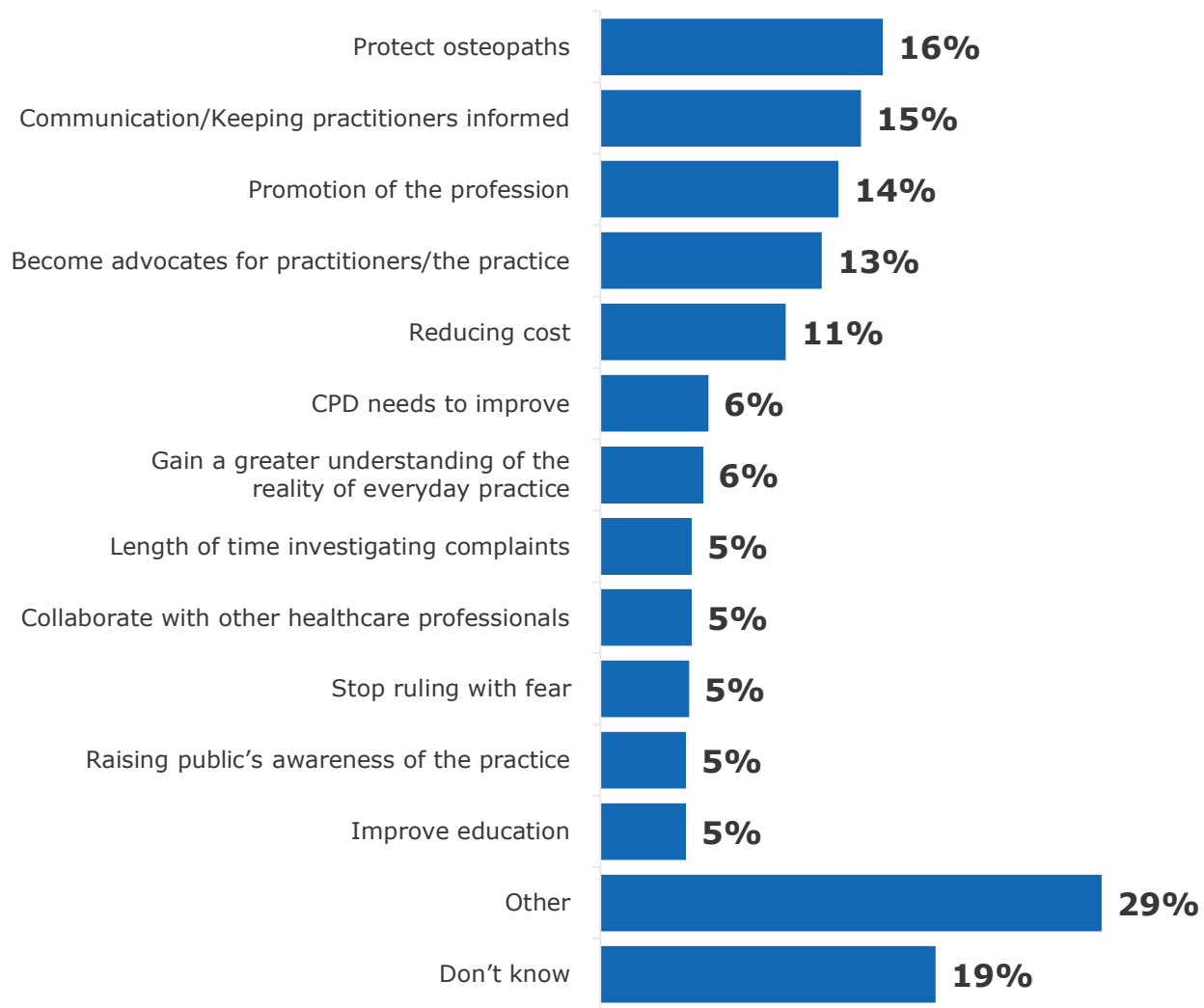
Source: Q04b. What, if anything, do you feel the GOsC does particularly well at the moment? What are your perceptions of the GOsC at present? **Base:** all respondents (n=629). N.B. Asked as an open-ended question and coded for analysis purposes.

How can the GOsC improve?

When asked where the GOsC can improve, some of the most common answers given highlight how the GOsC's role is sometimes misunderstood – e.g. protect osteopaths (16%), promotion of the profession (14%) and become advocates for practitioners (13%).



Figure 12: How can the GOsC improve?



Source: Q04c. What, if anything, do you feel the GOsC could particularly improve upon?

Base: all respondents (n=629). N.B. asked as an open-ended question and coded into themes for analysis purposes.

Commonly mentioned themes include communication (15%) and reducing costs (11%). Communication is covered more in Section 6 of this report. Other areas mentioned less frequently include approachability, improving the website, transparency, responsiveness, taking on feedback from osteopaths, relocating to cheaper offices, the GOsC to disband, improving training, and being more inclusive of a wider spectrum of approaches to practice. 'Other' in the chart includes themes that were mentioned by <1% of respondents.

"I think because there's the cost element to our fees. I don't know how they come up with a number, but obviously that must be justifiable. Some transparency as to where your money goes would be helpful because rather than us all just moaning about the inflated cost every year. At least, if you can see where it's gone, you might go, 'Oh, actually I didn't really think of that. They have to get the money from somewhere'. I think a lot of people will probably be upset with them just purely from a financial end. Something like that might help."

Osteopath, Negative, 26-30 years on the register



Fees of the GOsC are mentioned throughout the follow-up interviews and in the online survey, with some participants feeling that the GOsC should reduce their fees, manage their finances better, or at least provide more information to justify fee levels.

Some osteopaths are also keen to point out issues with the CPD system. It is important to note that Osteopaths are no longer required to submit their CPD yearly, as the CPD scheme was changed in 2019. Respondents appear to be referring to the old system where practitioners needed to fill out a form summarising their CPD activities at the end of each year.

In the new system, osteopaths are required to fill out a small section of the yearly re-registration form, outlining the number of hours of CPD achieved and tick appropriate modules/themes studied. Practitioners are expected to complete a total of 90 hours of CPD over a 3 year cycle. The new system requires the osteopaths to fill out a 'Peer Discussion Review' form at the end of the 3 year cycle. The CPD diary, which was also mentioned by some practitioners, is not a requirement but a resource which osteopaths could use to keep a record of their CPD for their own referral.

Perceived issues include:

- Perceptions that CPD is difficult to fill out or submit / the submission system is difficult to navigate
- Osteopaths have submitted their CPD but did not receive a confirmation of submission / despite submitting CPD, it was not received by the GOsC, etc.
- The way that CPD is expected to be filled out is unreasonable and time-consuming and doesn't fit in with the reality of everyday practice (e.g. CPD filled out according to the GOsC standards would take several hours' work, requires working overtime or takes up valuable time osteopaths could be seeing patients, etc.)

Issues with CPD are often quoted in relation to another theme mentioned, "Gaining a greater understanding of the reality of everyday practice".

"Improve CPD. I don't think they have any idea how many hours of work we have to do to complete their end-of-cycle thing. They seem to just be bureaucrats sitting in an office with absolutely zero idea of what osteopathy is or what we have to do. I don't think they have any idea about caring for a patient."

Osteopath, Negative, 6-10 years on the register

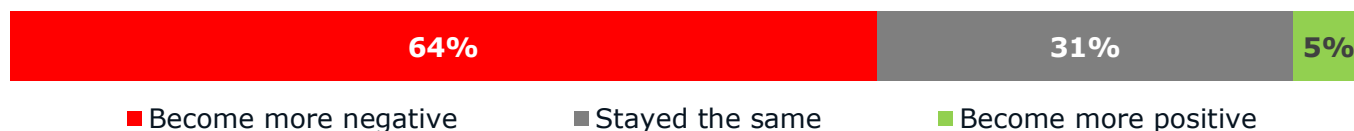
It is apparent that there is a general lack of understanding of the CPD system and its requirements amongst some practitioners.



How have perceptions changed over time?

Respondents were also asked if their perceptions had changed over time; two thirds say they have 'become more negative' and three in ten 'stayed the same'. Only a small minority say their perceptions have become more positive.

Figure 13: How have perceptions of the GOsC changed over time?



Source: Q04a. Have you always felt this way about the GOsC or, over time, have your perceptions... ? **Base:** all respondents excl. Don't know (n=620).

Osteopaths who have been registered for less than two years are less likely to say their perceptions have become more negative (48%) compared to those who have been registered for two or more years (65%).

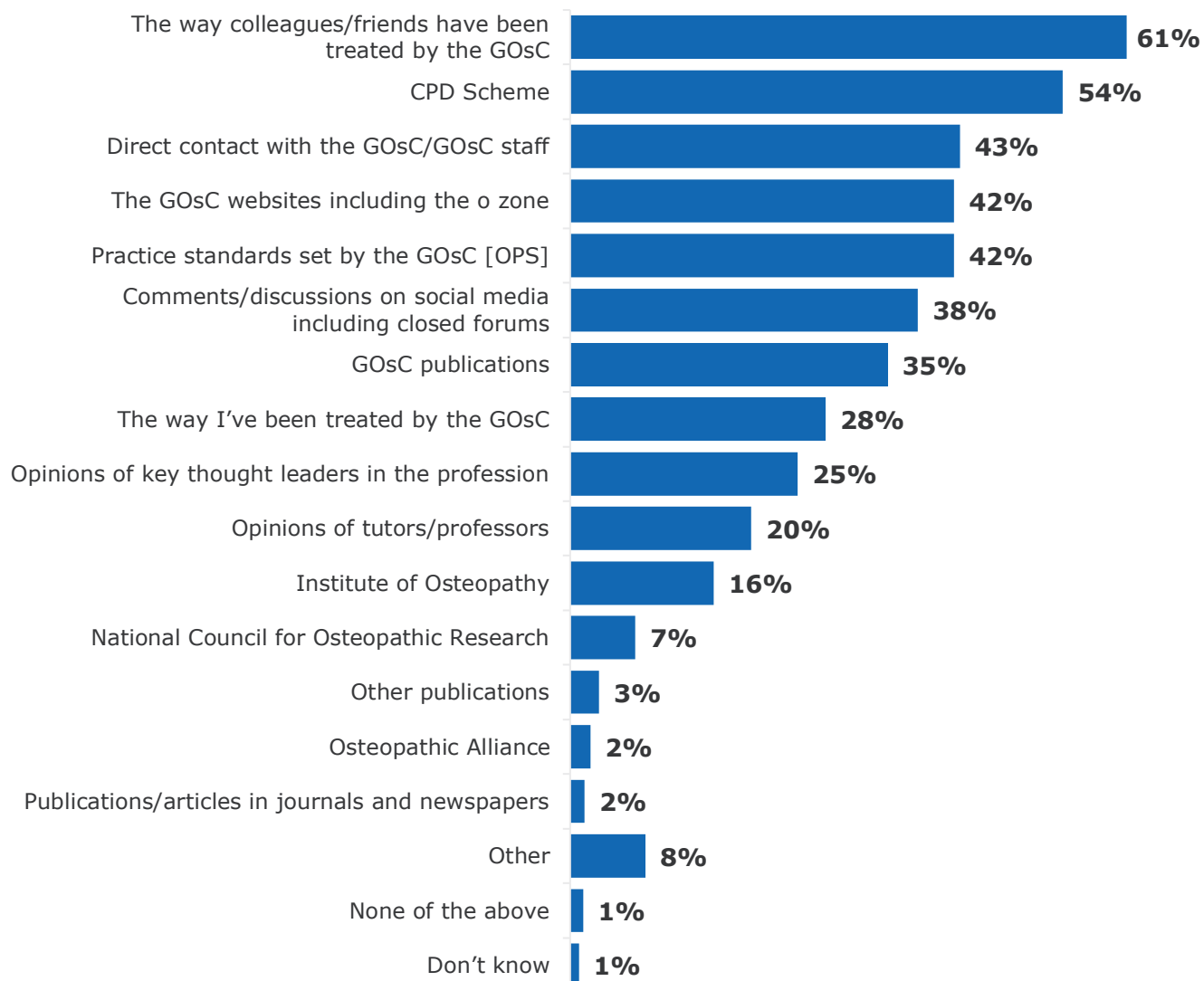
What has shaped perceptions?

Respondents were asked to select from a list, the factors which have been influential in shaping their perceptions of the GOsC. The most influential factors are the way colleagues/friends have been treated by the GOsC, followed by the CPD scheme.

However, there are many other factors which influence perceptions including contact with the GOsC/the GOsC staff, the GOsC website, standards set by the GOsC and comments/discussions on social media (see Figure 14 overleaf).



Figure 14: What has shaped your perceptions of the GOsC?



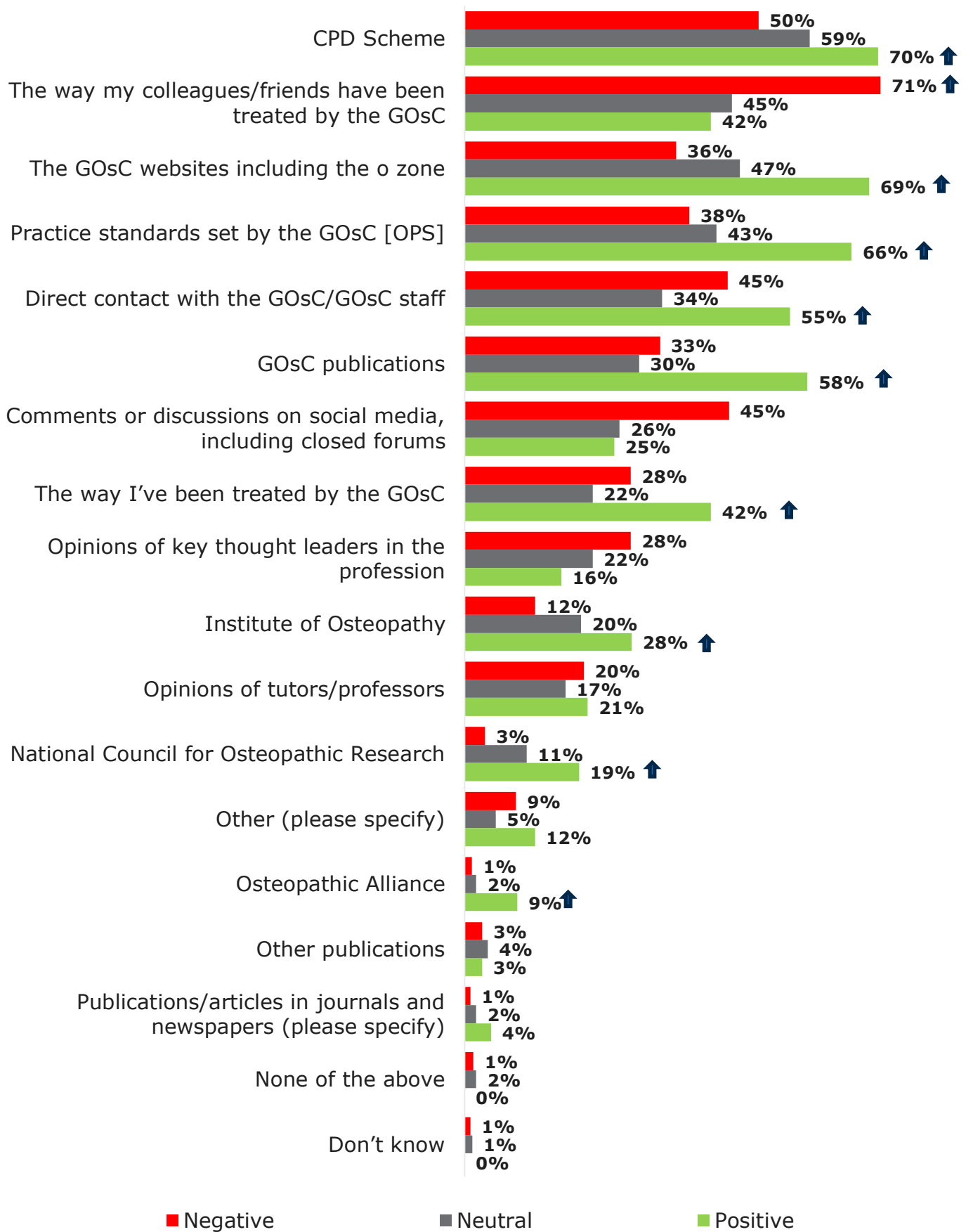
Source: Q05. Out of the following, which do you think have been influential in shaping your perceptions of the GOsC? **Base:** all respondents (n=629).

Analysis was also carried out to identify what factors have shaped perceptions depending on whether respondents are positive, neutral or negative about the GOsC overall (Figure 15, overleaf).

Those with negative perceptions of the GOsC are significantly more likely to have been influenced by 'the way my colleagues/friends have been treated by the GOsC' and 'comments or discussions on social media, including closed forums', but significantly less likely to be influenced by the GOsC activities, resources and partnerships (CPD scheme, Ozone/websites, OPS, direct contact, publications, treatment by the GOsC, the iO, NCOR, and OA), which were more influential on those with a positive view of the organisation. In summary, while positive views are more likely to be influenced by the GOsC's role and activity, negative views tend to come from 'second-hand' experiences via colleagues and social media.



Figure 15: What has shaped your perceptions of the GOsC split by view



Source: Q05. Out of the following, which do you think have been influential in shaping your perceptions of the GOsC? **Base:** all respondents (n=629). N.B.: Arrows in the table represent statistically significant differences amongst comparable group, with arrow pointing up indicating significantly higher score than comparable group.



In-depth interviews support the fact that views are often shaped by second-hand experiences such as social media and how friends/colleagues are treated by the GOsC. Students also appear to be heavily influenced by the views of their educators.

“Social media, I suspect. There's a lot of negativity out there. Like I said, everybody peddles negativity. Nobody peddles positivity.”

Osteopath, Neutral, 21-25 years on the register

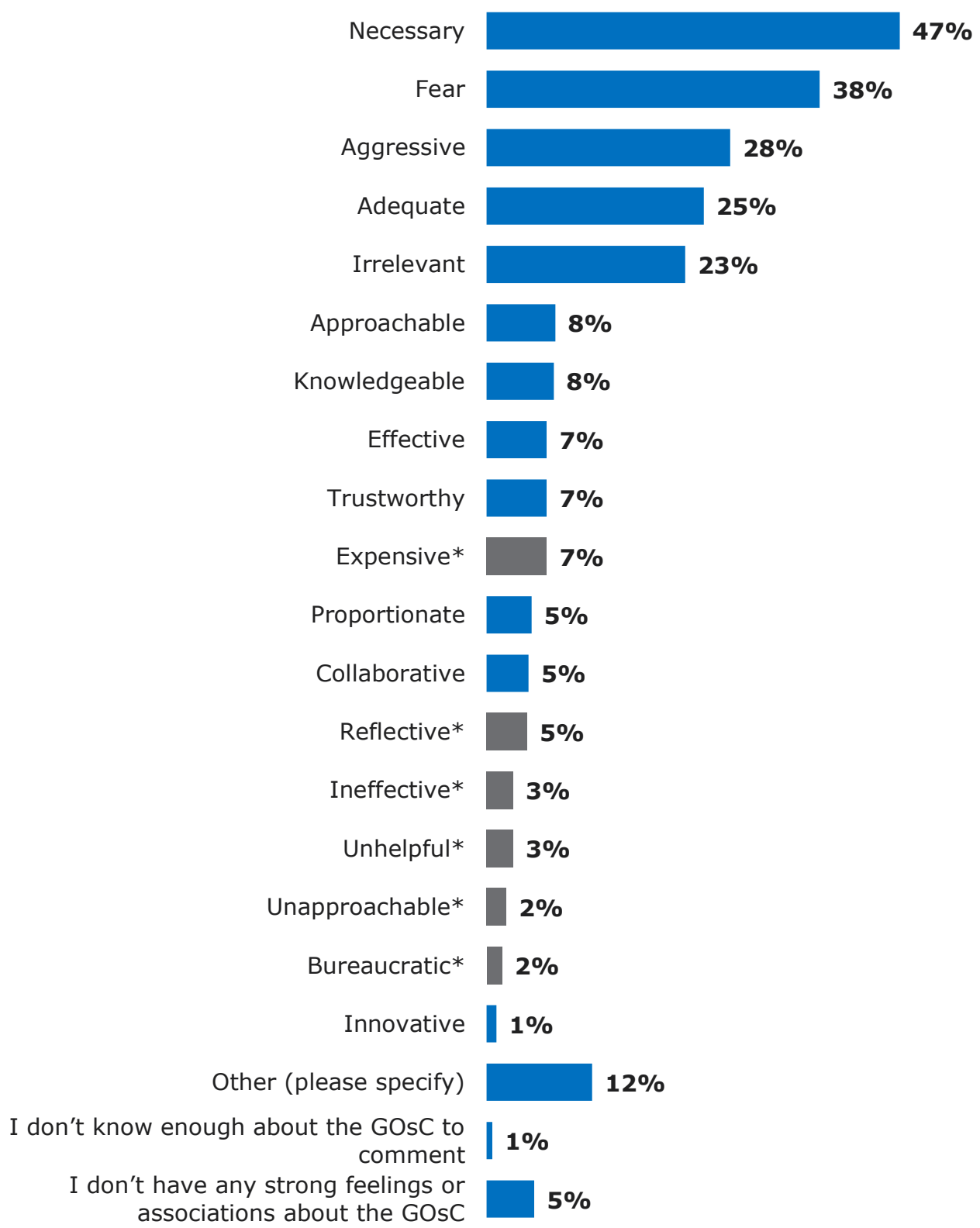
Words associated with the GOsC

Respondents were asked to select from a list of words, which they associate with the GOsC. The most common words selected are shown overleaf (Figure 16). Some words have been coded from 'other specify', these are highlighted in grey and marked with an asterisk.

The most common words associated with the GOsC are necessary and fear. This sums up the dichotomy often associated with perceptions of a regulator, and a general feeling that they are a 'necessary evil'.



Figure 16: Words most associated with the GOsC



Source: Q02. Which of the following words do you most associate with the GOsC?
Base: all respondents (n=629). *word not included in original coded list but coded as mentioned frequently within the 'other specify' option.

Almost three in ten associate the GOsC with the word 'aggressive' – this is backed up during follow-up interviews with some participants feeling that communications are overly aggressive, particularly in cases where a genuine mistake had been made due to extenuating circumstances (e.g., forgetting to pay fees when a close relative had passed away etc.).



Another commonly selected word is irrelevant; some participants feel that the GOsC only deals with certain parts of the profession (e.g., musculoskeletal) and largely ignores others (classical osteopathy) or does not provide osteopaths with the support they need to improve their practice (e.g., provide classes on consent and professionalism), despite the high cost of registration.

"They have to come from a place of supporting the osteopath, not attacking the osteopaths. This is the problem. They're somewhat... particularly their old stuff. You know, it was very aggressive. I mean, I read their magazine* now. I just think, 'Well, a lot of rubbish'. I mean, there's nothing in there apart from promoting themselves. I just think, 'Oh, for Christ's sake, what are you actually doing?'"

Osteopath, Negative, 11-15 years on the register

**The GOsC send out a monthly email bulletin to all osteopaths*

Fear of the GOsC

As fear features highly in the list of words associated with the GOsC, this theme was explored further during the in-depth interviews. Participants were given the context that the GOsC has expressed a desire to regulate through trust and respect, rather than fear, and asked for their views on how the GOsC can reduce fear and increase trust and respect.

"Osteopaths are terrified of the GOsC because they have so much power. They can destroy our careers like that and they have done. And there's no comeback. There's no fightback. There's no appeal. There's no anything."

Osteopath, Negative, 26-30 years on the register

"It feels like they're biased against osteopaths and towards the public. They're there to safeguard the public, not to safeguard the truth, and it feels like I need to be able to prove my innocence instead of somebody proving my guilt. It feels like people are waiting, watching my hand and just waiting for me to do something that would constitute malpractice."

Student, Negative, Not registered

"Well, it [perception of fear] comes from the tutors who are all registered osteopaths. Some of them will probably have had the experience of maybe somebody making a complaint about them. Yeah, 'You've got to make sure you've done this, this and this, otherwise, you'll have the GOsC on your back', is what you're told and some of that's to try and reinforce [the importance of] meeting the osteopathic practice standards. But it is a bit like a kind of fear of them. The fear of losing your livelihood. The fear of losing your career is held over you because I think that's the fear that most osteopaths have really."

Osteopath, Positive, Registered less than a year ago



Fear is often related to the fact that the GOsC can remove osteopaths from the Register and therefore take away their livelihood. For some, this fear has been exacerbated by complaints made against osteopaths being shared by peers/colleagues or on social media. Some respondents feel that the GOsC are 'out to get them' or 'big brother', with some students in particular being told by educators to be wary of the GOsC.

"I think they fear the GOsC because they don't think that the GOsC will be supporting them. I think that most people think that GOsC will in fact do the exact opposite. I think we are guilty until proven innocent of absolutely everything. I don't think they get people on board fast enough. I don't think it's considered fair enough.

Osteopath, Neutral, 26-30 years on the register

When asked how the GOsC can reduce fear, participants mostly suggest that fear can be reduced but not removed entirely. Some believe that an element of fear is unavoidable and that some fear will always exist, and if fear is removed completely, the GOsC has no role to play (e.g. if they cannot/do not remove osteopaths from the Register). Some participants drew parallels with organisations such as the police, you 'fear' them to some extent because they can take action against you if you commit a crime, but if you are law-abiding, that fear should be somewhat limited.

"To be honest, I think I made that comparison with HMRC... The reality is, someone who regulates you, someone who has authority over your livelihood is likely to be feared, and it's rather naive to assume that that's not going to be the case. I think if...the rest of their function was done effectively, it would be fear with respect. But fear without respect, is the issue, I think."

Educator, Negative, 21-25 years on the register

"You could liken them in a way to a headteacher. You want to keep your head below the parapet and you want to smile at them and nod to them, but you don't ever want to be in their office... The majority of people that speak to them have to do so, because they get a wrap across the knuckles for something or other. Therefore, a bit like going to see your headteacher, you're always slightly fearful of that character."

Osteopath, Negative, 21-25 years on the register

Suggestions on how the GOsC may be able to reduce fear include:

- Learn from other regulators in terms of how to regulate via respect and fairness.
- Use the education system to tackle the culture of fear – deliver lectures or visit universities to share information with students directly.
- Produce statistics on fitness to practise cases – how many cases are investigated, progression of cases and outcomes (to show that, in the majority of cases, osteopaths are not removed from the Register and either no action or limited action is taken).



- Educate osteopaths on areas which are commonly investigated – e.g. if lots of cases around consent, share information/training on this area to help osteopaths meet the required standards and avoid complaints in future.

“I think they could learn lessons from the way other professions manage their members. I would like there to be more osteopaths making these decisions and less non-osteopaths making decisions. Definitely, because there do seem to be an awful lot of people in the GOsC who have no idea what osteopathy is.”

Osteopath, Negative, 26-30 years on the register

“I don't fear the GOsC. I think they're probably doing a good job, which is a difficult job. I mean, they're trying to regulate over 5,000 osteopaths, it can't be easy. I could understand why people are fearful...because they appear to be in their ivory towers sitting in London, ...they need to get out and just meet people. And osteopaths will give you 1,000 reasons why they shouldn't go and meet somebody, you know because they're trying to run a clinic, they're too busy or they've got patients or whatever. It's fear of the unexpected. You don't know what to expect until you actually meet somebody. And when they actually meet them... I think there have been some incidents in the past where the GOsC has probably not done itself any favours with the way it's handled issues. They can come across as being inhuman, maybe, in their approach.”

Osteopath, Positive, 21-25 years on the register

Stakeholders' perceptions on the fear of the GOsC

Some stakeholders uphold the belief that the fear of the GOsC is linked to the feeling of mistrust, be it because of the stories about the GOsC's actions towards their colleagues, because of the poor communications (more specifically, tone of communications), or the feeling that their practice is not understood by the GOsC.

Some stakeholders advise the GOsC to better communicate what and who is involved in the decision-making in processes like the FTP. Osteopaths worried about their practice being misunderstood could take comfort in knowing that a fellow practitioner, with a good understanding of their type of practice and with a good grasp of the reality of practice, could settle the fear and mistrust in the GOsC's processes.



"How would you lessen [the fear]? I think... showing the profession that [the GOsC] have understood where the fear may lay and what they're doing about it. So... going through the actual... fitness-to-practice process from the first step upwards to be very clear about what happens, but then to even support and say there will be qualified osteopaths there. If there aren't, there should be. ...Also show that they understand that we are unique in the way we work, and we have a different nuanced way of doing things...Obviously, they're not going to understand everything. They're not practicing osteopaths, but they [should] actually understand the nature of the profession that they're regulating, but they don't."

Stakeholder

Trust in the GOsC

As we have seen, overall, very few respondents spontaneously associate the GOsC with the word 'trustworthy' (7%). A couple of further questions in the online survey delve into trustworthiness in more detail.

Trust in the GOsC as a regulator

Respondents were asked whether they currently trust the GOsC to perform its functions as a regulator. Around a third say they have some trust or trust them completely, one in five neither trust nor distrust them and almost half don't trust them at all or have little trust in them.

Figure 17: Trust in the GOsC to perform its functions as a regulator



- Don't know
- I don't trust them at all
- I have little trust in them
- I neither trust nor distrust them
- I have some trust in them
- I trust them completely

Source: Q12. How much would you say you currently trust the GOsC to perform its functions as a regulator? **Base:** all respondents (n=629).



Trust that osteopaths will be treated fairly

Respondents were also asked whether they trust the GOsC to treat them fairly. A similar picture emerges, with around a quarter having some level of trust, one in five being neutral and just over half not trusting the GOsC (at all or very little). Trust is slightly lower overall for being treated fairly compared to trust that the GOsC will perform its functions as a regulator.

Figure 18: Trust that the GOsC will treat me fairly



Source: Q13. How much would you say you currently trust the GOsC to treat you fairly?
Base: all respondents (n=629).

In-depth interviews support these findings, particularly that trust in the GOsC to perform their duties is higher than trust that osteopaths will be treated fairly. Some of the distrust around being treated fairly comes from second-hand experience of fitness to practise cases, for others, this is related to how they have been treated by the GOsC in the past. This is not always related to fitness to practise, sometimes issues have occurred (e.g. late registration, missing a renewal of insurance) which were resolved before they got to this stage, but it is felt that the GOsC can be heavy-handed and are not understanding when there are extenuating circumstances.

"There was a girl, an associate, she'd been graduated a few years ago, good at her job and maybe lacked a little bit of confidence but nothing more than that. And at the time she was here, she blossomed into a good osteopath. During that time, she got married and sadly, after a very short period of time, her marriage broke down and she ended up having to move back in with her parents. Her parents were elderly, so she ended up caring for her parents and she had moved out of the marital home... so she didn't get her mail [including] that her insurance had run out with the General Osteopathic Council... And I think her mind was elsewhere. So, she came in to see me one day and said, 'Look, I've just picked up mail. I realised my insurance ran out two weeks ago. What should I do?' And I said, 'The first thing I would do is contact the General Osteopathic Council, explain the situation', and I would like to think that they're quite understanding about it and that's what she did. And in short, she was given disciplinary which meant that she was struck off and she left the profession. As I said, I didn't speak at the General Osteopathic Council, but I was just very disappointed that they could not be a bit more human about it and just say, 'Look, we understand the situation. You know, there are sanctions which we have to impose'... But it's not that she'd been operating for a year without insurance. It just ran out two weeks beforehand."

Osteopath, Positive, 21-25 years on the register



"I don't see anything that's actually given them the right to have the word [trustworthy] describing them. I don't know how you would use trustworthy for a regulator. I mean, we don't have anything to give to them to give our trust in. I certainly don't trust them to make good decisions because I've seen the bad decisions they make. I don't trust them to handle our finances because they just seem to be flittering money away."

Osteopath, Negative, 21-25 years on the register

"The problem is they don't have a positive role. There isn't a role. Their reason to exist doesn't have a positive [impact] towards us as individuals. The only way in which they can interact with us is to charge us, to oversee CPD, which some people resent anyway, or to provide punitive measures. At most, we could trust that they were doing those things fairly, but again, I don't know what else I could trust them for."

Educator, Neutral, 11-15 years on the register

When asked how the GOsC can build trust with the profession, similar themes emerge when discussing how to reduce fear – engage the profession more, share more information and be more transparent, particularly around fitness to practise cases and outcomes (in summary form).

"They publish those very regularly and very frequently and, again, in a timely manner. I think maybe less of a word-for-word document ...and write it up in a less kind of lawyerly way, 'This was the problem that therefore broke down that the X rule and that was then considered inappropriate. The consent wasn't obtained, et cetera'...[and maybe with some general examples]."

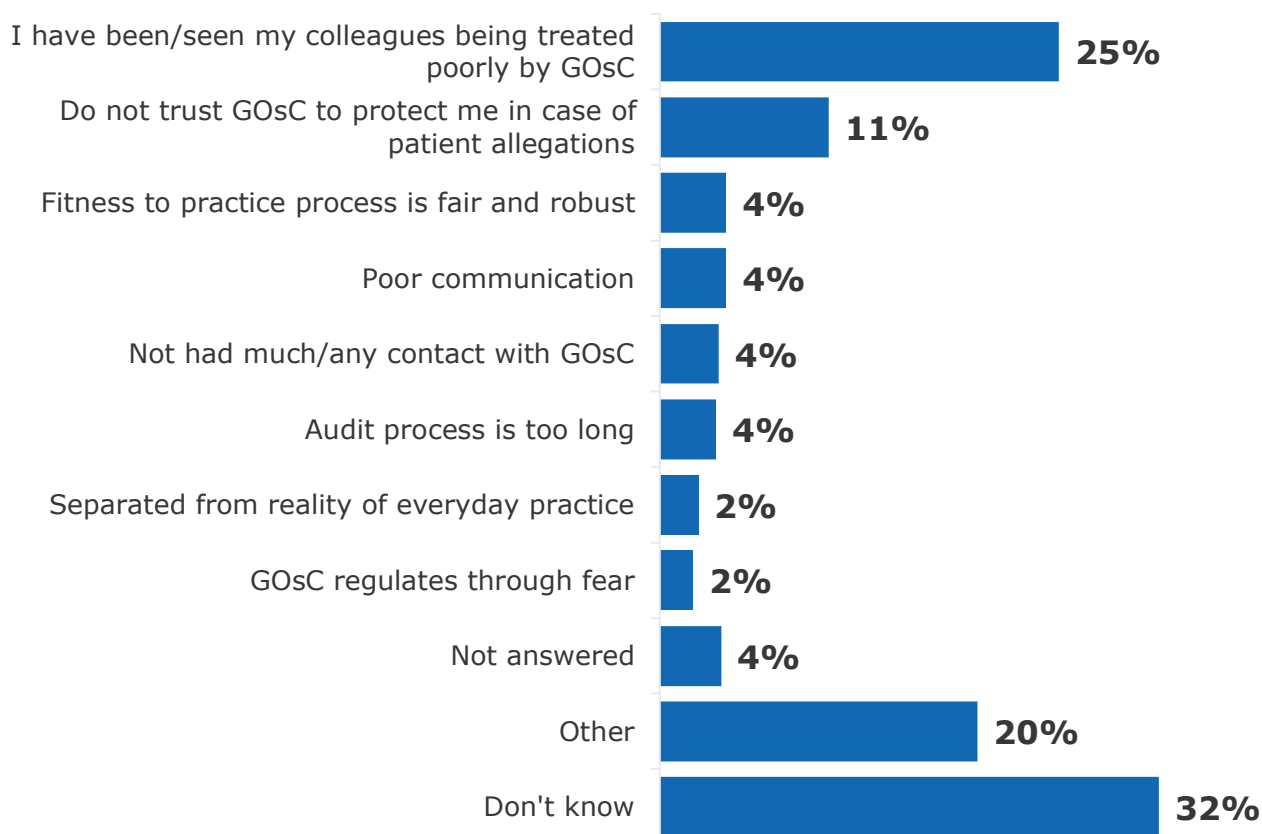
Osteopath, Positive, 26-30 years on the register

In the online survey, respondents were asked the reasons they trust or mistrust the GOsC. This was asked as an open-ended question and answers have been coded for analysis purposes. Almost all common responses are negative in nature, except 'fitness to practise process is fair and robust' (4%).

However, the most common reasons for a lack of trust in the GOsC are how colleagues have been treated by the GOsC, or not trusting the GOsC to protect them in case of patient allegations.



Figure 19: Reasons why the GOsC are trusted/not trusted



Source: Q13a. Please can you tell us a bit more about why you feel that way?

Base: respondents who gave a rating for the GOsC treating them fairly (n=613).

N.B. Asked as an open-ended question and coded for analysis purposes.

Poor communication and a lack of contact from the GOsC are also mentioned. Other answers include a lack of transparency in the audit process (1%), and staff at the GOsC not being knowledgeable (1%).



6 Research results: communications, engagement and EDI strategy

Views on communications and engagement

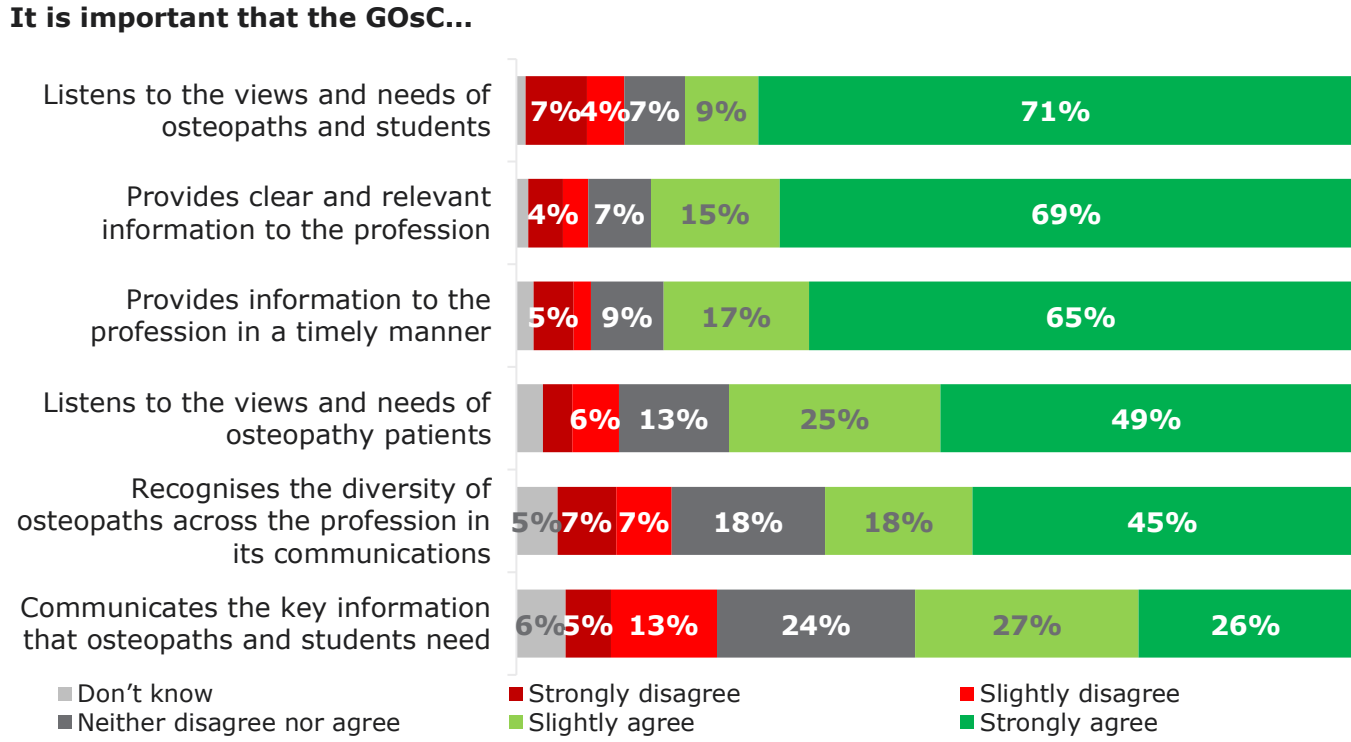
As well as understanding views on how it is perceived, the GOsC was also keen to obtain views on its communications, engagement and EDI strategy.

Respondents to the online survey were asked the extent to which they agree to a list of statements relating to communications and engagement in terms of importance.

Respondents think it is most important that the GOsC listens to the views of osteopaths and students (80% NET agree), provides clear and relevant information to the profession (84% NET agree) and provides information in a timely manner (82% NET agree).

It is relatively less important that the GOsC focuses on only communicating the key information that osteopaths and students need (52% NET agree).

Figure 20: Importance of communications and engagement



Source: Q08. To what extent do you agree or disagree with each of the following statements?
Base: all respondents (n=629). N.B. Data below 3% not shown in the chart.

N.B. Answer codes have been slightly reworded from those seen in the survey in order to fit onto the chart e. g. 'focuses on listening to the views and needs of osteopaths and students', 'when communicating with osteopaths and students, focuses on communicating the key information that they need' etc.

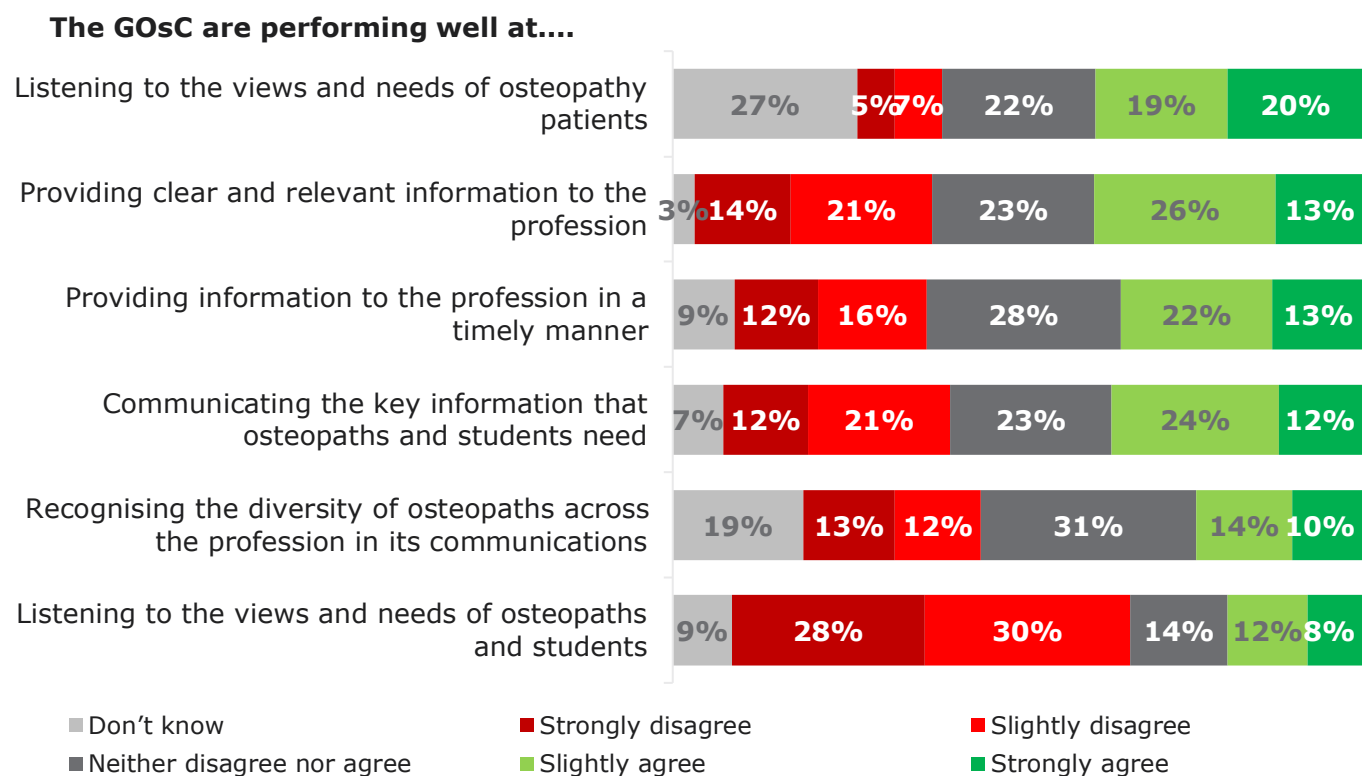


The GOsC's communications performance

Respondents were also asked to rate how well the GOsC are performing for the same list of attributes on a five-point scale from strongly disagree to strongly agree.

Views are that the GOsC performs best at listening to the views and needs of osteopathy patients and performs least well at listening to the views and needs of osteopaths and students. This is consistent with other findings and highlights how some of the negative perceptions held of the GOsC are related to an understanding (or lack of) of their role.

Figure 21: Agreement that the GOsC are performing well in communications and engagement



Source: Q09. To what extent do you agree or disagree that the GOsC are performing well at... ?
Base: all respondents (n=629).

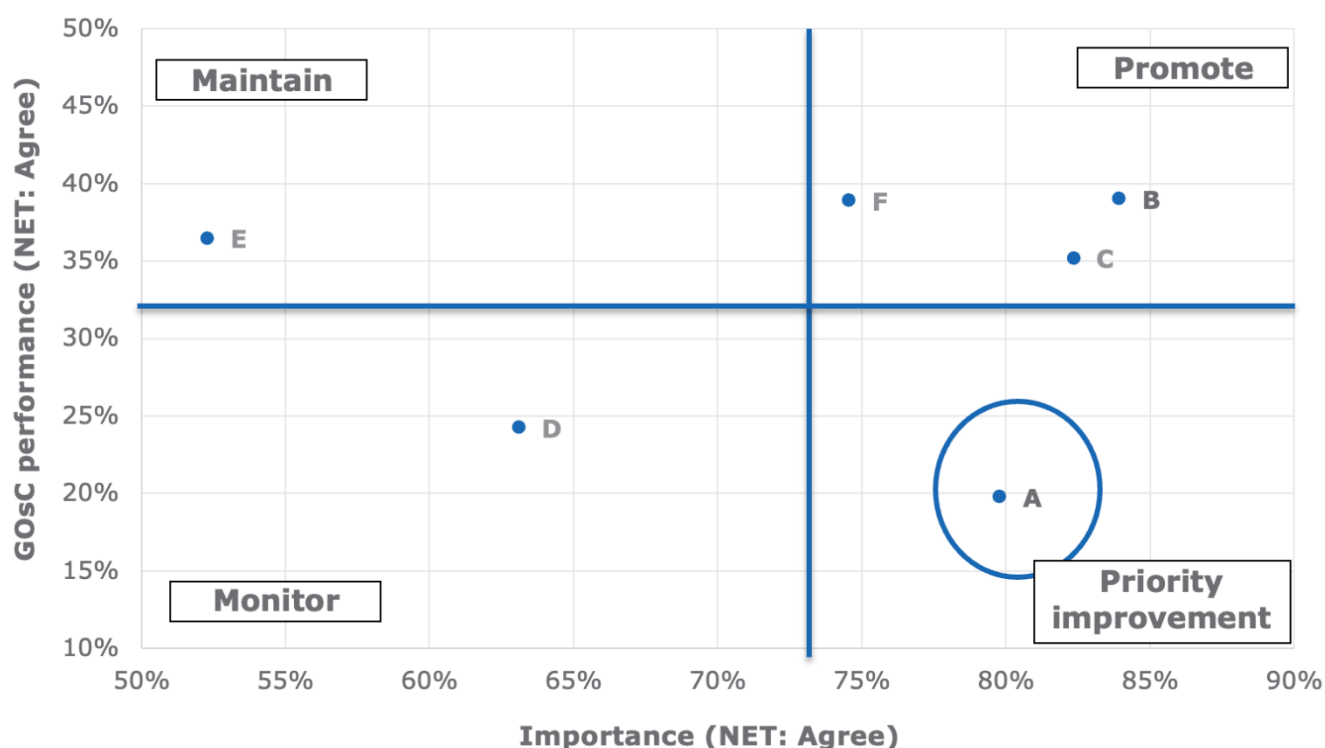


Areas for improvement

By analysing the relative importance of each attribute (Q08: NET agree) against how well the GOSc performs (Q09: NET agree), we can identify the areas where the GOSc could focus on improving.

The 'maintain' section contains attributes of lower importance, which the GOSc is performing well in (relatively). Performance in this should be maintained. The 'promote' section contains attributes which have a high importance score, and which the GOSc is performing well in. Performance in these attributes should be promoted. The 'monitor' section contains attributes that the GOSc is not performing particularly well in but are also of lower importance to osteopaths. This section should be monitored as perceived importance can go up, and this attribute could become a priority improvement. The 'priority improvement' section holds attributes that the GOSc is scoring low on, but which have a high importance score. These attributes ought to be addressed promptly.

Figure 22: Importance vs the GOSc performance on communications and engagement



- A**=focuses on listening to the views and needs of osteopaths and students
- B**=focuses on providing clear and relevant information to the profession
- C**=focuses on providing information to the profession in a timely manner
- D**=focuses on recognising diversity of osteopaths across the profession in its communications
- E**=when communicating, only focus on communicating key information
- F**=focuses on listening to views and needs of patients

Insights from qualitative interviews

During the in-depth interviews, we asked participants how they would like the GOSc to communicate with them. For the most part, email is preferred at monthly intervals. Many mention they already receive the e-Bulletin, however, few read it in any detail, saying they feel the content is repetitive or not relevant to them.



Frequency of communication is not raised as an issue, and participants are generally satisfied with the current communication schedule. However, several participants point out that the communications tend to be long emails, which are difficult to navigate to find information relevant to the recipient. There have been several suggestions including emailing summaries of key points, which hold hyperlinks to external articles on the topic, which osteopaths can access if they are interested in reading more about, creating clearer headings, or navigation within emails.

Moreover, email communications have also been described as wordy and difficult to read, due to the language used. It is suggested that, whilst emails do not need to be exciting or overly engaging, they should be written in clear and concise language.

Several participants suggest that the GOsC should give osteopaths an option of receiving a physical copy of the ebulletin similar to a magazine, as they struggle to read or access online material. However, others feel there is no need for physical materials, and this is seen as an extra expense for the GOsC which should be avoided.

Interestingly, many participants were confused about the communications they received from the GOsC versus the Institute of Osteopathy, with participants not clearly remembering what communications they received from which organisation. Several respondents discuss their experience of reading the GOsC magazine, which has been discontinued. These respondents are likely to refer to the 'Osteopathy Today' magazine produced by the Institute of Osteopathy.

"I would've unsubscribed from any paper mail if they allow that option. I get the emails and the magazine, they're okay. I skim read the emails in case there is anything particularly interesting, but it tends to be fairly dry. But again, they're not expected to be an exciting organisation."

Educator, Neutral, 11-15 years on register

"Since they've gone electronic, I've read nothing, not even opened an email. So, it just is another jumbled mess on a screen that I can't mark and make notes on. But that aside, I find... It's interesting they say they write it with osteopaths, because they're obviously writing it with a certain type of osteopath, because I couldn't understand it. Lots of people can't understand it."

Osteopath, Neutral, 16-20 years on the register

Communicating relevant information

Participants have mixed opinions about the type of communication they wish to receive from the GOsC. There is a general sense that osteopaths want to get a better understanding of what the GOsC does and receive updates about their activities.

Others indicate that as a regulator, there is very little that they expect from the GOsC in terms of communications, and do not see a point in regular communication unless passing on information which directly impacts their practice (e.g. changes in regulation, etc.).

Many participants skim through the communications to find information that is relevant or interesting for them. These tend to be quoted as clinical case studies, articles written by osteopaths, articles about changes to the general practice of osteopathy and advice for practitioners.



"So, there's not much that they put forward that I find particularly interesting. Not clinically relevant, it's not any way of furthering my profession or something that I have to be aware of. So, personally, they're most of the time not particularly relevant to me and my practice."

Educator, Negative, 21-25 years on the register

"Specific case studies, which might be around fitness to practise, or around risk, but in a fairly concise manner. I think new things. What are they doing? How are they improving? How are they improving the situation financially for themselves and therefore for us as members?... How is it going to help me, is what I want to see."

Educator, Negative, 21-25 years on the register

"They could do with diversifying it a little bit, trying to make it a bit more interesting. About opportunities for expanding our businesses, about engaging with perhaps different other practitioners in different health roles. See if we can liaise, see if we can integrate more with those groups... what opportunities we could explore."

Educator, Neutral, 3-5 years on the register

Ease of getting in contact with the GOsC

The ease (or otherwise) with which the GOsC can be contacted emerges as a key theme from the quantitative online survey, therefore in-depth interviews asked specifically about this to understand experiences in more detail.

Many participants stated that they rarely, if ever, try to make contact with the GOsC. When asked about why an osteopath might get in contact with the GOsC, most state that it would be to enquire about issues with CPD submission, re-registering, payment issues, or to report a malpractice (e.g., an unregistered practitioner).

Most participants who have contacted the GOsC received a reply fairly promptly (whether via email or telephone). However, there were some examples where a delayed response was received or where no response was received at all. Key criticisms include that the GOsC can be difficult to contact (often taking several attempts to get through to a member of staff), and that issues can remain unresolved (e.g., no update on reported malpractice cases). Generally, however, most feel that the GOsC staff are polite and professional once contact is made.

It is suggested, to improve in future, that the GOsC should manage expectations, for example, having an autoreply on emails informing them how long a reply would take, or a voicemail if osteopaths are telephoning, to let them know when to expect a callback. Some have also pointed out that when sending documents, they would like to receive a confirmation of receipt from the GOsC.



Stakeholder views on ease of getting in contact with the GOsC

Stakeholders' views on the GOsC's communication are mixed. While some report having no issue in contacting senior members of the organisation, others bring out examples of occasional delays despite their status as partner organisations. However, stakeholders are also aware contacting the GOsC is much more difficult as a registrant.

"Well yeah, if you were to cast an eye over the various social media groups, there are a lot of complaints about not being able to get through to the GOsC. If you call, in fact, the only reason we talked to the GOsC, we have the direct mobile numbers of an awful lot of their senior staff. If you try and go through the switchboard number, forget it."

Stakeholder

Reasons for the GOsC's performance (communications & engagement)

Respondents were asked an open-ended follow-up question, to understand why they feel a certain way about the GOsC's performance. Responses have been coded into themes for analysis purposes.

The most common themes include that the GOsC has lost touch with the true practice of osteopathy, not being visible enough/advocating for the profession and poor communication. Some also hold the view that the GOsC has too much focus on policing rather than supporting the profession or is not fit for purpose.

Figure 23: Reasons why respondents feel the GOsC is performing well/not so well



Source: Q09b. Please could you tell us a bit about why you feel that way about how the GOsC is performing? **Base:** all respondents (n=629).



Some participants feel that osteopathy has changed drastically compared to what they refer to as 'classical osteopathy'. Some argue that current osteopathy is moving away from the practice's original approach, and as a result, the way that new osteopaths are trained is not sufficient or in line with what it means to be an osteopath.

"The osteopath has to have a good standard of medical knowledge and training. And quite frankly, my view is the standard of medical training is insufficient to cope with the 21st century at the moment. They're undertrained both in medical diagnosis and they're undertrained in technical ability, which is very important for an osteopath because a lot of this has been led by a litigious society where people are frightened to do things now. And in some cases, they're right to be frightened because they've not been trained properly. We're turning into more of a physiotherapy profession because of the osteopathic side of it... There's very little difference, I think, now between an osteopath and a physiotherapist because osteopaths are not doing what we were trained to do a while ago, and that's to do with the standard of training, the exposure to pathology and the exposure to tutored technical instruction. The lack of opportunity to treat people."

Osteopath, Negative, 21-25 years on the register

Certainly, there appears to be a division among osteopaths, with some feeling that a move towards a more 'evidence-based' or 'medical osteopathy' is correct, whilst others argue that this is diminishing and diluting the practice, therefore inadvertently making the practice disappear.

The division among approaches to 'true osteopathy' appears to some extent be a fundamental issue within the field and underlines a lot of dissatisfaction with the direction that the GOsC is taking in regulating osteopaths.

"I feel really strongly about our regulator because apart from my experiences, I feel they're having a really bad effect on the profession of osteopathy. I think the way the profession is being regulated is destroying the profession. So, most osteopaths are really passionate about it. I don't know about the youngsters now because a lot of them are learning more about evidence-based medicine than real osteopathy. A lot of the principles have been diluted to fit the medical model...in the last 30 years, there's been a move to make osteopathy come into line with conventional medicine. And in that process, some of the wonderful principles of osteopathy have been diluted."

Osteopath, Negative, 21-25 years on the register



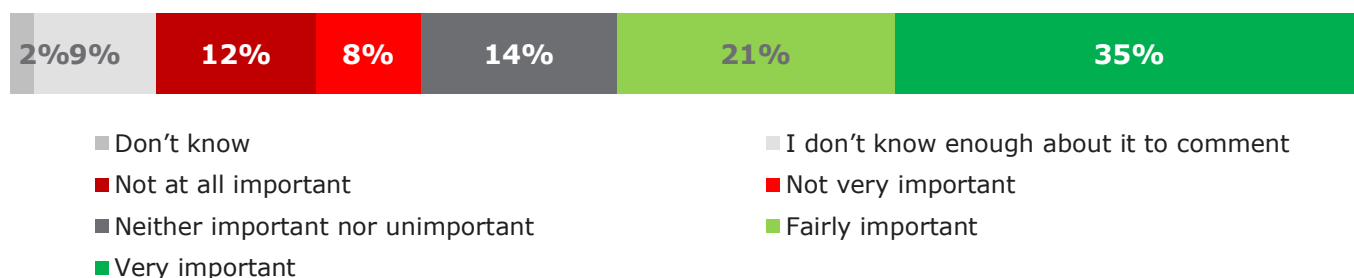
“Everyone thinks that they're right and that's good because as a medical professional, everyone's very caring. They care about their particular patients. They don't like to be criticised and they think what they're doing is right for their patient, but also for themselves. So, you know, osteopaths are individuals, should we say. So, trying to get and keep a group of osteopaths together is probably a bit like herding cats. They're all going in different directions.”

Osteopath, Positive, 21-25 years on the register

Views on the GOSc's approach and performance in relation to EDI

Respondents were asked to rate how important it is to them that the GOSc takes the promotion of EDI in line with its EDI framework. Just over half (55%) believe it is important; however, one in five said unimportant and around a quarter are either neutral or don't know (Figure 24, below).

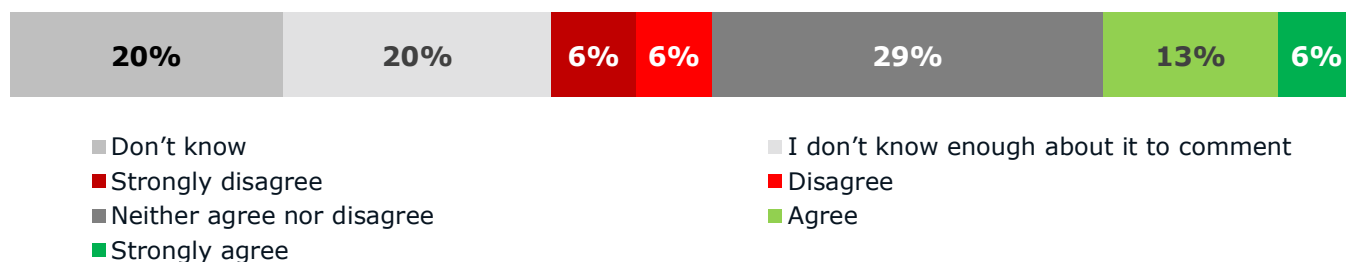
Figure 24: Importance of the GOSc's approach to EDI



Source: Q10. The GOSc has been aiming to promote equity, value diversity and embrace inclusivity in line with its Equality, Diversity and Inclusion (EDI) framework. The GOSc is also working to continuously improve its approach to EDI in accordance with best practice. How important do you think it is for the GOSc to take this approach to equality, diversity and inclusion?
Base: all respondents (n=629).

Figure 25: The GOSc's performance against EDI aim

When asked to rate the GOSc in terms of how they are performing against this aim just one-fifth agree the GOSc is performing well. Two-fifths said don't know or don't know enough to comment and just under one-third are neutral.

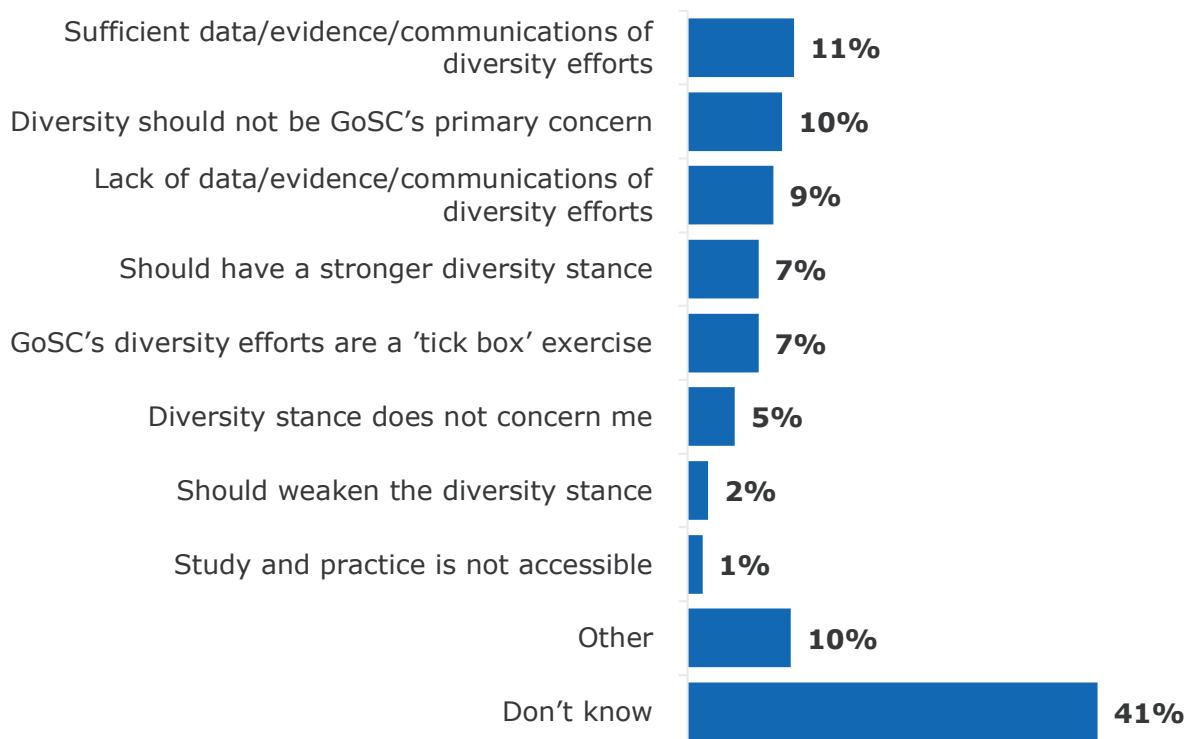


Source: Q10a. To what extent do you agree that the GOSc are performing well at this aim currently? **Base:** those rating the EDI framework (n=561).



When respondents were asked why the GOsC performed well or not in relation to EDI, there were some clearly conflicting views. Around 11% say there is sufficient data/evidence and communication around their diversity efforts, yet a similar proportion (9%) say there is a lack of data/evidence about this. While 10% feel diversity should not be the GOsC's primary concern, 7% say the GOsC should have a stronger diversity stance.

Figure 26: Reasons why the GOsC perform well/not so well in relation to EDI



Source: Q10b. Please can you tell us a bit about why you <agree/disagree> that the GOsC is performing like this currently? **Base:** those rating the EDI framework (n=335). N.B. Asked as an open-ended question and coded for analysis purposes.

Stakeholder views on communication, engagement and EDI practices

Stakeholders believe that the tone of communications sent out by the GOsC, specifically re-registration and FTP communications, has a detrimental effect on registrants' view of the organisation. Communications play a big role in retaining the confidence of the professionals in their regulator, primarily these communications are some of the only contact registrants have with the GOsC.

"And that is something that in the past was a common narrative from osteopaths. Having ...automatic letters coming through either because they were late, but maybe they had a bereavement or, you know... So, they were usually good reasons for things to happen... And the tone of the letters was really threatening...But if they've changed, that's great. But there's still that history, which might be impacting why people feel fearful about the GOsC."

Stakeholder



Poor communication leads to mistrust, and eagerness to engage with negative conversations passed amongst osteopaths online and discourages registrants from engaging with the resources the GOsC provides like the E-Bulletin, CPD diary and any other helpful resources available from the GOsC's CPD website.

"People just don't read it because it's the GOsC and you just think, well, hang on. But they're trying. It's like the CPD scheme, the resources behind that [are] brilliant. Right to give them their credit where it's due really, good website, absolutely explains everything. They've got templates, they've got examples of templates, and then you'd have us go, 'Well, they don't give us any help'. 'Well, have you read it?' 'No'. 'Well, why haven't you read it?'" "Because it's the GOsC'. That's just the registrants. But it's going to take a long time. We also have a slight issue with [the fact that] this is perpetuated by people in the profession who have this view and then tell everybody else."

Stakeholder

Lack of confidence in the GOsC is seen as a primary cause for de-registration amongst osteopaths, and loss of confidence of the registrants is seen as a critical issue within a profession. The GOsC needs to focus on rebuilding its relationship with the profession.

"There's an implicit obligation of a regulator to ensure that it actually has the confidence of the registrants that are oversees. Because without that, then the overt purpose of the organisation gets much weaker.... I think it is not untrue to say that there's a very vocal section of the profession which violently objects to the idea of being regulated in the first place, which is a bit less unfortunate. But also, they don't do themselves any favours by really not paying much attention ...until this report or this bit of research, to [find out] actually what the registrants think about them."

Stakeholder

"It is that lack of trust and respect that has caused a lot of people to leave the profession early and carry on practicing because they've already developed their own list and they can continue practicing as a manual therapist with their own insurance. So, that's another reason. I would say a lot of people have retired from the Register but carried on practicing because of their attitudes towards the GOsC. And that's notwithstanding the fact that being on the Register allowed us to practice."

Stakeholder



"All registered healthcare practitioners don't particularly like their regulator. I don't think that's just osteopaths...Osteopaths, there's a lot of fear mongering. Some of them are absolutely convinced that the GOsC are on a witch hunt and they're trawling through the internet 24 hours a day looking to catch someone out. They're clearly not.... That's why doing [a] hearts and minds exercise is so important and being careful about the language used. 'Look, we are here to protect the public, but that's beneficial for you as osteopaths as well because it benefits your reputation'."

Stakeholder

Stakeholders do point out that the GOsC is doing a lot to engage with Osteopaths, and recent years have shown the organisation to put a lot of effort into this aspect of its role. However, the GOsC's efforts can be hindered because low trust means that osteopaths are unwilling to engage in activities run by the GOsC.

"I would say one thing which has particularly changed is how much they go out and meet the profession now....They have their own events. They invite members of the profession to come along to the council meetings. They have different days where they're perhaps looking at a particular thing. They had something quite recently on shared decision making. They do engage with the profession. There are opportunities there for the osteopath to attend. It's just whether they have the time and the willingness and interest to do that."

Stakeholder

"Certainly for the last five years, they did a lot of outreach during the CPD consultation exercises, they did. But, once that was launched, it stopped. It is noticeable that the discussions around their council meetings takes very little into account of what the registrants think and historically has not really been a major part of it, which is a mistake. While they have a main job of work to do, if you lose the confidence of the people you're looking after, then, well, it starts to go downhill to the extent where we believe that they are at least a significant contributor to the fact that de-registrations have doubled over the last 10 years."

Stakeholder

Another aspect of communications which also ought to be considered is the method through which the GOsC communicates. There has been some suggestion that the GOsC does not understand the way Osteopaths consume information and that usual methods of communication, or methods mirroring those of other regulators, are not effective in this field.



"It is a truism that the ...osteopathic profession is very small. It is based around small units, small clinics ...so that everything lacks corporate structure within this community of ours. Therefore, the normal rules of play that would affect other professions who tend to sit in larger units, larger employer structures ...where they would be equally encouraged to make sure that they're compliant with the regulator...[don't] happen here because ...mostly people are basically self-employed, working in small clinics. The thing is that recognising that, I don't think the GOsC have made enough effort to understand how to get around it... Are their backroom processes good enough to ensure that they have a human face to what they're trying to achieve?"

Stakeholder

The perception here is that the GOsC should improve their EDI practices, to gain a better understanding of the profession, by including an EDI survey in all re-registration forms. This will also help the GOsC with other aspects of their role including designing future strategies and enhancing patient care.

"Something else that is interesting is it's for them to be seen as not ...just a corporate thing without any particular face. I can't think of a better way of putting it. They need to be able to put a face to what they're doing. They don't really know what the face of the osteopath is in the respect that they don't really collect EDI data. They've got very limited data about what the profession looks like. What they could do as a solution is every time an osteopath renews, you have to fill in a renewal form and you could have that on there."

Stakeholder

"Equally, they're very slow with what they do with data. With respect to ensuring that the profession is fit for the future for the patients, you'd think that they'd want to collect that data and actually make it available to the profession because they're the only organisation in the profession that can collect that data and do it with much more agility. ... Again, it goes back to my point where they say we only protect patients, that's all we do. But they need to think more laterally about what they need to do in order to protect patients. Collecting data and disseminating data appropriately for the profession to use to enhance patient care needs to be part of that, I think."

Stakeholder



“We know from the census that we send out, 35% of the profession are looking to retire in the next five years. They've got things like representing the profession at Pride, which is admirable. But what about the fact that there won't be a profession in 10 years' time? Might be a valuable thing to prioritise. They're talking about representing it prior, but yet they don't collect EDI data sufficiently. It's just not strategic.”

Stakeholder

Overall, some of the ways that stakeholders perceive GOsC could potentially improve the relationship with the professionals include:

- Re-establish a good relationship with osteopaths who feel excluded from the field/ feel that the GOsC pressures osteopathy away from their approach to practice
- Establish more 'two-way' methods of engagement with osteopaths, including re-thinking how practitioners are included by the GOsC in decision-making processes
- Underline the benefit of regulation for personal practice in communications with registrants
- Collect and process EDI data more regularly to gain a better understanding of the profession and make informed strategic decisions

Qualitative insights on the GOsC's diversity stance

In-depth interviews back up the quantitative findings, which suggest that the issue of diversity appears to be a divisive one in the profession, with some participants believing that the GOsC should be promoting diversity and participating in events to show the human side of the organisation and ensure that the profession attracts diverse osteopaths, all osteopaths are represented, and the profession is inclusive.

“There are a large number of lesbian and gay osteopaths. And, you know, I think going to Pride is a step towards that, but I think there's something about celebrating, not just LGBT people in the profession, but black and disabled osteopaths, but promoting diversity about it. Ultimately, that impacts patients and accessibility to a whole range of patients who feel they can't access healthcare. I think they're doing lots actually. It's just small steps, isn't it? And it's going to take time to come together. But I know that there was a survey done amongst osteopaths a few years ago and people felt very unsafe about disclosing things to the regulator and how that might be used against them.”

Osteopath, Positive, Less than one year on the register

However, others think that the GOsC should focus on its key role as a regulator and see EDI as a 'distraction' to this aim. These participants voice concerns that the GOsC is becoming too 'woke' and is not focused on representing the profession as a whole. Attendance of London Pride in particular is an area where the GOsC is criticised by some for spending time and resources on this.



"They're more interested in taking a stand at gay Pride than doing what they're supposed to be doing supporting osteopaths. What's gay Pride got to do with the General Osteopathic Council?"

Osteopath, Positive, 26-30 years on the register



7 Conclusions and recommendations

The link between understanding and perceptions: The majority of survey respondents have negative perceptions of the GOsC. There is a clear link between the level of understanding osteopaths have about the GOsC's role as a regulator and their perceptions of the organization. Those with a clearer understanding of the GOsC's remit tend to hold more positive views, while those with less understanding are more likely to be negative.

A need to address misconceptions: Common misconceptions, such as the belief that the GOsC should lobby the government or advocate for the osteopathic profession, are widespread. These misconceptions can significantly influence perceptions of the GOsC.

- **Recommendation:** the GOsC should consider developing communication and education campaigns to improve understanding of the GOsC's core functions, addressing common misconceptions directly. This should include clear, accessible explanations of what the GOsC does and does not do.

Lack of awareness of the GOsC's activities: There is a general lack of awareness about the GOsC's recent efforts to support and engage with the profession. Many osteopaths and students are unaware of initiatives like attending regional meetings and university visits.

- **Recommendation:** Continue and expand efforts to engage directly with osteopaths and students, such as attending regional meetings and visiting universities. Ensure these activities are well-publicised to increase awareness.

Trust and communication issues: Trust in the GOsC is relatively low, with almost half of respondents expressing little or no trust. A lack of trust is often fuelled by how colleagues have been treated by the GOsC and fears of not being supported or treated fairly in FTP cases.

- **Recommendation:** Work to rebuild trust by being transparent about decision-making processes and the rationale behind regulatory actions. Highlight positive outcomes and case studies where possible.

Perceptions of fear and aggression: the GOsC is often perceived as aggressive in its communications, for example in instances of late registration or missing a renewal of insurance. This perception is exacerbated by social media discussions and second-hand experiences, which shape the views of many more negative osteopaths.

Most of the osteopaths interviewed did not have first-hand experience of the fitness to practise process but almost all knew someone who had been through the process, and many had heard about the fear and stress involved. It is highlighted that the FTP process can be a very stressful time for any practitioner and, whilst it is recognised that communications during the process need to be neutral, it is felt that additional communications to clearly explain the process, what to expect and likely timelines would be useful from the outset.

- **Recommendation:** Review and adjust the tone of communications (e.g. insurance, registration, fitness to practise). Specifically in relation to Registration cases, to take into account cases which could involve genuine mistakes or extenuating circumstances where appropriate. In addition, the GOsC should look to provide more



information and clarity on process and timelines for the FTP process which can be a very stressful time for osteopaths.

- **Recommendation:** Increase awareness of the Independent Support Service and other resources available to osteopaths undergoing the FTP process. Ensuring that osteopaths know about and can easily access these services may mitigate some of the fear associated with FTP.

Fear as an inherent challenge: Fear of regulators like the GOsC is seen as inevitable by many osteopaths (it is also something we have seen in research for other regulators). While fear can be reduced, it should be recognised that it is unlikely to be eliminated entirely, as the GOsC's role in protecting the public necessarily involves actions that can be perceived as threatening by practitioners.

A more balanced approach to protecting the public: Despite these challenges, the GOsC is generally seen as effective in its primary role of regulating practice (from the perspective of protecting the public). Many osteopaths and partner organizations recognize that the GOsC fulfils this primary duty, although there is concern that the approach can sometimes be overly aggressive and insufficiently supportive from the perspective of the osteopath. Partner organisations state that GOsC is forward-looking, excelling at the FTP process, and that GOsC have tried to actively demystify the process of FTP.

- **Recommendation:** Explain more clearly how decisions to remove osteopaths support the reputation of the osteopathic profession; consider providing additional resources to help osteopaths undergoing investigation to understand the process, where they are and any next steps.



8 Appendix

8.1 Phase 1: Online survey questionnaire

Client name:	General Osteopathic Council
Project name:	Perceptions Research
Job number:	9281
Methodology:	Online
Version	FINAL

Notes on this document

- Instructions in CAPS are for computer programming
- **Bold** or underlined words are for emphasis within a question
- Different question types have different numbers:
 - Screener questions are labelled S01, S02, S03 etc.
 - Main survey questions are labelled Q01, Q02, Q03 etc.
 - Number codes are included on each question for data processing purposes



Section A: Introduction

The General Osteopathic Council (GOsC) is the regulator for osteopaths in the UK. The GOsC has commissioned DJS Research, an independent market research company, to carry out a survey to understand your views and perceptions of the GOsC, including your views on how they perform their functions and why you think you hold those views.

This will help the GOsC to understand how its current approach of communicating and engaging is working, to help it improve how it does this and how it carries out its role in the future. The survey will take around 10 to 15 minutes and we'd really appreciate your input. Results from the study will be published in a report authored by DJS and published on the GOsC's website in 2024.

To navigate through the survey, please use the grey 'next' and 'back' buttons at the bottom of the screen. If you would like to check your previous answer, please select 'back'. Please do not use the navigation buttons or refresh your internet browser, as this may cause issues with completing the survey.

Confidentiality:

DJS Research abides by the Market Research Society Code of Conduct which means that all of your responses will remain confidential and will not be attributed to you personally. Responses will be reported at a summary and percentage level, and we may include some direct quotes but these will be completely anonymised. DJS Research will store your personal details securely and these will not be passed to the GOsC or any third parties. Your responses will not be reported in isolation or in any way that could identify you e.g. linking or attributing it to multiple demographics or professional information that may jeopardise your anonymity. All details will be automatically deleted after 6 months. DJS Research's privacy policy can be found here. DJS Research's privacy policy can be found here: <https://www.djsresearch.co.uk/about/terms?/privacy>. The MRS Code of Conduct can be accessed here <https://www.mrs.org.uk/pdf/MRS-code-of-conduct-2023.pdf>

If you have any queries about the research, please contact:
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DJS Research: Emma Lay, Senior Research Manager, elay@djsresearch.com

Section B: Screening/initial information

Thank you for taking part in this survey. Before the survey starts, we have a few questions about you and your practice or occupation.

S01.

Base: all respondents

Which of the following best describes your current role?
*If you have more than one role, please select **all that apply**.*

MULTI RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Osteopath		
2	Osteopathic student		
3	Undergraduate educator		
4	Postgraduate educator		
80	Other (please specify)	TEXT RESPONSE	



S02.

Base: Educators and 'other' who don't select registrants (S01/3,4,80 AND NOT S01/1)

Are you also a registered osteopath?
Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		

S03.

Base: all respondents

Where are you currently mainly based, practising or studying?
Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	England		
2	Scotland		
3	Wales		
4	Northern Ireland		
5	Channel Islands		
6	British overseas territory		
80	Other/International (please specify)	TEXT RESPONSE	
86	Prefer not to say		

S04.

Base: Those in England (S03=1)

Please let us know where you are **mainly** based/practising/studying.
This will allow us to analyse responses at a regional level. It will **not** be used to identify anyone individually. Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
	England	UNSELECTABLE HEADING	
1	Eastern or Home Counties	UNSELECTABLE HEADING	
2	Central England	UNSELECTABLE HEADING	
3	Greater London or Middlesex	UNSELECTABLE HEADING	
4	North-east	UNSELECTABLE HEADING	
5	North-west	UNSELECTABLE HEADING	
6	South-east	UNSELECTABLE HEADING	
7	South-west	UNSELECTABLE HEADING	
86	Prefer not to say	EXCLUSIVE	

S05.

Base: registrants (S01/1 or S02/1)

Which of the following **best describes** your work as a practitioner?
If you practise in more than one category, please **select all that apply**.



MULTI RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Practising as an osteopath in a private practice		
2	Practising as an osteopath in the NHS or seeing NHS patients (e.g. as a First Contact Practitioner)		
3	Working in research		
4	Working in education		
5	Combining adjunctive therapies within my osteopathic practice (e.g. dry needling acupuncture, ultrasound treatment, sports massage, orthotic prescription, naturopath, herbal medicine, nutritionist)		
6	Providing other health services separately to my osteopathic practice (e.g. as an acupuncturist, personal trainer or rehabilitation specialist)		
7	Working in a non-osteopathic role in the NHS		
8	Working in a field unrelated to osteopathy		
9	Non-practising	EXCLUSIVE	
80	Other (please specify)	TEXT RESPONSE	
86	Prefer not to say	EXCLUSIVE	

S06.

Base: Registrants (S01/1 or S02/1)

In what type of practice do you spend the majority of your working week?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Sole practice		
2	Group practice (with other osteopaths)		
3	Multi-disciplinary practice (with osteopaths and/or other healthcare providers)		
80	Other (please specify)	SPECIFY	
86	Prefer not to say		
87	Not currently practising		

S07.

Base: students only (S01/2)

What year of study are you in at your education provider?



Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	First year		
2	Second year		
3	Third year		
4	Fourth year		
5	Fifth year		
80	Other (please specify)	TEXT RESPONSE	
86	Prefer not to say		

S08.

Base: students only (S01/2)

Are you a full or part-time student?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Full time		
2	Part time		
86	Prefer not to say		

S09.

Base: all respondents

Are you a member of or affiliated to any of the following?

Please select **all that apply**.

MULTI RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Institute of Osteopathy (iO)		
2	The Osteopathic Alliance (OA)		
80	Other (please specify)	TEXT RESPONSE	
86	Prefer not to say	EXCLUSIVE	
87	None of the above	EXCLUSIVE	

Section C: Stakeholder perceptions

Q01a.

Base: registrants (S01=1, S02=1)

When did you first register with the GOsC?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Less than a year ago		
2	1-2 years ago		
3	3-5 years ago		
4	6-10 years ago		
5	11-15 years ago		



6	16-20 years ago		
7	21-25 years ago		
8	26-30 years ago		
85	Don't know/can't remember		

Q01b.

Base: Students (S01=2)

When did you first come across/hear about the GOsC?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	First year		
2	Second year		
3	Third year		
4	Fourth year		
5	Fifth year		
80	Other (please specify)	TEXT RESPONSE	
86	Prefer not to say		
87	I haven't heard of the GOsC till now		CLOSE

Q02.

Base: all respondents

Which of the following words do you most associate with the GOsC?

Please select **all that apply**.

MULTI RESPONSE, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	Approachable		
2	Effective		
3	Innovative		
4	Collaborative		
5	Proportionate		
6	Reflective		
7	Knowledgeable		
8	Aggressive		
9	Fear		
10	Trustworthy		
11	Adequate		
12	Necessary		
13	Irrelevant		
80	Other (please specify)	SPECIFY, FIXED, FIXED	
81	Other (please specify)	SPECIFY	
82	Other (please specify)	SPECIFY	
86	I don't know enough about the GOsC to comment	EXCLUSIVE, FIXED	
87	I don't have any strong feelings or associations about the GOsC	EXCLUSIVE, FIXED	



Q03.

Base: all respondents

To what extent do you agree that the GOsC is:

Please select **one** answer per statement. Please answer on a scale from 'Strongly disagree' to 'Strongly agree'.

SINGLE GRID QUESTION, RANDOMISE ROWS, ORDERED COLUMNS

Code	Answer list – COLUMNS	Scripting notes	Routing
1	Strongly disagree		
2	Slightly disagree		
3	Neither disagree nor agree		
4	Slightly agree		
5	Strongly agree		
85	Don't know		

Code	Answer list – ROWS	Scripting notes	Routing
1	Approachable		
2	Effective		
3	Innovative		
4	Collaborative		
5	Proportionate		
6	Reflective		
7	Knowledgeable		
8	Fair		
9	Transparent		
10	Responsive		
11	Respectful		
12	Consistent		
13	Evidence-informed		
14	Influential		

Q04.

Base: all respondents

What are your perceptions of the GOsC at present?

Please select **one** of the following options. Please answer on a scale from 'Very negative' to 'Very positive'.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Very negative		
2	Fairly negative		
3	Neutral		



4	Fairly positive		
5	Very positive		
85	Don't know		

Q04a.

Base: Those who feel positive, negative or neutral about GOsC (ask if Q04=1-5)

Have you always felt this way about the GOsC or, over time, have your perceptions:

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Become more negative		
2	Stayed the same		
3	Become more positive		

Q04b.

Base: All respondents

What, if anything, do you feel the GOsC does particularly well at the moment?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know		

Q04c.

Base: all respondents

What, if anything, do you feel the GOsC could particularly improve upon?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know		

Q05.

Base: all respondents

Out of the following, which do you think have been influential in shaping your perceptions of the GOsC?

*Please select **all that apply**.*

MULTI RESPONSE, RANDOMISE

Code	Answer list	Scripting notes	Routing
1	Direct contact with the GOsC/GOsC staff		
2	The way my colleagues/friends have been treated by the GOsC		
3	Publications/articles in journals and newspapers (please specify)	TEXT RESPONSE	
4	GOsC publications		
5	Comments or discussions on social media, including closed forums.		
6	Opinions of key thought leaders in the profession		
7	Other publications		
8	Opinions of tutors/professors		
9	The way I've been treated by the GOsC		



10	The GOsC websites including the o zone		
11	Practice standards set by the GOsC [OPS]		
12	CPD Scheme		
13	Institute of Osteopathy		
14	Osteopathic Alliance		
15	National Council for Osteopathic Research		
80	Other (please specify)	TEXT RESPONSE, FIXED	
87	None of the above	EXCLUSIVE, FIXED	
85	Don't know	EXCLUSIVE, FIXED	

Q06.

Base: all respondents

Which of the following do you consider to be functions of the GOsC?

Please select as many as you feel apply.

MULTI RESPONSE, RANDOMISE

DP NOTE: COUNT OF TRUE AND FALSE

Code	Answer list	Scripting notes	Routing
1	Setting standards and assuring the quality of osteopathic education and training	TRUE	
2	Registering qualified professionals and ensuring their continuing fitness to practise	TRUE	
3	Setting and promoting high standards of osteopathic practice and conduct	TRUE	
4	Helping patients with complaints or concerns about osteopaths and where necessary dealing with those concerns through fitness to practise procedures	TRUE	
5	Protecting the osteopathic title from misuse by individuals not registered with the GOsC	TRUE	
6	Advocating/educating the public on the benefits of osteopathy	FALSE	
7	Advising osteopaths on how to build successful careers/businesses/practices	FALSE	
8	Lobbying the government on behalf of osteopaths/the osteopathic profession	FALSE	
9	Creating more opportunities for osteopaths in the NHS	FALSE	
10	Promoting osteopathic education and training to prospective students	FALSE	
80	Other (please specify)	TEXT RESPONSE, FIXED	
85	Don't know	EXCLUSIVE, FIXED	



Q07.

Base: all respondents

How does the GOsC currently perform in delivering the following functions?

Please select **one answer** per statement. Please answer on a scale from 'Not at all well' to 'Very well'.

SINGLE GRID QUESTION, RANDOMISE WITHIN SECTIONS, ORDERED COLUMNS, SINGLE RESPONSE PER ROW

Code	Answer list – COLUMNS	Scripting notes	Routing
1	Not at all well		
2	Not very well		
3	Adequately		
4	Quite well		
5	Very well		
85	Don't know	EXCLUSIVE	

Code	Answer list – ROWS	Scripting notes	Routing
	Protecting the public and patients		
1	Quality assuring osteopathic education	RANDOMISE WITHIN SECTION	
2	Developing, setting and maintaining Osteopathic Practice Standards (OPS)	RANDOMISE WITHIN SECTION	
3	Supporting osteopaths to deliver high quality patient care by providing comprehensive advice, guidance, resources and information regarding the OPS	RANDOMISE WITHIN SECTION	SHOW REGISTRANTS ONLY (S01/1 OR S02/1)
4	Keeping the Register of osteopaths accurate and up to date	RANDOMISE WITHIN SECTION	
	Developing the osteopathic profession		
5	Supporting osteopaths to complete activities under the Continuing Professional Development (CPD) scheme	RANDOMISE WITHIN SECTION	
6	Providing opportunities for students and osteopaths to engage directly with the GOsC, for example, webinars, meetings and surveys	RANDOMISE WITHIN SECTION	
7	Supporting the development of osteopathic research by funding a profession-wide subscription for the International Journal of	RANDOMISE WITHIN SECTION	



	Osteopathic Medicine (IJOM) and other journals such as The Lancet, and helping to fund the National Council for Osteopathic Research		
	Being accountable and transparent		
8	Maintaining an effective governance structure (the GOsC Council, the Policy and Education Committee, the Audit Committee and the People Committee) to oversee the work of the GOsC	RANDOMISE WITHIN SECTION	
9	Holding Council meetings publicly and making papers for the meeting available in advance	RANDOMISE WITHIN SECTION	
10	Providing effective IT systems that are secure and allow ease of access to information, for example on the GOsC websites	RANDOMISE WITHIN SECTION	

Q08.

Base: all respondents

The GOsC has been aiming to rebalance its approach to communications and engagement. This has meant an increased focus on listening and engaging through the use of two-way channels of communication; providing information that is clear, timely and relevant; recognising the diversity of osteopaths across the profession; and continuing to communicate key information to osteopaths, patients and others.

With this in mind, to what extent do you agree or disagree with each of the following statements?

Please select **one answer** per statement. Please answer on a scale from 'Strongly disagree' to 'Strongly agree'.

SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS

Code	Answer list – COLUMNS	Scripting notes	Routing
1	Strongly disagree		
2	Slightly disagree		
3	Neither disagree nor agree		
4	Slightly agree		
5	Strongly agree		
85	Don't know		

Code	Answer list - ROWS	Scripting notes	Routing
	It is important that the GOsC...		
1	focuses on listening to the views and needs of osteopaths and students		
2	focuses on providing clear and relevant information to the profession		



3	focuses on providing information to the profession in a timely manner		
4	focuses on recognising the diversity of osteopaths across the profession in its communications		
5	When communicating with osteopaths and students, only focuses on communicating the key information that they need		
6	focuses on listening to the views and needs of patients		

Q09a.

Base: All respondents

To what extent do you agree or disagree that the GOsC is performing well at:

Please select **one answer** per statement. Please answer on a scale from 'Strongly disagree' to 'Strongly agree'.

SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS

Code	Answer list – COLUMNS	Scripting notes	Routing
1	Strongly disagree		
2	Slightly disagree		
3	Neither disagree nor agree		
4	Slightly agree		
5	Strongly agree		
85	Don't know		

Code	Answer list - ROWS	Scripting notes	Routing
1	Listening to the views and needs of osteopaths and students		
2	Providing clear and relevant information to the profession		
3	Providing information to the profession in a timely manner		
4	Recognising the diversity of osteopaths across the profession in its communications		
5	Communicating the key information that osteopaths and students need		
6	Listening to the views and needs of osteopathy patients		

Q09b.

Base: all respondents

Please could you tell us a bit about why you feel that way about how the GOsC is performing?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know / no further comments		



Q10.

Base: all respondents

The GOsC has been aiming to promote equity, value diversity and embrace inclusivity in line with its Equality, Diversity and Inclusion (EDI) framework. The GOsC is also working to continuously improve its approach to EDI in accordance with best practice.

How important do you think it is for the GOsC to take this approach to equality, diversity and inclusion?

Please select **one** of the following options. Please answer on a scale from 'Not at all important' to 'Very important'.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Not at all important		
2	Not very important		
3	Neither important nor unimportant		
4	Fairly important		
5	Very important		
6	I don't know enough about it to comment		
85	Don't know		

Q10a.

Base: those who rate the EDI Framework (Q10/1-5)

To what extent do you agree that the GOsC are performing well at this aim currently?

Please select **one** of the following options. Please answer on a scale from 'Strongly disagree' to 'Strongly agree'.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Strongly disagree		
2	Disagree		
3	Neither agree nor disagree		
4	Agree		
5	Strongly agree		
6	I don't know enough about it to comment		
85	Don't know		

Q10b.

Base: those who rate the EDI Framework (Q10a/1-5)

Please can you tell us a bit about why you <PULL THROUGH FROM Q10A: strongly disagree/disagree/either agree nor disagree/agree/strongly agree> that the GOsC is performing like this currently?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know	EXCLUSIVE	

Q11.

**Base: all respondents**

To what extent do you agree or disagree with each of the following statements?

Please select **one answer** per statement. Please answer on a scale from 'Strongly disagree' to 'Strongly agree'.

SINGLE GRID, RANDOMISE ROWS, ORDERED COLUMNS

Code	Answer list – COLUMNS	Scripting notes	Routing
1	Strongly disagree		
2	Slightly disagree		
3	Neither disagree nor agree		
4	Slightly agree		
5	Strongly agree		
85	Don't know		

Code	Answer list – ROWS	Scripting notes	Routing
1	I respect the work that the GOsC does		
2	I believe the GOsC overly penalises osteopaths		
3	I think the GOsC is currently improving		
4	I do not believe that the GOsC cares about my opinions		
5	I am concerned about providing personal EDI data to the GOsC		
6	The GOsC works in the best interests of both osteopaths and patients		
7	I actively keep up to date with the latest trends in the osteopathic sector e.g. by reading articles and attending events/conferences		
8	I'm not interested in updates about the osteopathic sector	FIXED	
9	I'm interested in updates about the osteopathic sector, but I don't have enough time to read about or listen to them	FIXED	

Q12.**Base: all respondents**

How much would you say you currently trust the GOsC to perform its functions as a regulator?

Please select **one answer**. Please answer on a scale from 'I don't trust them at all' to 'I trust them completely'.

SINGLE CODE

Code	Answer list – COLUMNS	Scripting notes	Routing
1	I don't trust them at all		
2	I have little trust in them		
3	I neither trust nor distrust them		
4	I have some trust in them		
5	I trust them completely		
85	Don't know		



Q13.

Base: all respondents

How much would you say you currently trust the GOsC to treat you fairly?

Please select **one answer**. Please answer on a scale from 'I don't trust them at all' to 'I trust them completely'.

SINGLE CODE

Code	Answer list – COLUMNS	Scripting notes	Routing
1	I don't trust them at all		
2	I have little trust in them		
3	I neither trust nor distrust them		
4	I have some trust in them		
5	I trust them completely		
85	Don't know		

Q13a.

Base: those who rate level of trust in the GOsC (Q13a/1-5)

Please can you tell us a bit more about why you feel that way?

OPEN RESPONSE

Code	Answer list – COLUMNS	Scripting notes	Routing
85	Don't know		

Section D : Demographics/classification

INFO.2

Base: all respondents

Finally, we'd like to ask you some important questions about you.

As part of the GOsC's commitment to encouraging diversity, they would like to ask questions that can help them understand audiences' protected characteristics, including sexual identity, gender identity, disability, ethnicity and age. This will help them to learn more about the range of backgrounds and characteristics within the osteopathic profession, providing context for the answers received.

This can also help make sure the GOsC is capturing views from a diverse range of people. This information will not be used to identify any individual, and we appreciate that these can be sensitive and personal topics, so please keep in mind that your response is voluntary and anonymous.

C01.

Base: all respondents

Which of the following age bands do you fall into?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	18-20		
2	21-24		



3	25-29		
4	30-34		
5	35-39		
6	40-44		
7	45-49		
8	50-54		
9	55-59		
10	60-64		
11	65-70		
12	71+		
86	Prefer not to say		

C02.

Base: all respondents

Which of the following best describes your ethnic background?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
	Asian or Asian British		
1	Bangladeshi		
2	Indian		
3	Pakistani		
4	Chinese		
5	Any other Asian or Asian British background (please specify)	OPEN RESPONSE	
	Black or Black British		
6	African		
7	Caribbean		
8	Any other Black, Black British, Caribbean and/or African background (please specify)	OPEN RESPONSE	
	Mixed ethnic background		
9	White and Asian		
10	White and Black African		
11	White and Black Caribbean		
12	White and Chinese		
13	Any other Mixed or multiple Ethnic background (please specify)	OPEN RESPONSE	
	White or White British		
14	British		
15	English		
16	Irish		
17	Northern Irish		
18	Scottish		
19	Welsh		
20	Gypsy/Traveller		
21	Polish		
22	Roma		
23	Any other White background (please specify)	OPEN RESPONSE	
	Other Ethnic Group		



24	Arab		
25	Filipino		
26	Any other ethnic background (please specify)		
86	Prefer not to say		

C03a.

Base: all respondents

Disability is defined as a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities (Equality Act 2010). This means it has lasted or is expected to last at least 12 months. With this in mind, do you consider yourself to be a person with a disability?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		
86	Prefer not to say		

C03b.

Base: those who say they have a disability (C03a/1)

Do you have any of the following disabilities, long-term conditions, impairments or differences?

Please select **all that apply**.

MULTI RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Dyslexia, dyscalculia, dyspraxia		
23	Neurodiverse (e.g., autism, ADHD etc.)		
3	Long term/chronic physical health condition		
4	Mobility impairment or musculoskeletal condition		
5	Hearing impairment		
6	Visual impairment		
7	Speech impairment		
8	Mental health condition		
9	I have an impairment, health condition, learning difficulty or difference that is not listed above. (Please specify if you wish)	TEXT RESPONSE (OPTIONAL)	



86	Prefer not to say	EXCLUSIVE	
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C04a.

Base: all respondents

How do you currently identify yourself?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Female		
2	Male		
3	Non-binary		
4	Prefer to self-describe	TEXT RESPONSE	
86	Prefer not to say		

C04b.

Base: all respondents

Do you have or have you had a trans history or identity?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		
86	Prefer not to say		

C04c.

Base: all respondents

What is your sexual orientation?

Please select **one** of the following options.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Asexual		
2	Bi/bisexual		
3	Gay/lesbian		
4	Heterosexual/straight		
5	Pansexual		
6	Queer		
80	Prefer to self-describe (please specify)	TEXT RESPONSE	
81	Prefer not to say		



C05.

Base: all respondents

As part of this research, we will also be conducting further interviews (lasting around 45 minutes) in January 2024. During these interviews, we will discuss in more detail the answers you have provided to this survey. Would you be willing to take part in one of these follow-up interviews? As a thank you for your time, you will receive a £40 shopping voucher.

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Yes		
2	No		

C06.

Base: those who answered yes to taking part in follow-up interviews (C05/1)

Please could you confirm your name, email address and telephone number?

A member of the team from DJS Research may be in touch to arrange an interview.

Please be assured that your details will not be passed back to the GOsC or attributed to any of your responses in our report.

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
1	Name_____	OPEN	
2	Email address_____	OPEN	
3	Telephone number_____	OPEN	

Section F: Pilot questions

DP NOTE: SHOWN ONLY DURING PILOT PHASE (SOFT LAUNCH)

INFO3.

Base: all respondents

We have 4 final questions based on how you've found the survey today, we'd really appreciate your feedback to help us improve.

D01.

Base: all respondents

In your opinion, was today's survey...

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Too long		
2	Too short		
3	Just right		



D02.

Base: all respondents

And were the questions...

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Very difficult to answer		
2	Quite difficult to answer		
3	Quite easy to answer		
4	Very easy to answer		

D02b.

Base: Those who found it difficult to answer questions (D02=1/2)

Please can you tell us why you found the questions difficult to answer?

OPEN RESPONSE

Code	Answer list	Scripting notes	Routing
85	Don't know		

D03.

Base: all respondents

Finally, in your opinion, did the survey cover the issues which are pertinent to you in relation to the GOsC?

SINGLE RESPONSE, ORDERED

Code	Answer list	Scripting notes	Routing
1	Yes		
2	To an extent		
3	No		

D04.

Base: those who answered no and to an extent (D03/1-2)

Is there anything this survey did not cover that you'd like to raise?

OPEN RESPONSE

Code	Open	Scripting notes	Routing
87	No	EXCLUSIVE	

INFO4.

CLOSING TEXT: You've now reached the end of the survey – on behalf of the GOsC and DJS Research, thank you very much for your time!

SCREEN OUT TEXT:

Thank you for completing the survey. That's all the questions we have for you today.



8.2 Phase 2: In-depth interview discussion guide

Qualitative research objectives:

The GOsC wishes to carry out research to understand perceptions of the organisation amongst osteopaths, osteopathic students, educators and key professional bodies. The aim is to use these perceptions as a benchmark going forward to help assess the progress and impact of communications. There are two primary objectives of the research.

- To understand to what extent osteopaths, educators, students and key partners understand the role of GOsC as a regulator and their perceptions of how GOsC performs this role, to help identify any future areas of focus.
- To provide baseline tracking data which will be used to help assess progress with and the impact of the GOsC's Communications and Engagement Strategy (since absorbed into the GOsC's Strategy 2024-2030), as well as how levels of trust in GOsC are changing over time.

Following a quantitative online survey the qualitative research aims to understand in more detail:

Perceptions of GOsC:

- Assess how GOsC can educate osteopaths on its role (and why this kind of role is important in terms of maintaining confidence in the profession and professional standards)
- Understand how/if awareness of GOsC's role will influence perceptions over time

Support during the fitness to practise process (when a concern is raised):

- Understand experiences and identify key challenging moments of the experience and how this could perhaps be improved in future
- Identify how/if GOsC can better support osteopaths going through this process
- Assess awareness of resources available to them (e.g. Independent Support Service)
- Clarify what is meant by support, what does good look like in terms of interactions with GOsC when getting challenging news? What qualities are expected to be demonstrated / not demonstrated?
- Explore EDI in relation to concerns experience

Contact with GOsC staff and communications:

- Provide some insight into how osteopaths would like to be communicated with (format, channel, frequency)
- Explore with those who found GOsC difficult to contact what they wanted help with so GOsC can think about how to cater for this need in other resources/ways
- Assess if views are recent or historic in relation to contacting GOsC (whether negative or positive)
- Understand if any issues with contacting staff relate to a specific process or function
- Students: assess what comms students would like from GOsC and when/on what within our remit (if any).

Understanding fear:

- Understand where the fear stems from / where did it start / what has continued it?
- Assess how GOsC can reduce fear and build trust
- Understand what trust/ respect might look and feel like for osteopaths in regulatory terms

Stimulus required:

- Answers to online survey for reference

(I) Introduction (ALL)	5 mins
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<p>Brief explanation of the purpose of the research</p>	<p><i>Moderator to explain the nature of the research;</i></p> <ul style="list-style-type: none"> • I work for a company called DJS Research, we are an independent market research company and today we are working on behalf of the General Osteopathic Council. • You recently filled in an online survey to share your views on the GOsC and gave permission to be contacted for this interview. We are looking to understand more about why you hold certain perceptions of GOsC. There are a few areas we'd like to discuss with you, to help shape the way GOsC carries out its role in the future. <p><i>Moderator to reassure respondents about confidentiality</i></p> <ul style="list-style-type: none"> • Feedback will be summarised into a report along with the other findings as part of this research, we won't pass names/specific details of who we have spoken to back to GOsC. • There are no right or wrong answers; we are just interested in your views, opinions and ideas. • Brief explanation about audio/video recording information (as appropriate) – we may use anonymised quotes in our report to illustrate the research findings for our client, but these will not be attributed to you personally.
<p>Introductions</p>	<p><i>Moderator to invite respondent(s) to introduce themselves;</i></p> <ul style="list-style-type: none"> • Please tell me about yourself, how long have you been an osteopath/osteopathic student/educator for, where do you work etc.

<p>(II) Perceptions of GOsC and their role (ALL)</p>	<p>10 mins</p>
<p>Perceptions of GOsC and their role</p>	<p><i>We asked about your views of GOsC during the online survey, but we'd like to get a bit more detail on why you hold these views and how GOsC might be able to improve people's views about them.</i></p> <p>You told us you have negative/neutral/positive views of GOsC, can you briefly explain/recap why you hold these views?</p> <p>STUDENTS ONLY</p> <ul style="list-style-type: none"> • What do you know about GOsC and their role? • How did you learn about GOsC? • Do teachers/lecturers at your place of study express personal opinions about GOsC? • If so, do these tend to be negative or positive? • And how, if at all, do their views impact your perceptions of GOsC? <p>OSTEOPATHS/EDUCATORS ONLY:</p> <p>What do you believe the role of GOsC to be? In which areas do you feel that GOsC is performing its role well? And less well?</p> <p>ALL:</p> <p><i>Did you know that: GOsC has a duty to protect the public and maintain the public's confidence in the integrity of the osteopathic profession by setting standards of practice, developed in partnership with osteopaths and patients, and investigating concerns? The GOsC cannot promote osteopathy due to its legislation (the ability to do this was specifically removed by law), however, it does aim to support osteopaths in various ways, for example in applying the standards when making decisions about practice.</i></p> <ul style="list-style-type: none"> • Is this a surprise to you? • Do you think this might change or affect your views of GOsC over time (more positive/negative)? How? • Do you think it is important for the GOsC (as well as osteopaths) to maintain the public's confidence in the profession and professional standards? <ul style="list-style-type: none"> ◦ If not GOsC, which other body? And why? <p>EDUCATORS: How do you think GOsC is perceived by students? What are these perceptions based on?</p>



	<p>How best can GOsC educate osteopaths/students on their role, so it is more widely understood?</p> <ul style="list-style-type: none"> • What myths/beliefs need to be challenged? • How would you prefer to learn about GOsC? <p>Do you think that if more osteopaths understood GOsC's role as regulator, their perceptions of GOsC would be different? If not, why?</p> <p>Aside from educating osteopaths and others about their role, do you have any views on how the GOsC can improve how the profession perceives them?</p>
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(III) Understanding 'fear' (ALL)	10 mins
Understanding fear	<p><i>During the online survey, we asked about words associated with GOsC. One of the most selected words was 'fear'. We'd like to discuss in more detail why GOsC is feared and how they can shift this in the future and regulate through trust, respect and understanding of their role and standards rather than fear.</i></p> <ul style="list-style-type: none"> • Why do you think that some people associate the word 'fear' with GOsC? What is driving this? <p>CHECK PROFILE SHEET TO SEE IF RESPONDENT MENTIONED FEAR AT Q02.</p> <p>If yes:</p> <ul style="list-style-type: none"> • Where does this 'fear' come from? E.g. Is it first-hand experience, word of mouth, something else? • What, if anything, can GOsC do to make you less fearful of them in the future? <p>CHECK PROFILE SHEET TO SEE IF RESPONDENT MENTIONED TRUSTWORTHY AT Q02</p> <p>If yes:</p> <ul style="list-style-type: none"> • Why do you think some osteopaths trust GOsC – what makes them trustworthy? <p>If no:</p> <p>You didn't select 'trustworthy' as a word you associate with GOsC.</p> <ul style="list-style-type: none"> • Why do you think some osteopaths don't trust GOsC? What is driving this mistrust? • What can GOsC do to build trust with osteopaths? <p>ALL</p> <p>Respect is often cited as an important element in effective regulation.</p> <ul style="list-style-type: none"> • Do you feel respected by GOsC? Why/why not? • How can GOsC make osteopaths feel more respected in future? • What actions can GOsC take to improve trust and respect and reduce fear among osteopaths?

(IV) Support during the Fitness to practise process (OSTEOPATHS/EDUCATORS ONLY)	10 mins
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Support during fitness to practise process	<p><i>I'd like to discuss another area now, about the support received by osteopaths who go through the fitness to practise process (when a concern is raised), as this was an area identified for improvement from the online survey.</i></p> <p>First of all, can I check if you have experience of the fitness to practise process/have ever had a concern raised about you or someone you know?</p> <ul style="list-style-type: none">• Directly (you have been through the process yourself)• Indirectly (you know someone who has been through the process e.g. friend, family member or colleague?)• No experience of the fitness to practise process/concerns being raised <p>GO TO APPROPRIATE SECTION BELOW</p>
Views based on first hand experience	<p>If been through the process directly:</p> <p><i>I don't need to know any of the details relating to the nature of the concern raised, we are interested in your experience of the process, what support you received from GOsC and how this can be improved for osteopaths who go through this process in the future.</i></p> <p><i>Just for context, if the concern was resolved at which stage of the process did this happen (e.g. screening stage, Investigating Committee, Professional Conduct Committee)?</i></p> <p><i>Overall, what are your views of the fitness to practise process?</i></p> <ul style="list-style-type: none">• When did you/how long ago did you experience GOsC's fitness to practise process?• Was the concern resolved in a timely manner?• Were you kept updated throughout on your case?• Were there any particularly challenging moments/areas of frustration?• Do you feel that the actions of GOsC during this process were fair and proportionate? Why/why not? <p>In your view, how could the fitness to practise process be improved?</p> <p>I'd now like to talk about support you may have been offered/received whilst going through the fitness to practise process.</p> <ul style="list-style-type: none">• What does 'support' mean to you in this context? <p>Were you made aware of any support available to you during the fitness to practise process (for example the Independent Support Service)</p> <p>Did you access any support from GOsC whilst going through the fitness to practise process?</p> <p>If no:</p> <ul style="list-style-type: none">• Why not?• What support did you need?• Did you seek support elsewhere (where?) <p>If yes:</p> <ul style="list-style-type: none">• What support did you need?• What support did you receive?• Were you satisfied with this support?• Were you aware of /did you use the Independent Support Service?• What other support do you think GOsC could offer?



<p>Views based on second hand experience</p>	<p>If have indirect experience of the process: <i>We'd like to understand your views of the fitness to practise process, based on your indirect experience. You may not be able to answer all these questions which is fine, we are just interested in your views based on what you know – it would be useful to know what your views are based on (e.g. the experience of a colleague, word-of-mouth).</i></p> <p><i>Overall, what are your views of the fitness to practise process?</i></p> <ul style="list-style-type: none">• Was the concern resolved in a timely manner?• Do you know if the osteopath involved was kept updated throughout their case?• What is your view of where there may be particularly challenging moments/areas of frustration?• Do you feel that the actions of GOsC during this process were fair and proportionate? Why/why not? <p><i>In your view, how could the fitness to practise process be improved (including before, during or after)?</i></p> <ul style="list-style-type: none">• When did/how long ago did the person in question experience GOsC's fitness to practise process? <p>I'd now like to talk about the support that was received/offered to the osteopath who went through this process.</p> <p>What does 'support' mean to you in this context?</p> <p>Do you know if the osteopath who went through the fitness to practise process received any support from GOsC whilst going through the fitness to practise process?</p> <p>If no:</p> <ul style="list-style-type: none">• Why not? Do you know if they were aware of any support available (e.g. Independent Support Service)?• Did they seek support elsewhere (where?)• What, if anything, do you think GOsC could have done to make the process better for the osteopath concerned? <p>If yes:</p> <ul style="list-style-type: none">• What support did they receive?• Do you know if they were satisfied with this support?• Were they aware of / did they use the Independent Support Service?• What other support do you think GOsC could offer?• What do you think would have made the process better?
<p>General views of fitness to practise process</p>	<p>ASK ALL:</p> <p>How should GOsC communicate with those going through the process?</p> <ul style="list-style-type: none">• What does 'good' look like in terms of interactions with GOsC when getting challenging news? <p>What qualities, actions or behaviours would you expect GOsC to demonstrate? Allow unprompted response, then prompt for:</p> <ul style="list-style-type: none">• Empathy• Signposting to support• Listening and repeating back what is said/make osteopaths feel heard



(V) Contact with staff and communications (ALL)	10 mins
Contact and communication	<p><i>I'd now like to understand a bit more about your views on your contact with GOsC and in particular, your contact with GOsC staff.</i></p> <p>Have you contacted GOsC in the past?</p> <p>If yes:</p> <ul style="list-style-type: none"> • For what reasons would you contact GOsC? Can you provide some examples of your recent contact? • When did you contact them/how long ago was this contact made? • How did you contact them (phone/email etc.)? <ul style="list-style-type: none"> ○ If by phone: could you get through? / How long did it take to get your response answered? ○ If by email: how long did it take for you to get a response? • What were your experiences/general impressions of this communication (positive/negative) and why? • Did you have any difficulties contacting GOsC? <ul style="list-style-type: none"> ○ If yes: what were these difficulties? How were these resolved? How could this be improved in future? <p>If no:</p> <ul style="list-style-type: none"> • Why not? • What are your expectations if you were to contact them? <p>ALL</p> <p>How would you like GOsC to communicate with you?</p> <ul style="list-style-type: none"> • Preference for email/phone/letter/other? And why? <p>How frequently would you prefer GOsC to communicate with you?</p> <ul style="list-style-type: none"> • Set time period (monthly/quarterly)? And why? • As and when needed (e.g. only when action is required) • Other? <p>Osteopathic students only:</p> <ul style="list-style-type: none"> • What communications would you like from GOsC? • What should these communications cover? <ul style="list-style-type: none"> ○ What information would you like to receive from GOsC? • How frequently/when should these communications take place? • How would you prefer to receive these communications (email, letter etc.)?

(X) Round up and close (ALL)	5 mins
Close	<p>Thanks for sharing your views – it's been really interesting and useful to hear your views.</p> <p>A last couple of questions</p> <ul style="list-style-type: none"> • What is the one thing you would say to GOsC to help them improve how osteopaths/students view them? • Is there anything else you'd like to feedback to GOsC that we haven't covered today?



8.3 Phase 2: In-depth interview/ focus group stakeholder discussion guide

Qualitative research objectives:

The GOsC wishes to carry out research to understand perceptions of the organisation amongst osteopaths, osteopathic students, educators and key partner organisations. There are two primary objectives of the research.

- To understand to what extent osteopaths, educators, students and key partners understand the role of GOsC as a regulator, and their perceptions of how GOsC performs this role, to help identify any future areas of focus.
- To provide baseline tracking data which will be used to help assess progress with and the impact of the GOsC's Communications and Engagement Strategy (since absorbed into the GOsC's Strategy 2024-2030), as well as how levels of trust in GOsC are changing over time.

Following a quantitative online survey, this qualitative research aims to understand in more detail:

Perceptions of GOsC:

- Assess how GOsC can better educate osteopaths on its role (and why this kind of role is important in terms of maintaining confidence in the profession and professional standards)
- Understand how/if awareness of GOsC's role will influence perceptions over time

Support during the fitness to practise process (when a concern is raised):

- Understand experiences and identify key challenging moments of the experience and how this could perhaps be improved in future
- Identify how/if GOsC can better support osteopaths going through this process
- Assess awareness of resources available to them (e.g. Independent Support Service)
- Clarify what is meant by support, what does good look like in terms of interactions with GOsC when getting challenging news? What qualities are expected to be demonstrated / not demonstrated?
- Explore EDI in relation to concerns experience

Contact with GOsC staff and communications:

- Provide some insight into how osteopaths would like to be communicated with (format, channel, frequency)
- Explore the perception held by some, of GOsC being difficult to contact so GOsC can think about how to cater for this need in other resources/ways
- Assess if views are recent or historic in relation to contacting GOsC (whether negative or positive)
- Understand if any issues with contacting staff relate to any specific processes or functions
- Students: assess what comms students would like from GOsC (if any) and when/on what within our remit.

Understanding fear:

- Understand where the fear stems from / where did it start / what has continued it.
- Assess how GOsC can reduce fear and build trust
- Understand what trust/ respect might look and feel like for osteopaths in regulatory terms

(I) Introduction	10 mins
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<p>Brief explanation of the purpose of the research</p>	<p><i>Moderator to explain the nature of the research;</i></p> <ul style="list-style-type: none"> • I work for a company called DJS Research, we are an independent market research company and today we are working on behalf of the General Osteopathic Council. • We want to understand the perceptions of GOsC amongst key partner organisations in relation to how they are performing in their role, and your perceptions on their engagement with osteopaths and osteopathic students. <p><i>Moderator to reassure respondents about confidentiality</i></p> <ul style="list-style-type: none"> • Feedback will be summarised into a report along with the other findings as part of this research, We will ask at the end if you are happy for your comments to be attributed to you/your organisation • There are no right or wrong answers; we are just interested in your views, opinions and ideas. • Brief explanation about audio/video recording information (as appropriate) – we may use anonymised quotes in our report to illustrate the research findings for our client, but these will not be attributed to your organisation unless agreed by you.
<p>Introductions</p>	<p><i>Moderator to invite respondent(s) to introduce themselves one by one;</i></p> <ul style="list-style-type: none"> • Please tell me about yourself.... <p>What is your role at the organisation, how long have you been in this role?</p> <p>Are you a practising osteopath? Do you work at or with any other osteopathic organisation or education provider? How long have you been in these roles?</p>

<p>(II) Perceptions of GOsC and their role</p>	<p>20 mins</p>
<p>Perceptions of GOsC and their role</p>	<p><i>We have recently run an online survey, on behalf of GOsC, which focused on understanding osteopath's perceptions of GOsC and their role as a regulator. The survey was open to osteopaths on the Register and osteopathic students – so some of you may have completed the online survey and some of you may not have.</i></p> <p><i>We would now like to discuss some key themes which arose from the survey to provide context to these findings. We also like to get your views on how GOsC can improve on some of these findings and make improvements in the areas identified.</i></p> <p>To start us off, what do you believe the role of GOsC to be?</p> <ul style="list-style-type: none"> • In which areas do you feel that GOsC is performing its role well? And less well? • Do you think it is important for the GOsC (as well as osteopaths) to maintain the public's confidence in the profession and professional standards? <ul style="list-style-type: none"> ◦ If not GOsC, which other body? And why? <p>How do you think GOsC is perceived by the profession? What are these perceptions based on?</p> <p>How do you think GOsC is perceived by students and other educators (if you know)? What are these perceptions based on?</p> <p>How best can GOsC educate osteopaths/students on their role, so it is more widely understood?</p> <ul style="list-style-type: none"> • What myths/beliefs need to be challenged? • How would you prefer to learn/teach about GOsC? <p>ALL:</p>



	<p>Do you think that if more osteopaths understood GOSc's role as regulator, their perceptions of GOSc would be different? If not, why?</p> <p>Aside from educating osteopaths and others about their role, do you have any views on how the GOSc can improve how the profession perceives them?</p>
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(III) Understanding 'fear' (ALL)	15 mins
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Understanding fear	<p>FEAR: During the online survey, we asked about words associated with GOSc. One of the most selected words was 'fear', selected by 38% of respondents. We'd like to discuss in more detail why GOSc is feared and how they can shift this in the future and regulate through trust, respect and understanding of their role and standards rather than fear.</p> <ul style="list-style-type: none"> • Why do you think that some people associate the word 'fear' with GOSc? What is driving this? • Where does this 'fear' come from? E.g. Is it first-hand experience, word of mouth, something else? • What, if anything, can GOSc do to make osteopaths and students less fearful of them in the future? <p>TRUST: In the survey, just 7% of respondents selected "trustworthy" as a word they associate with GOSc.</p> <ul style="list-style-type: none"> • Why do you think some osteopaths trust GOSc – what makes them trustworthy? • Why do you think some osteopaths don't trust GOSc? What is driving this mistrust? • What can GOSc do to build trust with osteopaths? <p>Respect is often cited as an important element in effective regulation.</p> <ul style="list-style-type: none"> • Do you feel that GOSc respects your organisation/group? <ul style="list-style-type: none"> ○ If yes, how does GOSc make you feel respected as a stakeholder? ○ If no, why do you not feel respected? What can GOSc do to improve on this? <p>ALL: What actions can GOSc take to improve trust and respect and reduce fear among osteopaths?</p>
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(IV) Support during the Fitness to practise process	20 mins
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Support during fitness to practise process	<p><i>I'd like to discuss another area now, about the support received by osteopaths who go through the fitness to practise process (when a concern is raised), as this was an area identified for improvement from the online survey.</i></p> <p><i>We'd like to understand your views of the fitness to practise process, based on your experience and on what you have heard from osteopaths/educators/students. You may not be able to answer all these questions which is fine, we are just interested in your views based on what you know – it would be useful to know what your views are based on (e.g. the experience of a colleague, word-of-mouth).</i></p> <p>Overall, what are your views of the fitness to practise process?</p> <ul style="list-style-type: none"> • Do you think GOSc resolves concerns in a timely manner? • In your view, are osteopaths involved in a fitness to practise process kept sufficiently updated about the progress of their case?
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	<ul style="list-style-type: none"> • Where do you think there may be particularly challenging moments/areas of frustration? • Do you feel that the actions of GOsC during fitness to practise processes are fair and proportionate? Why/why not? • In your view, how could the fitness to practise process be improved (including before, during or after)? <p>SUPPORT <i>I'd now like to talk about the support that GOsC offers to the osteopaths who go through this process.</i></p> <ul style="list-style-type: none"> • What does 'support' mean to you in this context? • What support do you think GOsC should offer to osteopaths going through the fitness to practise process? • How aware are you of current support available (e.g. Independent Support Service)? • And in your opinion, does GOsC inform osteopaths about the support available sufficiently? • Is there anywhere else you can think of where an osteopath might find support during their case? • What, if anything, do you think GOsC could do to make the process better for the osteopaths involved in an FTP case?
<p>General views of fitness to practise process</p>	<p>ASK ALL:</p> <p>How should GOsC communicate with those going through the process?</p> <ul style="list-style-type: none"> • What does 'good' look like in terms of interactions with GOsC when getting challenging news? <p>What qualities, actions or behaviours would you expect GOsC to demonstrate?</p> <p>MODERATOR – ALLOW UNPROMPTED RESPONSE, THEN PROBE FOR:</p> <ul style="list-style-type: none"> • Empathy • Signposting to support • Listening and repeating back what is said/make osteopaths feel heard

<p>(V) Contact with staff and communications (ALL)</p>		<p>15 mins</p>
<p>Contact and communication</p>	<p><i>I'd now like to understand a bit more about how GOsC communicates with osteopaths and osteopathic students.</i></p> <p>For what reasons would an osteopath contact GOsC?</p> <ul style="list-style-type: none"> • Based on what you've heard from osteopaths/educators/students as well as your own experience, is the process of contacting GOsC easy? E.g. Are phone calls answered? Are emails responded to in an appropriate time? • Are there any difficulties in contacting GOsC? <ul style="list-style-type: none"> ◦ If yes, how could these be resolved? • What are your general impressions of GOsC's communication with osteopaths (positive/negative) and why? <p>Are you aware of different methods of contacting GOsC (phone/email/letter)?</p> <ul style="list-style-type: none"> • Do you think these channels are appropriate modes of communication? 	



	<ul style="list-style-type: none">• In your opinion, what is the best way that GOsC can communicate with osteopaths/educators/students? (email/phone/letter/other?) <p>And how frequently should GOsC make contact?</p> <ul style="list-style-type: none">• Set time period (monthly/quarterly)? And why?• As and when needed (e.g. only when action is required)• Other?• iO/post-grad course providers: As an organisation, how do you tend to communicate with osteopaths/educators/students/your members?• Is there anything that is particularly effective/works for you, which you think GOsC could implement to improve their contact with the osteopathic profession?• All except iO: What communications would you like from GOsC?• What communications do you think your students/members would like to receive from GOsC?• What should these communications cover?• How frequently/when should these communications take place?• How do you think your students/members would prefer to receive these communications (email, letter etc.)?
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(VI) Round up and close (ALL)		10 mins
Close	<p>Thanks for sharing your views – it's been really interesting and useful to hear your views.</p> <p>A last couple of questions</p> <ul style="list-style-type: none">• What is the one thing you would say to GOsC to help them improve how osteopaths/students view them?• Is there anything else you'd like to feedback to GOsC that we haven't covered today?• Based on what we've discussed today, are you happy for your comments to be attributed to you (individual/job title) / your organisation or would you prefer to remain anonymous?	



8.4 Overview and demographics – Online survey respondents

Table 6: Overview of respondents to online survey

	Number	Percentage
Role		
Osteopath	613	97%
Osteopathic student	10	2%
Undergraduate educator	48	8%
Postgraduate educator	41	7%
Region (those in England only)		
Eastern or Home Counties	68	12%
Central England	62	11%
Greater London or Middlesex	120	21%
North-east	20	4%
North-west	25	4%
South-east	165	29%
South-west	84	15%
Prefer not to say	18	3%
Type of work/practice		
Practising as an osteopath in a private practice	586	95%
Practising as an osteopath in the NHS or seeing NHS patients (e.g. as a First Contact Practitioner)	12	2%
Working in research	8	1%
Working in education	76	12%
Combining adjunctive therapies within my osteopathic practice	172	28%
Providing other health services separately to my osteopathic practice	55	9%
Working in a non-osteopathic role in the NHS	5	1%
Working in a field unrelated to osteopathy	18	3%
Non-practising	5	1%
Other (please specify)	1	0%
Member of organisations		
Institute of Osteopathy (iO)	440	70%
The Osteopathic Alliance (OA)	17	3%
Other	60	10%



Prefer not to say	14	2%
None of the above	151	24%

Table 7: Demographics of respondents to online survey

	Number	Percentage
Gender		
Female	289	46%
Male	258	41%
Non-binary	5	1%
Prefer to self-describe	9	1%
Prefer not to say	68	11%
Age		
18-20	1	0%
21-24	7	1%
25-29	28	4%
30-34	50	8%
35-39	53	8%
40-44	70	11%
45-49	79	13%
50-54	77	12%
55-59	92	15%
60-64	75	12%
65-70	31	5%
71+	16	3%
Prefer not to say	50	8%
Ethnicity		
Asian	25	4%
Black / Black British	7	1%
Mixed ethnicity	15	2%
White	511	81%
Other	6	1%
Prefer not to say	65	10%
Trans history or identity		
Yes	1	0%
No	560	89%
Prefer not to say	68	11%

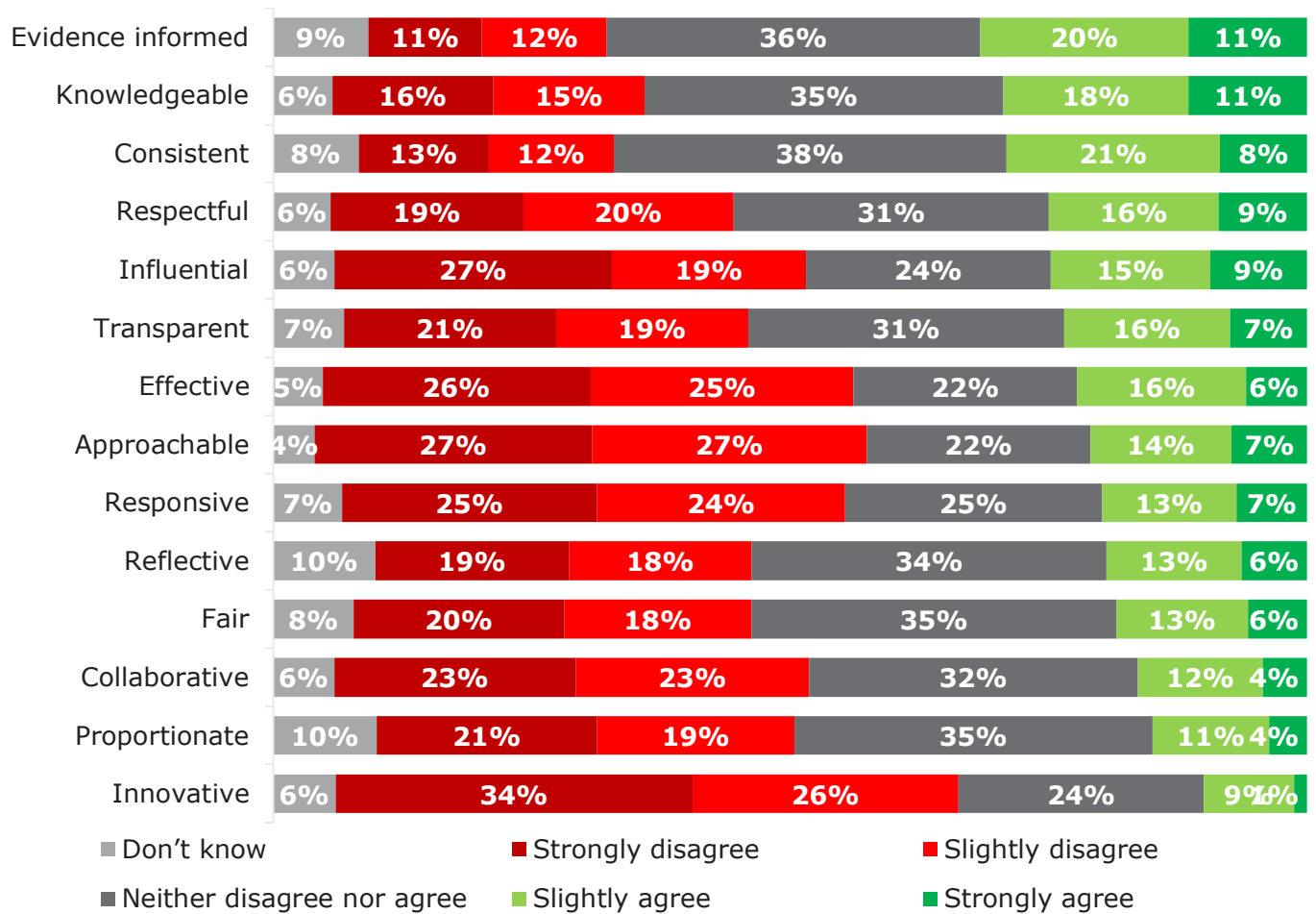


Sexual orientation		
Asexual	8	1%
Bi/bisexual	15	2%
Gay/lesbian	26	4%
Heterosexual/straight	424	67%
Pansexual	1	0%
Queer	3	0%
Prefer to self-describe	19	3%
Prefer not to say	133	21%
Disability		
Yes	37	6%
No	531	84%
Prefer not to say	61	10%
Type of disability (NB: this is % of those with a disability, not total sample)		
Dyslexia, dyscalculia, dyspraxia	16	43%
Long term/chronic physical health condition	12	32%
Mobility impairment or musculoskeletal condition	6	16%
Hearing impairment	5	14%
Visual impairment	2	5%
Speech impairment	2	5%
Mental health condition	1	3%
I have an impairment, health condition, learning difficulty or difference that is not listed above	2	5%
Neurodiverse (e.g., autism, ADHD etc.)	9	24%
Prefer not to say	5	14%



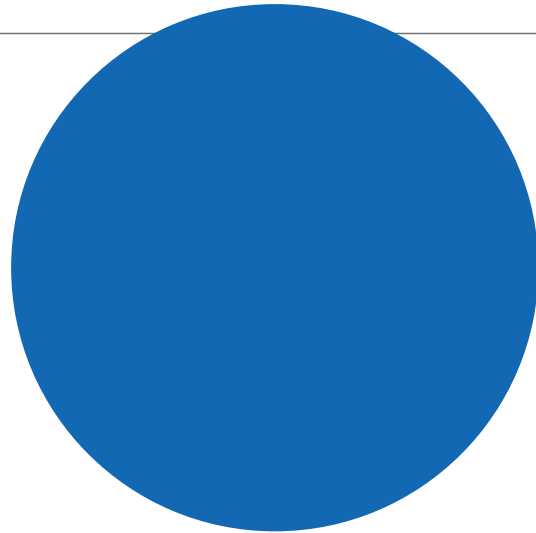
8.5 Survey results

Figure 27: Q03. To what extent do you agree that the GOsC is...?





For more information



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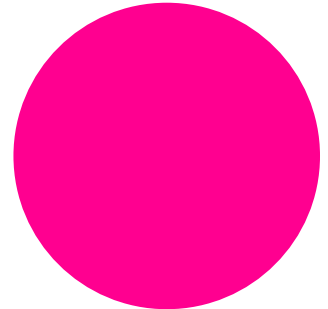
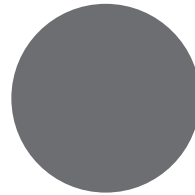
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