



General
Osteopathic
Council

Evaluation of our patient involvement forum

Date: February 2025

Contents

Introduction	3
Evidence that has informed the review:	4
• Part One – Internal views on the impact of our patient engagement activities	5
• Part Two – Experience of patient involvement forum members	8
○ Survey 1 – Patient involvement forum membership survey	8
○ Survey 2 – Patient involvement experience survey	13
Improvements to the patient involvement forum charter and expenses policy	20
• Patient involvement forum charter	20
• Payment and expenses policy	21
Next steps	22

Introduction

1. As a statutory regulator it is essential that we put patients at the heart of what we do and take action to maximise the opportunities patients and the public have, to share their views. Incorporation of the patient voice in our work, helps to provide richer insights, improves the quality of our work and ensures that we are not making assumptions about what patients want or need.
2. In 2020 we set out our vision to reform the way that we engaged with patients in our work and move to a model of co-production and co-design where we would focus on face-to-face engagement, investing in patient leaders, ultimately working in partnership with patients, and doing with and not for, or to, patients.
3. Since June 2020 we have steadily increased our levels of patient engagement resulting in a more diverse Patient Involvement Forum made up of a range of diverse and committed representatives. As a result, through ensuring patient insight is central to our and an inclusive approach to involving patients, this helps us to deliver on our strategic priorities of strengthening trust and championing inclusivity but also helps us to enhance our ability to meet our statutory objective of protecting, promoting and maintaining the health, safety and wellbeing of the public.
4. We have grown the membership from 3 members in 2020 to currently 35 members. Although we believe we have made significant progress, given that some time has elapsed, towards the end of 2023 we decided to start an evaluation to understand the impact of work of the forum.
5. Acknowledging the benefit of patient engagement in our work, this evaluation seeks to consider how we can improve the way we work with members of our forum so that they can continue to add value to our work. This has been done through:
 - considering the GOsC experience of using the patient involvement forum;
 - understanding patients' experiences of working with us; and,
 - understanding how and where our patient involvement forum policies can be improved.
6. We will use the information we gather in this evaluation to inform our future work with forum members so that it not only brings benefit to our work, but also to forum members who give up their time to help us with our work.

Evidence that has informed the review:

7. In developing this review, we have spoken to internal teams to get their views and feedback on the impact that patients have had on their work and to understand whether there was any way they could improve the way they engage with members of our forum moving forward. This was gathered via discussions and through reviewing previous consultation reports to Council and PEC.
8. We also surveyed members of the patient involvement forum. Forum members were sent two surveys over a period of 4 months.
 - **Survey 1** gathered demographic information, information on protected characteristics, and information on the interests of forum members.
 - **Survey 2** gathered information on what forum members thought we did well, areas for improvement and ways in which we can provide better support. We also asked forum members about the patient involvement forum charter and if our payment and expenses policy continues to be fit for purpose.
9. The results from the surveys have been collated and reported on below. Forum members were paid to complete the survey in line with the patient involvement forum expenses policy.

Part One – Internal views on the impact of our patient engagement activities

10. Since June 2021, patients have been engaged in the following activities:

Month and year	Work
June 2024	Patient partners programme meeting
May 2024	EDI Action plan workshop
April 2024	Professional boundaries and student ftp guidance focus group
March 2024	Boundaries workshop
March 2024	Workshop – EDI in osteopathic education
December 2023	Osteopathic development group meetings (regular attendance)
December 2023	Forum feedback survey
November 2023	NCOR, GOsC and Insurer meeting
November 2023	Draft strategic plan
September 2023	Duty of Candour workshop
August 2023	Consultation guidance on imposing ISOs and Practice note on undertakings
June 2023	Shared decision making focus group
May 2023	Patient engagement at a strategic level
May 2023	DHSC Regulatory reform consultation
January 2023	IO strategy day
November 2022	Values workshop
November 2022	Osteopathic education survey
October 2022	Questioning witnesses practice note consultation
September 2022	Council strategy day
July 2022	Values focus groups
April 2022	Adjunctive therapies consultation
December 2021	Boundaries transgression focus group
July 2021	Guidance for osteopathic pre-registration education focus group
June 2021	Equality, Diversity and Inclusion focus group

11. The professional standards team has undertaken all engagement activities; however, this has often been on behalf of other teams and informed their work. For example, our engagement activity particularly informed the Regulation team's consultations. Therefore, views were sought from the Professional Standards and Regulation teams and framed around the following questions:
- What impact did input from the patient involvement forum have on the work? How did they add value?
 - At what point in the process did you consider engaging with patients?
 - Is there anything you think you would do differently when involving patients in the development of your work in the future?

Professional Standards Team

12. The majority of patient engagement has been undertaken when developing policy in the professional standards team in a wide range of areas. These are outlined in the table above in paragraph 10.
13. In reflecting on our engagement with patients the team felt it was good to have the patient voice in the room as it ensured that we were able to consider different perspectives and added a level of assurance to our work. For example, when we ran a focus group with patients to discuss our draft Guidance on professional behaviours and student fitness to practice, they raised some concerns around what we described as 'low level' concerns. This was not something that we had previously considered and has led us to reconsider the language we use and the appropriateness of some of the behaviours we identify as low level concerns in our most recent redraft.
14. Another example was the patient input into our response to the Department for Health and Social Care consultation on proposed changes to health professional regulator legislation. Through engaging with members of our forum, it highlighted the lack of patient voice that was reflected in the proposed changes and helped to strengthen our response.
15. A further instance of where members of our forum have added value to our work was the work that we did to evaluate the shared decision making resources. Patient views of the resources provided a contrast to the views of the osteopath and provided them with a different perspective to consider. Patients felt the resources helped them to feel listened to and enabled them to better articulate their needs. Whereas osteopaths were initially sceptical about the use of the resources and the time it would require to integrate them into the consultation. However, post consultation focus groups revealed that osteopaths who used the resources with new patients were 'pleased to see patients were more prepared for their first consultation.
16. However, in general, we have found that some patients have tended to engage better in groups with other patients rather than when engaging in more mixed settings with osteopaths, staff and external stakeholders. This may be down to confidence in engaging with sector experts and we will consider how we can

upskill patients so they feel more informed and confident when engaging in these types of forums. In addition, we also need to ensure that we are able to build a safe environment so they can feel confident when engaging during meetings and workshops involving external experts.

17. In undertaking this work, it has also highlighted the need to capture the impact of patient involvement more clearly at the meetings our forum members attend and the timing for when we capture this information. We need to think about how we can do this better and will closely link this with the work we are doing to consider how we evaluate our patient partners programme.

Regulation Team

18. The Regulation Team sought input on two projects from members of our patient involvement forum. Patient impact was particularly impactful in relation to the draft practice note for questioning witnesses. Forum members were engaged as part of the consultation process as the note was already in existence. Views were collected as part of the main open consultation process via a survey and they provided the majority of the views during the consultation.
19. Some of the feedback that was helpful to the team was around making sure that the practice note for questioning witnesses better considered adjustments for those who were neurodiverse and those who are vulnerable as well as making the paragraphs covering the welfare of witnesses clearer.
20. Overall the regulation team thought the input was valuable and helped to improve the final versions of their documents. However, both were not co-produced with patients, given that they already existed and changes were being made to the original documents.

Part Two – Experience of patient involvement forum members

Survey 1 – Patient involvement forum membership survey

21. We had 20 full responses to this survey. This represented a 60% response rate.

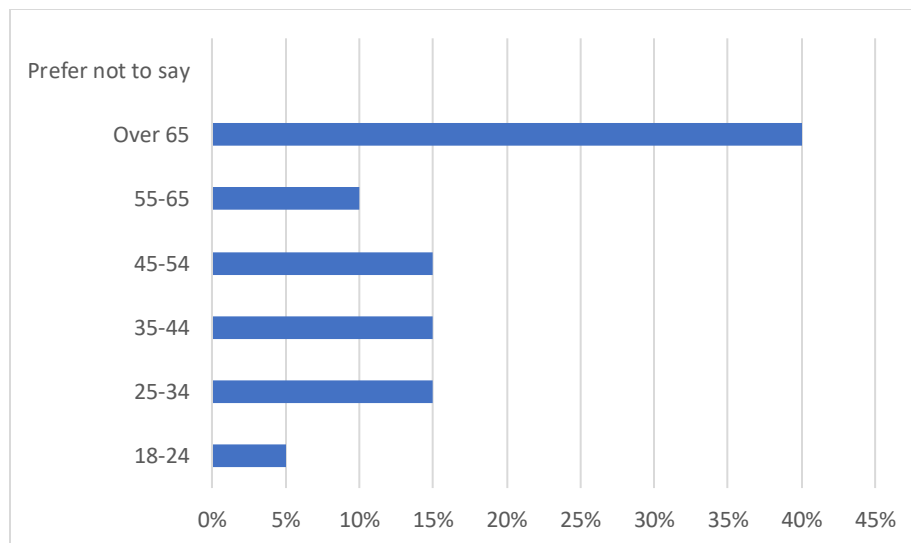
Demographics of forum members

22. Respondents were asked to provide demographic information when completing the survey. Some demographic information is not collected when patients sign up to the forum, and providing this information is optional, therefore, this survey helped to provide important demographic information about forum members. Whilst it is difficult to be conclusive that the response was representative of all forum members, given a close to 60% response rate, we can assume that respondents to the survey were broadly reflective of all forum members.

23. The majority of respondents were women with women making up 75% of responses and men, the remaining 25%.

24. The majority of our respondents were aged over 65 (40%), 7 respondents were aged between 18 and 44 (35%) and 5 were aged between 45 and 65 (25%).

Chart 1: Age breakdown of respondents to survey 1



25. The majority of respondents consider themselves to be white or white British (70%), with the next largest considering themselves to be Asian or Asian British (25%).

Disability

26. Many of the respondents consider themselves to have a disability. Many also have multiple conditions with the most prevalent being one of the following, or a combination of:

- Long term/chronic physical health condition (47%)
- Mobility impairment or Musculoskeletal condition (26%)
- Mental health condition (21%)
- Neuro-diverse (eg. autism, ADHD) (21%)

27. 21% of respondents also said that they do not have a disability, long term condition, impairment or difference.

Experience of osteopathic care

28. Respondents were asked if they had visited an osteopath in the last six months and if they had, how often they visited an osteopath.
29. 15 respondents said they had, 3 said they hadn't and 2 said they had never visited an osteopath. This meant that 90% of respondents to the survey had experience of visiting an osteopath.
30. For the patients that have seen an osteopath in the past 6 months, the majority said they attend as and when treatment is needed (60%), 20% said they visited monthly or every other month and 20% weekly.

Involved in patient engagement activities with other organisations

31. Just under two thirds (60%) of respondents said they were involved in patient engagement activities with other organisations, while the remaining 40% of respondents said they were not.
32. Of those who were involved with other organisations, the most popular responses were:
 - A member of an NHS group (75%); and/or,
 - A charity (50%); and/or
 - A GP Practice Patient Participation Group (also 50%)

How did respondents hear about the forum?

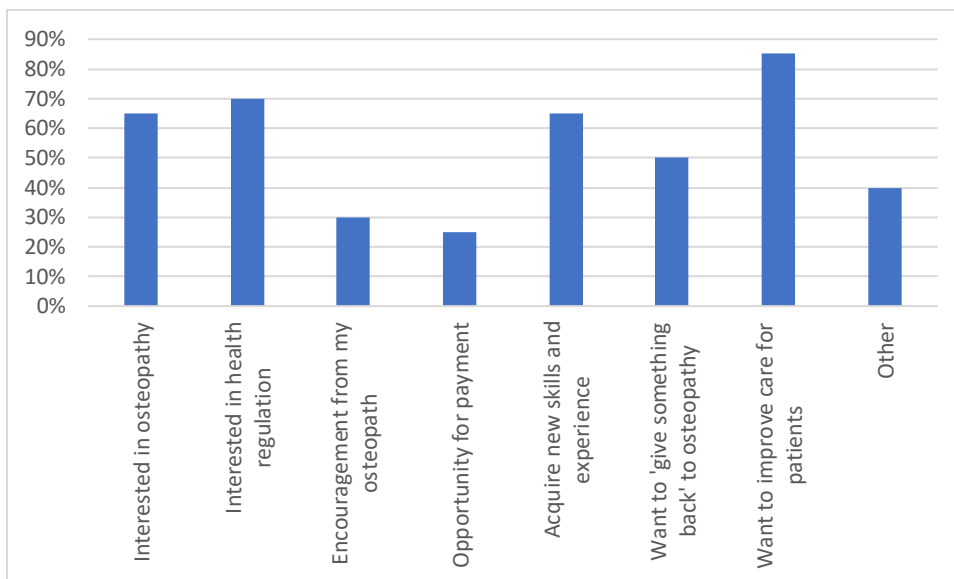
33. Many members found out about the forum through the GOsC website (38%). A smaller number found out via either a patient charity (eg. The Patients Association) (19%) or an osteopathic education institution (14%).

Motivation to join the forum

34. Many of the respondents had altruistic or interest reasons for joining the forum. As we can see in Chart 2, most respondents said they wanted to improve care for patients, while a slightly smaller number also said that they joined, because they were interested in health regulation, osteopathy or wished to acquire new skills. Another popular reason for joining was the opportunity to give something back to osteopathy. Only a small number of respondents said that they joined due to the opportunity of payment for their views.

Chart 2: Motivation for joining the patient involvement forum

Multi answer: Percentage of respondents who selected each answer option (eg 100% would represent that all this question's respondents chose that option)



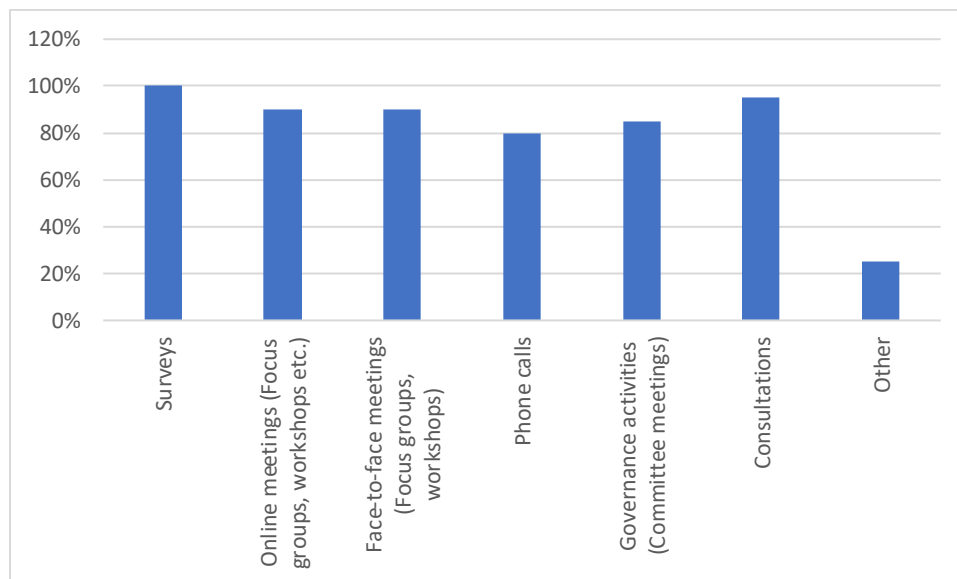
35. When comparing the motivation for wanting to join the forum between male and female respondents or between different age groups, the responses were very similar, with most stating that they wanted to improve care for patients, were interested in health regulation, interested in osteopathy and/or wanted to acquire new skills and experience.

Activities and topics forum members are interested in

36. Forum members were asked about the activities and topics that they would like to take part in. The below chart demonstrates that respondents are interested in taking part in a wide variety of activities with all stating that they were happy to complete surveys and most stating that they were interested in completing consultations and taking part in meetings (in person and online).

Chart 3: Activities that forum members are interest in

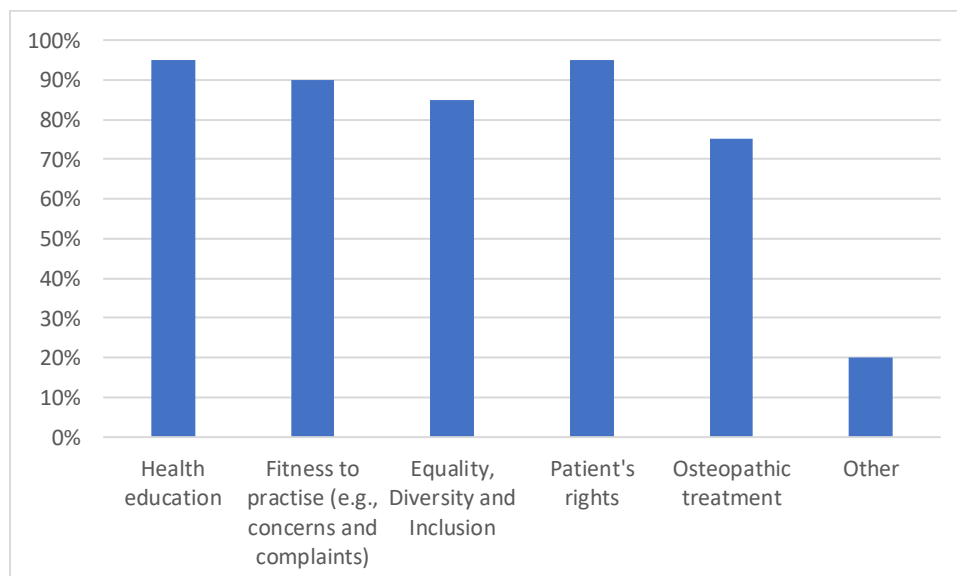
Multi answer: Percentage of respondents who selected each answer option (eg 100% would represent that all this question's respondents chose that option)



37. Forum members were also asked about the topics that they were interested in with almost all stating that they were interested in health education and patient's rights.

Chart 4: Topics of interest for forum members

Multi answer: Percentage of respondents who selected each answer option (eg 100% would represent that all this question's respondents chose that option)



38. Interestingly, when looking at differences between male and female respondents, all male respondents stated that they were also interested in fitness to practise. Additionally, older respondents were less likely to be interested in EDI and more interested in health education, patient's rights and fitness to practice, in comparison to younger respondents, who were all interested in EDI.

Additional support to participate in the patient involvement forum

39. The majority of respondents (84%), said that they didn't require additional support to participate in patient involvement forum activities, while the remainder (16%) said they did.
40. For those that required support, areas identified were, assistance with transport, assistance with carer costs and adjustments.

GOsC response

41. Capturing the demographic information in the surveys is really important to understanding of the makeup of our patient forum and where we might need to target our recruitment to make the forum more representative of osteopathic patients and the population in general. This is important so that we can get a wide range of diverse views and will help to strengthen our work.
42. Most members of our forum are women and therefore, it would be helpful to improve male representation on the forum given that male's make up 49% of the UK's overall population as set out in the last census in 2021.¹
43. There were also more 65+ respondents compared with respondents from other age groups, indicating that we have older members of the forum. From research previously undertaken by YouGov, we also know that osteopathic patients tend to be older.² Therefore, we can conclude that it is more likely that we will get an older membership. However, this does not stop us from considering how we can increase the number of younger members we have in the forum.
44. One of the areas that we could look to would be the motivations for the different genders and age groups for joining the forum. However, when looking at the break down of responses, responses very similar with the top 4 reasons (to improve care for patients, were interested in health regulation, interested in osteopathy and/or wanted to acquire new skills and experience) consistent across age groups and gender.
45. This was also the case when considering the response to the question around topic areas interested in by gender and age, with very little difference in response.
46. We decided not to break down responses between osteopathic and non-osteopathic patients given the very small number of respondents who identified as never having attended an osteopathic appointment.
47. We will further consider what we can do to attract more male members to the forum as well as a younger/middle aged membership while carefully balancing membership numbers to ensure that they continue to be manageable.
48. Given that many respondents identified that they have a disability, it is important that we continue to be aware to consider their needs (including making adjustments) when organising patient engagement activities and this is appropriately reflected in our patient involvement forum charter (see below).

¹ See ONS Census 2021

² In research conducted by YouGov on public perceptions of osteopathy, it found that 57% of osteopathic patients who were over 65 responded

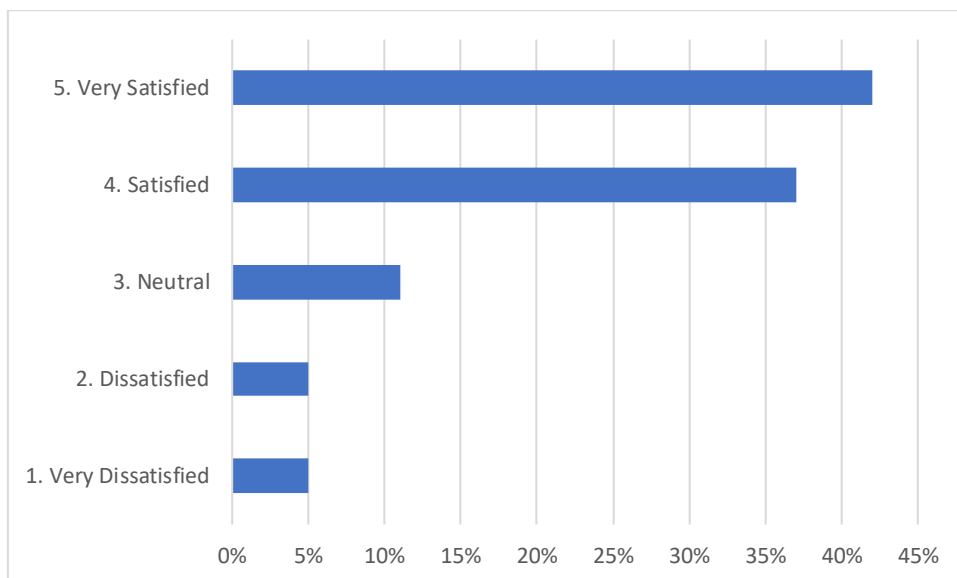
Survey 2 – Patient involvement experience survey

49. This survey asked more in depth questions on patient’s experiences as members of the forum. For example, what we did well and the areas that need improvement. This survey also asked forum members about improvements that we could make to our patient involvement forum charter – a document that sets out the rules and requirements for the forum and the forums payment and expenses policy.
50. We received 19 responses from 34 forum members to this survey which represents a 56% response rate.

Respondents overall experience of the forum

51. When asked to rate their overall experience of the forum, most were satisfied or very satisfied with their experience (79%) with 11% neutral and 10% indicating that they were dissatisfied or very dissatisfied with their experience.

Chart 5: Respondents overall experience of the forum



What are we doing well and where do we need to improve

52. The most common response from respondents on what we are doing well was our inclusive approach and our organisation of activities. Respondents felt that the information provided before an activity was sufficient and that the activities were well organised. Respondents also liked the quality of our email communications and that we sought to include diverse members of the public in the forum who had a wide range of perspectives on issues. Respondents also mentioned that they felt valued and respected, that they were listened to, and their views were acted on.
53. On the other hand, some respondents also thought we needed to improve the way that we communicated the impact of their advice following an activity as they felt they weren’t seeing the impact that their feedback was having on GOsC’s work. It was also felt that we could be more transparent in providing updates on what was happening with ongoing pieces of work where forum members were previously involved.

54. Some of the other areas raised by individual members, were around how forum events were organised, with respondents wanting to be informed earlier of upcoming events. Some would also like us to run more hybrid events, while others would like more in person meetings. Respondents also mentioned the slow payment of expenses, and two thought we needed to consider how events are organised and how we need to make changes to ensure there are no barriers to those with a disability.

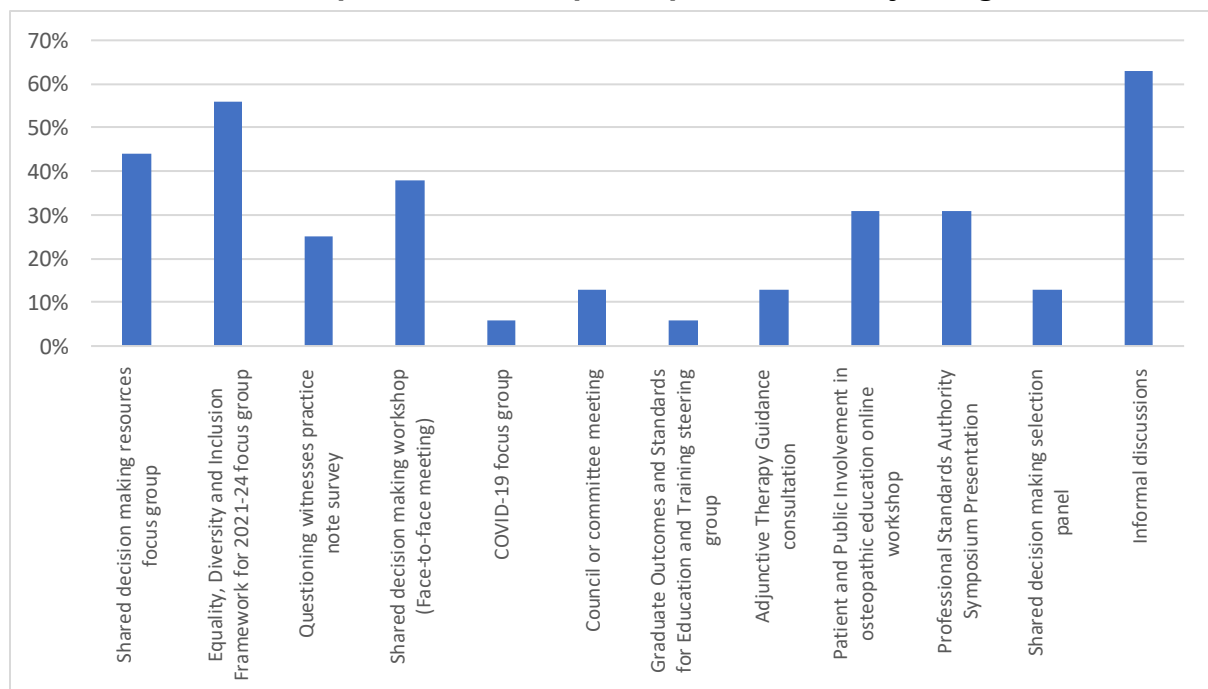
Suggestions for improvement

55. The most popular responses from respondents of ways we could improve suggested that there needed to be more regular communications and more face to face meetings so that members could meet each other in person. The next most popular was around offering alternatives for engagement between forum members outside of formal meetings such as online chat rooms. Other comments that were received were around communicating the impact of the forum on GOsC's work, more regular updates on GOsC's work, and holding the sessions during the evening to allow working people to attend.

Activities patients have participated in and their views on these

56. When asked what activities they had participated in since joining the forum, most respondents said they had engaged in informal discussions (10), followed closely by the equality, diversity and inclusion framework for 2021-24 focus group (9) and the shared decision making resources focus group (7).

Chart 6: Activities respondents have participated in since joining the forum



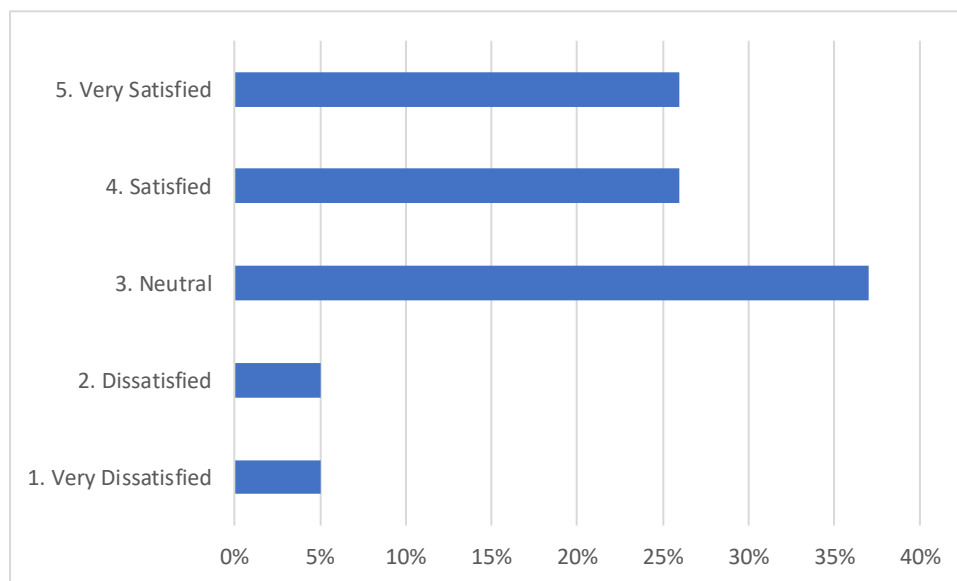
57. When asked what activities they most enjoyed participating in and why that might be the case, a number of different activities were identified with multiple respondents highlighting activities that were focussed on EDI as well as being involved in meetings of the osteopathic development group.

58. When explaining why they enjoyed a particular activity, a small number of respondents said that they enjoyed the collaboration; felt that they were helping to make the healthcare system better; playing an important role and making a difference. A smaller number said that they felt that patients were really being listened to and that they enjoyed taking part in the activity in person.
59. Interestingly, one respondent explained that they didn't find any of the events particularly memorable and suggested that we provide "reflection" notes following an event to aid memory recall and remind members of what was discussed.

Our communications with members of the forum

60. We asked members of our forum for their views on the frequency of communications that they received from us. Most (10) respondents said they were satisfied or very satisfied with the frequency of communications that they received from us. Most of the remaining respondents (7) said they were neutral about the frequency of communications.

Chart 7: Level of satisfaction with frequency of communications received from GOsC



61. For those who said they were satisfied or very satisfied with the frequency of communications, when asked to explain the reason for their response, some provided positive comments, while others provided suggestions on areas for improvement. Those who were more positive thought that communications were clear and concise and were satisfied with the frequency of communications in that they didn't overwhelm forum members. Others, although satisfied with the frequency of communications, wanted more frequent communications, greater clarity about next steps following forum members feedback and more information about upcoming meetings and events. Some also felt that we needed to improve engagement between participants of the forum.

62. For those who were neutral about the frequency of communications, many respondents said that they would like more regular communications. Other comments were around improving the interaction between forum members, a wish to be involved more and a need to understand what research is being done in osteopathy.
63. The small number who were dissatisfied or very dissatisfied, said that communications needed to be more frequent.

What we have done well in our communications and what we have done less well

64. Many respondents told us that our communications were clear, with a smaller number saying that the messages are timely and that our call to action is clear. Two respondents told us that they liked the sincerity of the communications from the patient involvement forum lead contacts as well as the individual phone calls they receive from the Senior Research and Policy Officer, Rachel Heatley.
65. When asked if they had any difficulty with the way that we communicated with members of the forum, most respondents (12) said they found no difficulty. For those that said they had difficulty, they told us that sometimes the information was too complex, that there was a lack of context or that there was inconsistent formatting in the documents that we sent. One respondent also said that we needed to be clearer about what we wanted when sending out communications.

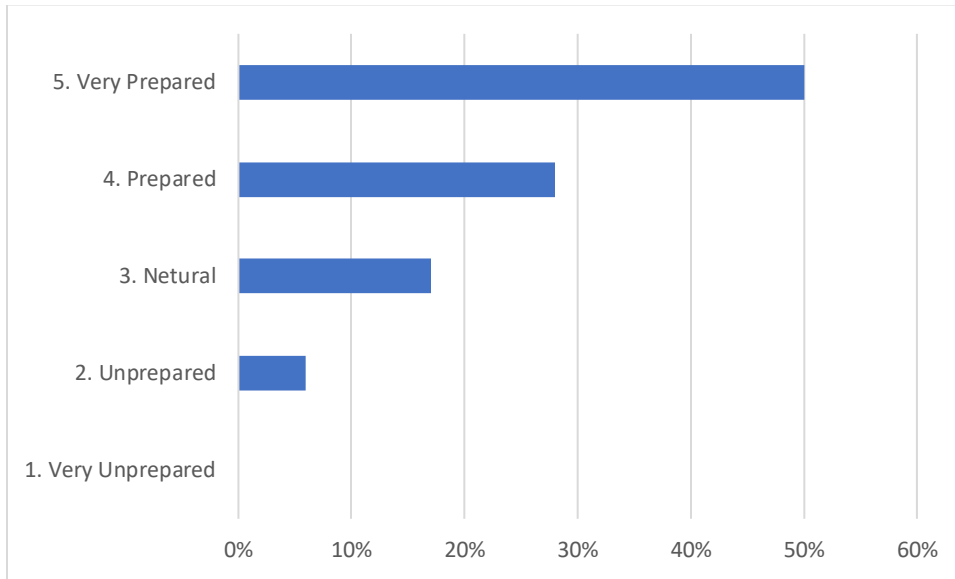
What we could do to make our communications more user friendly and accessible

66. Eight respondents told us that they were happy with the way we communicated or had nothing to add.
67. Individual comments were received in relation to how information was presented. For example, respondents told us that they thought we needed to simplify the language we used, make our formatting consistent, use less text and make them more autism friendly. Some also thought that we needed to go beyond using email and communicate with members of the forum through different means, such as social media or use a Vlog to keep members updated.

Level of preparedness of forum members prior to attending an event

68. Most (78%) respondents said that they felt prepared or very prepared before attending an event. A smaller number (17%) were neutral whilst only 6% said they felt unprepared.

Chart 8: Level of preparedness forum members have felt prior to attending an activity



What we could do to better prepare forum members

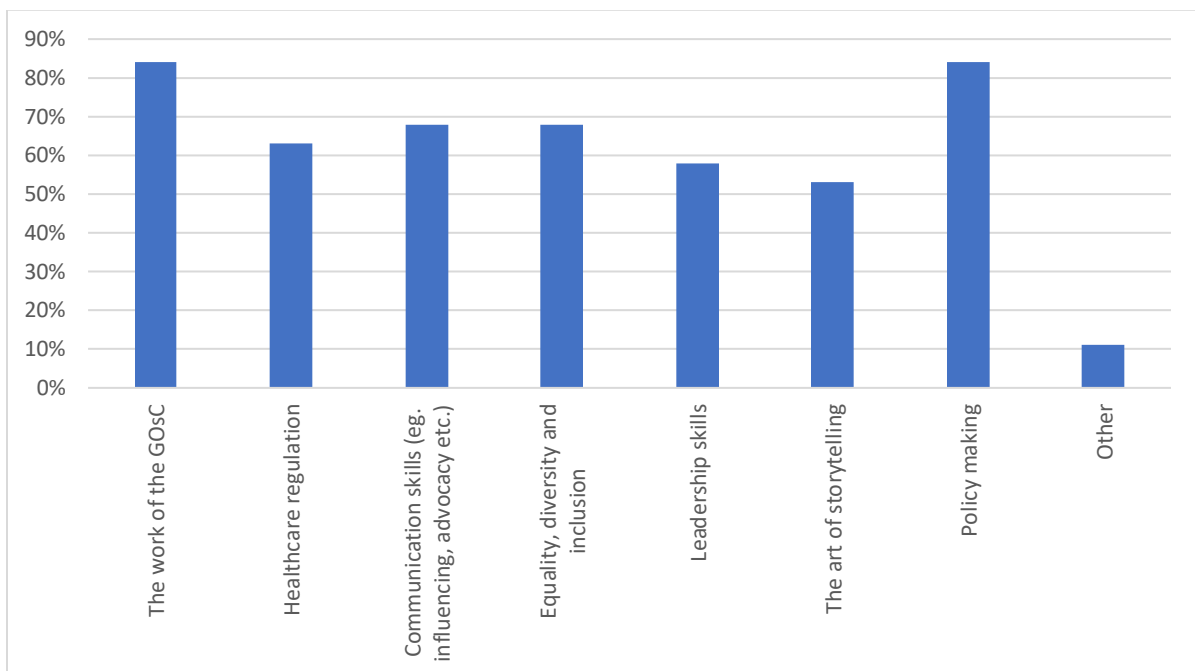
69. Positively, many respondents (7) told us that there is nothing further that we needed to do to prepare forum members for events. Many respondents told us it was about the information we provide before the event, suggesting there needed to be clearer activity guidelines, goals and objectives for events as well as the provision of background documents for pre-reading. Two respondents told us that we needed to provide more notice to members prior to events occurring. Two respondents also said they would like training to help them better prepare for events.

Area preferences for further training

70. Forum members were asked about their preference for topic areas, if the GOsC were to offer further training. There was a good level of interest in all the areas identified.

71. As set out in Chart 9 the two most popular areas identified were learning about the work of the GOsC and learning more about policy making.

Chart 9: Forum members' area preferences for further training



72. Other popular areas were learning about communication skills and equality, diversity and inclusion. The least popular area was further training on the art of storytelling.

GOsC response

73. It was pleasing that the majority of respondents were satisfied with their overall experience of the forum, were satisfied with the way that we communicated with them and felt well prepared before taking part in an activity.

74. Whilst this is positive feedback, we received many suggestions on how we can improve. One of the most common issues raised by some respondents was the view that we needed to be better at explaining what impact the views from forum members had on our work.

75. We acknowledge that we could be better at being more transparent with how we demonstrate and communicate the impact of forum members' feedback. A potential option we are considering is the creation of a dedicated page on our website detailing the work that forum members have been involved in and what we have done as a result of their feedback. We will also consider other ways that we can provide feedback to forum members of the effect of their views on our work.

76. We have also heard the views expressed around having more in-person meetings. We try to balance the amount of in person meetings with the number of online meetings to ensure that we can realise the benefits of both modes of engagement. When holding in person meetings we usually try to ensure that there is also an online option available to ensure as much participation as possible. We will look to see whether we have got the balance right between online and in person meetings.

77. We also heard the comment regarding getting members of the forum together so that they can meet each other in person. We understand that some other regulators do this. We will think about how we may want to do this moving forward.
78. It is really helpful to hear what forum members found enjoyable about previous activities they have undertaken. For the request for reflective notes following a meeting, we will try to ensure we provide a brief written record of what was discussed following an activity and will circulate this to forum members following the activity.
79. In the area of communications, some respondents said they wanted more information about upcoming meetings and events. We attempt to give forum members as much notice as possible about upcoming activities, but we will think about how we can share further information about activities that we are planning during the course of the year.
80. When sending information to forum members prior to an activity we always try to ensure that we are clear about why we are seeking views and what we would like from forum members who participate. In responding to the survey, most respondents also stated that they didn't think there was anything more that we could do to prepare them prior to an activity. However, we can ensure we are always explicitly clear about the objectives of what we are trying to achieve through each activity and ensure we list any useful pre-reading, if that is available.
81. Some respondents also told us that we needed to simplify the language we use in our communications, consider the formatting, use less text and think about how we can make it more friendly for those with autism or who are neuro-divergent. We will reflect on this feedback and consider how we can improve our communications in this area.
82. We have taken on board the suggestions from respondents regarding the training that they would most like to undertake to help them develop their skills. This is helpful as we begin to think about training we can put in place to further develop members of the forum.

Improvements to the patient involvement forum charter and expenses policy

Patient involvement forum charter

83. Our [patient involvement forum charter](#) provides an explanation of what the forum is, what members of the forum can expect from us and what we expect from members of our forum.
84. The majority of respondents (95%) thought that our charter was clear and easy to understand. Most respondents also told us that they didn't think that there was anything missing from the charter (68%). Those who did, identified that we needed to be clearer that we were seeking membership from a diverse range of patients, provide further information about the lead contacts, provide details on how we make adjustments for patients involved in our work and the need to provide follow up and the actions we have taken following feedback from members of the forum.
85. Generally, respondents thought there wasn't much we could do to improve the charter over and above what they had told us in the previous question.
86. When asked whether there were any implications for those with protected characteristics caused by the charter, some identified both positive and negative implications.
87. Positive implications identified were:
- Felt it is positive as promotes equitable partnership;
 - Provides clear expectations around behaviours so that everyone respects each other;
 - Reimbursement helps to remove financial barriers to people being involved;
 - Helps to promote more diverse representation; and
 - Helps to promote awareness of protected characteristics.
88. Negative implications identified were:
- There is the potential that the charter unintentionally creates barriers to inclusion if we haven't considered those with protected characteristics when developing the charter;
 - Potential for unconscious bias amongst members
 - Greater clarity in the charter around forum members' awareness amongst each other of issues related to people with certain protected characteristics
 - Need to consider that barriers are reduced so that everyone can participate
 - The charter does not provide information on adjustments
 - The charter does not provide support for disabled people
 - The charter relies on people being fluent in English

GOsC response

89. In our charter we state that forum members can expect us to respond to individual needs and make reasonable adjustments, including for those with disabilities. Given that the charter is intended to be a high level document, it would not be right for us to go into specific details on how we plan to make reasonable adjustments for forum members as this will depend on each individual members personal circumstances and dialogue with them to ensure that we meet their needs. We ask about reasonable adjustments and provide opportunities for forum members to discuss reasonable adjustments with the lead contact for the activity; however, we can make it clearer when sending out information for an activity, that reasonable adjustments are available and point to the information in the charter.
90. We are considering further development options for members of our forum including training. One of the areas we could cover would be equality, diversity and inclusion, where we would include a section on unconscious bias.

Payment and expenses policy

91. The GOsC payment and expenses policy for our patient involvement forum sets out how much we will reimburse patients for their involvement in our work. We want to ensure that the patient voice is at the heart of what we do and therefore we wish to ensure that there are no financial barriers that would hinder patient input into activities. We also think we should compensate patients fairly for the time they take to provide input on issues where they are not directly affected. The payment and expenses sets out what patients can be reimbursed for and how much they will be reimbursed.
92. Like the charter, almost all respondents (95%) said they found the payment and expenses policy clear and easy to understand. The majority (79%) also stated that they didn't think that there was anything missing from the policy. Of those who said they thought something was missing or had suggestions on how things could be improved, many provided comments around how the payment is made and suggested:
- Payments should be made available in vouchers
 - There should be the option to contribute payments to charity
 - Payment could be used to subsidise training opportunities
 - Payments need to consider tax implications for those on benefits
 - Payments should be more performance based
93. There was also a suggestion that separate to payments we should acknowledge contribution of payments through a reward and recognition process.
94. Two patients thought that payments should be processed quicker and two also said that we should bring our payment rates in line with [National Institute for Health and Care Research payment rates](#)

95. One comment was received about making the payment criteria clearer while another thought the 3 month payment terms were good as it allowed plenty of time for members to submit a payment claim.
96. These comments were similarly reflected in comments when respondents were asked whether they had any further comments to add.
97. When asked about any negative or positive impacts of the policy on those with protected characteristics, one respondent told us that the policy was positive as it reduces the financial barriers for those to participate, whilst another said we need to consider barriers for those who have difficulty completing forms.

GOsC response

98. It is positive that many respondents thought there was nothing we could add to our payment and expenses policy.
99. We understand that many of our forum members would like us to look at alternative payment methods or for expenses claims for the involvement fees to be paid directly paid to a charity. We are currently looking at options and will consider what we might be able to do in this area.
100. We would not seek to introduce performance based pay as we do not think that this is in line with the spirit of the forum. Membership of the forum is voluntary and we want to reward forum members equally for their views as all input is important and not some more than others. This would also mean that we wouldn't look to introduce a pay based reward and recognition process.
101. Given that it has now been 2 years since we reviewed our current pay rates, we will revisit the current pay rates to consider whether they continue to be sufficient.

Next steps

102. Much of the way that we have engaged with patients has been positive. The feedback from GOsC staff has acknowledged the value our patient involvement forum has brought to our work. Patients have in the main provided positive feedback whilst also identifying areas where they think improvements could be made.
103. We will consider how we can use the information gathered through this evaluation to make the forum more diverse and seek to improve the way that we operate, engage and interact with members so that forum members continue to have the same positive impact on our work in future years.