



Policy and Education Committee
10 June 2020
Development of the profession

Classification	Public
Purpose	For discussion
Issue	Informing thinking about the GOsC role in 'development'.
Recommendation	To consider our statutory duty of 'development' of the profession.
Financial and resourcing implications	No direct implications from this paper.
Equality and diversity implications	Particular equality and diversity issues arise for vulnerable and extremely vulnerable patients and their future access to osteopathic care. There are also implications in terms of exploring how the diversity of the profession may better reflect the society it serves. There may be other implications which will need to be explored in any subsequent development of our thinking.
Communications implications	This paper is presented as a public paper. Any shaping of our development role will require input from our stakeholders in due course.
Annexes	A: Statutory role to develop the profession: context B: Development of the profession: 2012 to date C. GOsC Strategic Plans
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Background

1. Section 1 of the Osteopaths Act 1993 provides that: There shall be a body corporate to be known as the General Osteopathic Council (referred to in this Act as "the General Council").
- (2) It shall be the duty of the General Council to develop... and regulate the profession of osteopathy.
- (3) The General Council shall have such other functions as are conferred on it by this Act.
2. The terms of reference of the Policy and Education Committee include: to 'advise Council on all matters of policy including ... the development of the osteopathic profession'.
3. This paper seeks to:
 - inform the Committee about our approach to development in the context of changes in the role of the regulator.
 - inform the Committee about the work of the Osteopathic Development Group – a collaborative approach to development across the osteopathic sector involving organisations such as the Institute of Osteopathy, the Council for Osteopathic Educational Institutions, the National Council for Osteopathic Research, the Osteopathic Alliance and other specialist groups and patients.
 - inform the Committee about our current plans for development as part our strategic plan.
 - pose some questions for consideration which relate to the:
 - the impact of coronavirus / COVID-19 on society and care,
 - the needs of society and the public and osteopathic patients in the future
 - Osteopathic education in the future
 - Osteopathic practice in the future,
 - the likely wider range of contexts that osteopaths may work in the future, and
 - the implications for development of the profession both in terms of our own role, but also the roles of other stakeholders.

Discussion

Approach to development in the context of changes in role of the regulator

4. The Osteopaths Act 1993 was passed at a different time in regulation when the focus was on elected Councils and professional status. A number of bodies held a dual role both regulating but also having a role in terms of promotion or representation of the profession (the General Osteopathic Council, the General Chiropractic Council, the Royal Pharmaceutical Society, the Law Society). Over time, it became clear that regulators should focus on patient safety and public protection and that it was a conflict for regulators to be involved in promotion of their professions, protection of the professions versus protection of the public

and patient safety. This culminated in an amendment to the legislation of all health professional regulators in 2016 which focussed on public protection. Further detail about this timeline is outlined at Annex A.

5. However, we also know that a regulatory approach which situates patients against professionals is also not conducive to public and patient protection – it doesn't achieve the desired outcome. See, for example, the findings from Professor Gerry McGivern's report *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards in practice*, (2015) <https://www.osteopathy.org.uk/news-and-resources/document-library/research-and-surveys/dynamics-of-effective-regulation-final-report/> This report highlighted the concept of relational regulation and the idea that the regulated are more likely to comply with standards if they understand the standards, 'understanding the why' rather than being told what to do because that is what the regulator requires.
6. The concept of regulation has potentially moved more towards a focus on a common goal of enhancing quality of care which is something the regulator, the regulated and patients all have in common. But with a recognition that the regulator must still take action to investigate complaints and concerns and that the regulator has the power to remove or restrict registrations and thus there will always be a challenge in terms of working with the regulated. Professor McGivern's research suggested that this 'conundrum' could be ameliorated to an extent through relational regulation, understanding the regulator, the regulator understanding the regulated, meeting the regulator and connecting to show that we are all on the same side.
7. Interestingly another dynamic to the role of the regulator has been emerging through the Promoting Professionalism, Reforming Regulation government response (see https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820566/Promoting_professionalism_reforming_regulation_consultation_response.pdf) which explores the role of the regulator in terms of delivery of the healthcare workforce and the 'importance of professional regulation in supporting the development of a flexible and professional workforce that is both fit to practise and fit for purpose.' The government response stated that 'We will introduce a new duty on the regulators to consider wider workforce implications when developing their policies and processes.' (see p7). Whilst on one hand, it is axiomatic that the regulators should produce health professionals to meet the needs of the NHS workforce and therefore the needs of patients and the public. On the other hand, potential conflicts could arise at a time of limited resources, at a time when there are conflicts between individual patients needs and the needs of the wider patient group and the public, if the patient voice is more limited and restricted as a result of the coronavirus pandemic and when priorities of government may be seen to diverge from the priorities of patients, the public and health professionals.

8. So, we can see that the context within which regulators operate changes and we need to take account of that in our own role in development.

The work of the Osteopathic Development Group

9. Turning to development in the osteopathic profession, in short, this moved from being something that the regulator was solely responsible for (in terms of being regarded as both a regulator and a professional body) to a programme of work in partnership with the profession and key organisations in the profession.
10. Our role has mainly been facilitative bringing other parties together and supporting funding with some of the projects and more recently including the patient voice in this important work. Key developments included work on mentoring, service standards, evidence base for the profession, regional communication, advanced practice and career development.
11. More recently our work has focussed on implementation of the continuing professional development scheme and themes of engagement, support and community and implementation of the Osteopathic Practice Standards.
12. Further detail about the work of the Osteopathic Development Group is outlined at Annex B.

GOsC Strategic Plan – 2019 - 2024

13. Our current strategic plan from 2019 to 2024 outlines our key priorities in this period. Further details about development on the context of this strategic plan are outlined at Annex C.

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.	We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.
We will build closer relationships with the public and the profession based on trust and transparency.	We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

Developing the profession: looking forward

14. What are the desired outcomes of the development of the profession? What does a successful health profession look like? It might include any of the following:
- A specialist body of knowledge (an evidence base and a strong research base, a strong educational foundation and structure)
 - Contributing to health and well-being of society

- A profession that reflects the diversity of the profession it serves (feedback from Council)
- Putting the patient first
- Working in partnership with patients
- A profession that is able to exercise professional judgement and discretion appropriately (feedback from Council)
- Outward focus – practising in a context that is wider than the profession
- Cohesive professional identity (recognised by patients, other health professions and other stakeholders) - supported by strong professional structures (e.g. Royal Colleges, Chartered Societies – representing scholastic excellence)
- Strong communities – education, advanced practice focussed on excellence and promoting good practice
- Strong relationships with stakeholders

15. So, thinking about how development aligns with our Strategic Plan 2019-24, the desired outcomes might include:

- Supporting a research and evidence base – We currently fund the National Council of Osteopathic Research and contribute to the professional journal, The International Journal of Osteopathic Medicine (IJOM). We also fund a corporate subscription which enables registrants to access IJOM research resource package which includes a suite of relevant publications such as Pain and Manual Therapy.
- Implementation of patient centred standards by supporting osteopaths to implement the Osteopathic Practice Standards (for example, resources to support the implementation of the CPD scheme (patient feedback, patient reported outcome measures (with NCOR), peer observation, case based discussion, clinical audit, prototype tools to support osteopaths and patients to make more explicit to them what is important to them in a consultation, research on communication and miscommunication in the context of touch)
- Supporting patients to be partners in their care by supporting patient involvement in osteopathic practice and education and policy development – Thematic review with osteopathic and chiropractic institutions with plans for a dissemination and good practice seminar and work with the Centre for the Advancement of Inter-professional education.
- Facilitating the development of other organisations through contribution to thinking and strategy or financial support (for example, participation in the Osteopathic Development Group (ODG), supporting patients to inform ODG discussions, financial contribution to the peer matching scheme, continuing GOsC / Council of Osteopathic Educational Institution meetings, ongoing meetings with Osteopathic Educational Institutions, regular meetings with the Institute of Osteopathy.

- Facilitating the development of other organisations through contribution to thinking and strategy or financial support (for example, participation in the Osteopathic Development Group (ODG), supporting patients to inform ODG discussions, financial contribution to the peer matching scheme, continuing GOsC / Council of Osteopathic Educational Institution meetings, ongoing meetings with Osteopathic Educational Institutions, regular meetings with the Institute of Osteopathy).
- Supporting the patient journey through a better understanding of osteopathy by other health professionals and a better understanding of other health professionals by osteopaths – Joint work with the Centre for the Advancement of Interprofessional education collecting case studies about how osteopaths work with other professionals and how the patient journey benefits from this. Working closely with other regulators and Health Education England on competences for advanced clinical practice and first contact practitioners to ensure that osteopaths are able to demonstrate relevant competences at relevant points in their career to contribute in a variety of ways to patient care.
- Supporting communities: Our CPD scheme is focussed on engagement, support and community and development of groups of osteopaths and other health professionals

16. Other activities that we may consider developing in the future might include:

- Stronger focus on development and implementation of guidance relating to decision making and exercising professional judgement
- Enhanced focus on equality, diversity and inclusion and how we might work with the sector to overcome challenges such as a small sector, predominantly private patients, limited involvement in the NHS
- Stronger focus on co-production and the patient voice in our own work and in that of sector organisations.

17. At this point, this paper was designed to support the Committee and Council to begin to consider our future role in development in the context of a stronger and more developed profession from that ten years ago. The Institute of Osteopathy has evolved into a body with strong relationships with stakeholders, it has secured allied health professional status for osteopaths and works well with other professional bodies and with national bodies, for example, Health Education England. It has also begun to issue stronger profession specific guidance to osteopaths. The Institute of Osteopathy has begun more of a focus on marketing and development of the profession and this is an area that is not for the regulator to be involved in. It felt like perhaps there was a transition away from a more hands-on development role.

18. However, in March 2020, our context completely changed with the coronavirus / COVID 19 situation. It raises a whole host of questions for consideration for the osteopathy profession and for osteopathic patients. For example:

- *Communication in the context of living with a highly infectious virus will require thought in terms of communication and understanding of risk with implications for patients and clinicians.* Individual approach to risk assessment will become more important and so understanding patients' expectations, needs and wants becomes even more important moving forward. 'Safe' will have a different meaning for different people. Even if, in the future, we are less likely to come into contact with the virus if social distancing measures continue to work, the risk of the consequences of the virus will still be in place. Albeit it a small risk, there is a risk of death for a small proportion of people, with higher death rates for vulnerable and extremely vulnerable patients. This will not change until there is either more effective treatment or a vaccine for the virus. As at 30 May 2020, whilst vaccines are being trialled, it is not expected that either of these pathways will be in place quickly.
- *Hearing the patient voice:* What about the voice of the patient in terms of access to osteopathic care even non-urgent or necessary osteopathic care. Currently shielded patients are not able to easily access osteopathic care because the risk to them is deemed too great. How do we support patients and clinicians to make decisions with patients rather than on behalf of patients?
- *Osteopathic care will look and feel different in the future with implications for patients and clinicians:* Many osteopathic practices are not open at the moment in order to support social distancing measures although we understand others are still offering hands-on care in limited circumstances and with strict infection controls in place. However, more practices are opening as the perceived risk of the virus reduces as indicated by reduced lockdown measures. But the care is likely to look and feel different. For example:
 - i. Whilst face to face osteopathic care is always likely to be the main method of care to patients, telehealth is becoming an option for delivery for osteopathic care in a way that was not imagined a few months ago. Such an approach requires the development of different communication skills and approaches which may impact on osteopathic education and CPD but also for roles in the wider health service.
 - ii. Maintaining social distance when undertaking treatment will also likely to continue to be important. So taking a history may be undertaken via video or phone consultation to reduce the time for face to face contact within two metres of a patient.
 - iii. Routine use of personal protective equipment impact osteopathic care and treatment through the medium of touch from the perspective of patients and the public.
- *Preparing the profession to be osteopaths but also to be able to undertake a wider range of roles should they wish to do so:* More than a quarter of the

profession have offered to support the NHS in this crisis in a profession in which no more than 5 to 10% undertook sessions for NHS patients. We know that some osteopaths are undertaking new roles in the NHS in direct patient contact roles, but also as 111 call handlers or as contact tracers. The Institute of Osteopathy advise that this has increased the visibility of the profession externally which has advantages for the profession in terms of access future roles working with others and for patients. However, we also know that there is a strong desire to maintain diversity in the profession and a desire to not be 'homogenised'. In terms of preparing osteopaths for these differing roles in the future, what implications might there be for osteopathic education and CPD and how might we maintain diversity of approach yet also enable access to a diverse range of roles?

- *Increased need to support rehabilitation and chronic conditions:* We are, we hope, coming out of the acute phase of COVID-19 where the focus was on keeping very sick patients alive through intensive care. But over time, there will be a move to how to support those patients to be able to live the best possible life with an emphasis on rehabilitation and person-centred care and also a focus on the delivery of care for chronic patients who may have been very limited in accessing treatment at all since March 2020.
- What are the implications and opportunities of a 'new world', living with COVID-19 for osteopaths, for patients, and for osteopathic education?
- How are other clinical professions approaching these challenges in terms of educational clinical placements?
- How do we collect the right data and information to continue to inform our insight moving forward?
- And how does this influence our statutory role in development as a regulator.

19. At its meeting on 11 May 2020, Council considered, at a very early stage, some of these matters and their thoughts are set out below:

- a. Encouraging continued collaboration and professional leadership in terms of development not just of individuals but of the profession as a whole (eg individuals being focussed on doing more public engagement and engagement with other professions to explain what osteopaths know and what osteopaths can do and being more explicit in sharing learning, disseminating knowledge, conducting outreach and wider partnership working.)
- b. Generating a better understanding of the experiences of osteopaths working in different roles through survey work and translating implications for the development of the profession.
- c. The importance of osteopaths in supporting public health and hygiene.
- d. Supporting the development and facilitation of professional judgement and discretion exercised in the context of uncertainty

- e. Understanding of the importance of a profession reflecting the diversity of the society being served, considering equality, diversity and inclusion in the profession and how this is shaped in a small profession which has a primarily private patient base.
- f. Using the opportunities made available to the profession as an Allied Health Profession provider; the opportunity to progress as first contact practitioners and be more involved the NHS, the emergence of a clinical career ladder and the opening of different career pathways opening up the diversity of roles available to osteopaths. But also respecting and reflecting the diversity of the profession and the expressed desire to maintain that diversity and not to impose a 'homogenous approach' into education and training. Considering how this might be reflected in the review of the Guidance for Osteopathic Education and Training including Standards for Training.
- g. In the context of widening the available roles for osteopaths and the need for a flexible workforce, to embark on a programme to support osteopaths, should they wish to do so) to become prescribers Such an approach would require collaborative working between the educational institutions, the professional organisation, the regulator and the Department of Health and Social Care

Next steps

- 20. The Committee is invited to consider these questions in the context of this paper.
 - What are the desired outcomes of development of the profession from the perspective of the patient, osteopaths, osteopathic stakeholder professions, other health professionals, government?
 - What are the implications for our work with patients, osteopaths, educators, other health professions and others?
- 21. It is hoped that the feedback from our stakeholders, the Committee, our patients and others will feed into the development of a discussion paper for further engagement in the latter half of 2020. The feedback from others will inform a further paper to the Committee and to Council about the implications for our development role either strategically or as part of ongoing project development, or our business planning.

Recommendation: To consider our statutory duty of 'development' of the profession.

Statutory role to develop the profession: context

Statutory role to develop

1. Since the Osteopaths Act 1993, our core duties of developing and regulating osteopaths have been consistent; however, the context within which we operate has evolved.
2. At the time the Osteopaths Act 1993 was passed, regulation was very much in the space of elected councils and it was seen as a profession led entity. However, the Shipman Inquiry, Good Doctors Safer Patients and then Trust Assurance and Safety (2007) made clear that trust of patients and professionalism were key components of regulation. The documents set out a number of principles to inform professional regulation including:
 - First, its overriding interest should be the safety and quality of the care that patients receive from health professionals.
 - Second, professional regulation needs to sustain the confidence of both the public and the professions through demonstrable impartiality. Regulators need to be independent of government, the professionals themselves, employers, educators and all the other interest groups involved in healthcare.
 - Third, professional regulation should be as much about sustaining, improving and assuring the professional standards of the overwhelming majority of health professionals as it is about identifying and addressing poor practice or bad behaviour.
 - Fourth, professional regulation should not create unnecessary burdens, but be proportionate to the risk it addresses and the benefit it brings.
 - Finally, we need a system that ensures the strength and integrity of health professionals within the United Kingdom, but is sufficiently flexible to work effectively for the different health needs and healthcare approaches within and outwith the NHS in England, Scotland, Wales and Northern Ireland and to adapt to future changes.'
3. Changes were put into place to strengthen the governance arrangements of the health professional regulators including ensuring at least parity in lay and professional membership rather than a professional majority, accountability to Parliament, independent appointments rather than elected members and smaller more board like Councils.
4. In 2008 parliament removed the word 'promotion' from section 1(2) by virtue of the Health Care and Associated Professions (Miscellaneous Amendments) Order 2008. Promotion was about promotion of the profession which was inconsistent with being a statutory regulator. However, 'develop' was interpreted to mean to

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support professionalism and capacity building within the profession to enable it to mature.

5. In 2015 The General Osteopathic Council moved from a Council of 14 to a Council of 10 members¹ to become more strategic and board like, not representing particular constituencies but collectively accountable for delivering their duties². The GOsC is one of the smaller Councils.
6. On 26 September 2016, like all other health professional regulators, the government added the following statutory objectives to the Osteopaths Act 1993.

'[(3A) The over-arching objective of the General Council in exercising its functions is the **protection of the public**.

(3B) The pursuit by the General Council of its over-arching objective involves the pursuit of the following objectives—

(a) to protect, promote and maintain the health, safety and well-being of the public;

(b) to promote and maintain public confidence in the profession of osteopathy; and

(c) to promote and maintain proper professional standards and conduct for members of that profession.]

7. So it can be seen that although our core duties of developing and regulating osteopaths have been consistent since 1993, the context within which we operate has changed to early 2020 and also from Spring 2020 onwards as the health sector has completely changed as a result of the coronavirus / COVID-19 context.

¹ See The General Osteopathic Council (Constitution) (Amendment) Order 2015 at <http://www.legislation.gov.uk/ukSI/2015/1906/introduction/made>

² See Professional Standards Authority, 2013, Fit and Proper: Governance in the public interest at <https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/fit-and-proper-2013.pdf>

Development of the profession: 2012 to date

Development since 2012

1. We considered that 'development' was something that the sector had a major interest in and was responsible for. Our role in this was mainly a facilitation role. The table below summarises the history of our development activities, with further detail set out below.

2011	Publication of 'UK Osteopathy: Ten questions for the next ten years (2012) included questions about the definition of osteopathic practice, developing the quality agenda, specialty standards, career pathways, leadership, developing and sustaining high quality research, professionalism, development of the sector to engage with other health professional stakeholders, working with patients, workforce planning.
2012	Series of regional conferences facilitated by GOsC, Institute of Osteopathy and the Council of Osteopathic Education Institutions and the Osteopathic Alliance.
2012	Osteopathic Development Group (ODG) established.
2013	Council paper on development of the profession and funding projects with others across the sector. Criteria for funding approved.
2014	Two projects approved for funding by Council. Projects overseen by ODG.
2016	Council approves Corporate Strategy 2016-19: includes goals linked to development
2016	Council receives further updates on development work
2017-18	GOsC continuing to support ODG projects but focussing on development of the Osteopathic Practice Standards (OPS) and the development and implementation of the CPD scheme.
2019	Updates about development projects contained in Annual Report and Accounts
2019	Council approves Strategic Plan 2019-24: includes goals linked to development

2. In 2011, we published a document called UK Osteopathy: Ten questions for the next ten years (2012) available at: <https://www.osteopathy.org.uk/news-and-resources/document-library/our-work/ten-questions-for-the-next-ten-years/> which included questions about the definition of osteopathic practice, developing

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the quality agenda, specialty standards, career pathways, leadership, developing and sustaining high quality research, professionalism, development of the sector to engage with other health professional stakeholders, working with patients, workforce planning.

3. The GOsC, the Institute of Osteopathy, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance facilitated a debate at a series of regional conferences across the country to explore the issue of development in the profession.
4. Towards the end of 2012, we supported the establishment of the Osteopathic Development Group (see <http://osteodevelopment.org.uk/>) which developed a range of projects designed to support the embedding of standards and patient care based on the discussions from the conferences. It was interesting that this group, represented, for the first time, a commitment from all the key players in the osteopathic sector to work together. Prior to this point, organisations tended to define themselves as 'against' something rather than with a positive identity and purpose.
5. In this context, it is also important to highlight the position of the osteopathic profession which is a profession practising predominantly independently without employers and teams. We understand the professional association (Institute of Osteopathy) has a membership of about 70% of the profession currently³.
6. Following this consultation, a Council paper (June 2013) set out our approach to development and our approach to funding a range of collaborative projects with others in the sector. It is worth highlighting that even though the statutory objectives in section 1(3A) of the Osteopaths Act did not come into force until 26 September 2016, our approach to development has always been guided by principles of patient safety and quality of care.
7. An extract from the Council paper, June 2013 is provided below:
 - a. 'In early 2012, the GOsC and the British Osteopathic Association (BOA) [now the Institute of Osteopathy] produced discussion documents to promote thinking and discussion within the osteopathic profession about how the profession should develop, what needs to be done to facilitate that development, and who should take the lead in different areas.
 - b. In spring and summer 2012, six regional conferences around the UK enabled approximately 800 osteopaths to participate in facilitated debates about the future of osteopathic practice and priorities for development.
 - c. Through the autumn/winter of 2012-13, leading osteopathic organisations continued working together to outline a three-year programme of work to progress the development of the osteopathic profession in the UK in eight key areas. The organisations collaborating on this work and referred to in

³ See <https://www.iosteopathy.org/for-osteopaths/>

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this paper as the 'Development Group' are: the GOsC, the British Osteopathic Association (BOA), the Council of Osteopathic Educational Institutions (COEI) the National Council for Osteopathic Research (NCOR), and the Osteopathic Alliance (OA), a coalition of special interest groups/post-graduate education providers.

- d. Evident from this work is the growing importance also of fostering and networking local and regional communities of osteopaths, promoting peer support and combating isolationism. In March 2013, representatives of 28 regional osteopathic groups met with the partner organisations at Osteopathy House to consider the 'development agenda' and discuss the prospective role in this of regional osteopathic societies.
 - e. Keeping the wider profession informed and engaged in the development initiative is a priority for the success of this work. The GOsC has disseminated among registrants, via The Osteopath magazine, joint statements by the collaborating organisations outlining progress.
 - f. Eight work streams have been identified as the immediate priority for the development of osteopathic practice in the UK. These relate to:
 - i. Evidence
 - ii. Service standards
 - iii. Advanced practice
 - iv. Regional support
 - v. Mentoring
 - vi. Career development
 - vii. Leadership
 - viii. International collaboration
 - g. The Development Group has outlined the scope of each area of work, agreed broadly the anticipated output in each area over the next three years, and identified the organisations to lead the work and coordinate wider osteopathic involvement and input. A summary of the development projects is [available on request].
 - h. The GOsC's involvement in any particular project will be determined by the extent to which the work has the potential for a direct or indirect effect on the quality and safety of osteopathic practice. We intend to take a partnership/ collaborative approach to this work, facilitating rather than leading or directing it.'
8. In June 2013, the Council also agreed a set of criteria for funding projects which were:
- a. Developmental: the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to

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deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.

- b. Public and patient benefit: the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.
 - c. Cross-professional applicability: the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
 - d. Collaboration: initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
 - e. Clarity of outcome: projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.
9. In addition, it was stated that proposals should identify clearly the project deliverables, the project timeframe, a breakdown of costs, the individuals, agency or organisations who will conduct the work, and the process by which the lead osteopathic organisations will oversee project management. An application for funding should identify the process by which any agency or other organisation will be selected.
10. In January 2014, the Council agreed to fund two projects which met the agreed criteria. Details of the projects can be found here: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-january-2014-item-11-development-projects-funding/?preview=true>. Monitoring of the projects continued to be overseen by the Osteopathic Development Group during 2014 to 2016.

GOsC Strategic Plans

1. In February 2016 the Council agreed its Corporate Strategy from 2016 to 2019 (<https://www.osteopathy.org.uk/news-and-resources/document-library/corporate-plans-schemes-and-policies/corporate-strategy-2016-2019/>) which came into effect on 1 April 2016. This included the following goal and sub goals:

Goal: To ensure that the osteopathic profession continues to develop its capacity to improve patient experience and high-quality care

Sub-goal: We will make strategic investment in development projects led by the profession where these meet our criteria for catalysing improvements in quality or safety of osteopathic practice

Sub-goal: We will continue to support existing development initiatives including those around:

- a. Mentoring and the transition into practice
- b. Accreditation of advanced clinical practice
- c. Leadership development
- d. Implementation of service standards

Sub-goal: With the Institute of Osteopathy we will support capacity building within local osteopathic groups to contribute to the development of the profession and the new CPD scheme.

Sub-goal: We will contribute to the NHS England Medicines Scoping Project exploring the extension of prescribing rights to new professions'

2. In November 2016, Council received an update on the development work: further detail can be found here: <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-november-2016-item-14-update-on-the-work-of-the/?preview=true>
3. During 2017 and 2018, although we have been supporting the ODG projects, our own resources have been mostly focussed on the development of the Osteopathic Practice Standards (OPS) and the development and implementation of the CPD scheme. The CPD scheme is focussed on engagement, support and community focussing on supporting osteopaths to discuss CPD and practice with colleagues; focussing on CPD covering the range of practice (clinical, education, research and leadership / management) and the four themes of the OPS; undertaking CPD in the area of communication and consent – a key area of risk identified by our data; undertaking an objective activity (seeking feedback about practice from an objective source) and keeping a record demonstrating reflection on CPD and impact on practice. The outputs of projects such as PROMs (Patient Reported Outcome Measures), service standards and mentoring, support osteopaths to comply with the CPD scheme.

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4. Our Annual Report 2018/19 published in September 2019 at <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/annual-report-and-accounts-2018-19/> published the following updates
 - a. Evidence - the Patient Reported Outcome Measures (PROMs) app now has added functionality so that paediatric data can be collected. A pilot study has seen the PROMs app translated into French, German and Flemish, supported by the European Federation and Forum for Osteopathy. Service Standards a Patient Charter owned by the profession, which complements the newly published Osteopathic Practice Standards, was launched by the Institute of Osteopathy after extensive consultation.
 - b. Clinical practice: following consultation feedback, a supportive draft framework has been developed to facilitate planning, learning and development in important areas such as safeguarding. This development will be further considered during 2019.
 - c. Communities of practice: to support the development of local communities, the ODG previously published Communities of Practice a guide to setting and sustaining a vibrant peer group. Implementation of this is ongoing.
 - d. Mentoring: provides new osteopathic practitioners with the opportunity to access high quality mentoring to develop and sustain practice and reduce professional isolation. A mentoring tool kit was produced and disseminated in 2017-18. Further plans to promote and disseminate the tool kit are planned for 2019.
 - e. Leadership: osteopaths completing the Leadership Programme have gone on to undertake leadership or development roles in professional organisations, education and in the regulator. Specialist groups have also been set up including interprofessional working. The fourth annual programme is underway and will conclude in 2019.
 - f. International collaboration: the website, www.osteointernational.uk brings together a wide range of resources relating to osteopathy around the world, and is being well used in the UK and abroad. Information about the ODG and its work can be found at: www.osteodevelopment.org.uk.
 - g. International activities: The GOsC continues to contribute its knowledge and experience of regulation into the work of the Osteopathic International Alliance, and continues to work closely with established regulatory bodies around the world, particularly the Australasian Osteopathic Accreditation Council, the Osteopathy Board of Australia, and the Osteopathic Council of New Zealand.
5. The ODG is currently undertaking a refresh of the projects to consider appropriate focus, evaluation and implementation. A review of the impact and next steps is planned for Council later in 2020.

Annex C to 6

6. In September 2019, we published our Strategic Plan which is available at: <https://www.osteopathy.org.uk/about-us/our-work/strategic-plan/>. The vision outlined in the plan is: *A partnership in professional standards that fulfils our statutory duty to protect the public and promote patient safety and well-being through modern regulation which supports and develops osteopaths.*
7. The strategic plan has four key goals namely:

We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare.	We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise.
We will build closer relationships with the public and the profession based on trust and transparency.	We will be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective.

8. In November 2019, Council considered a budget strategy paper in the context of our strategic plan. This included the need to continue: 'Working with other organisations in the sector to fully develop their role and capacity and to support implementation of initiatives as the sector matures and develops'.
9. In January 2020, Council considered and agreed the Business Plan for 2020-21. This includes the goals and activities which are relevant more specifically to development and these aspects have been reproduced below:

Goal one: We will support the osteopathic profession to deliver high-quality care, which will protect patients and the public in the context of changes in the dynamic landscape of healthcare. This includes the following activities:

- Continue to work collaboratively with the Osteopathic Development Group on initiatives that enhance patient safety and/or quality of patient care.
- Continue to foster sustainable professional networks and learning communities that support professional development and minimise practitioner isolation.
- Continuing to support the National Council for Osteopathic Research to increase research awareness and research activity to inform practice and patient care.
- Publish and disseminate findings from public and patient involvement in osteopathic education
- Work with educational providers, patients and others, to understand and develop further patient participation in education and training

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Goal two: We will develop our assurance of osteopathic education to produce high-quality graduates who are ready to practise. This includes the following activity:

- Work with the Council of Osteopathic Educational Institutions to identify sector challenges and to support them with their own organisational development

Goal three: We will build closer relationships with the public and the profession based on trust and transparency. This includes the following activities:

- Continue to work with patients and others to identify, review and translate examples of osteopaths and other health professionals working with patients to inform interprofessional working and learning
- Work with patients to promote among osteopathic stakeholders the value of patient involvement in their own work and encourage use of patient feedback to inform improvements in practice
- Pilot tools to explore effective decision making and whether the tools provide ways of embedding standards in practice
- Work with educational providers to understand and develop best practice for the involvement of patients in osteopathic education

Note: Goal four: We will be an exemplar in modern healthcare regulation – accessible, effective innovative, agile, proportionate and reflective focusses more on the way that we work in regulating rather than developing the profession and so we have not included any of these sub goals in this paper.