



Policy and Education Committee

15 June 2021

Data collection and insight

Classification	Public
Purpose	For discussion
Issue	Our approach to data collection, analysis and insight and our approach to the specification and collection of equality, diversity and inclusion data.
Recommendations	<ol style="list-style-type: none">1. To consider our approach to data and insight.2. To consider our approach to the collection of updated equality and diversity data for the osteopathic profession 2021.
Financial and resourcing implications	Our approach to data and insight is being resourced primarily through staff time and expertise. We have a cost of c.£1000 for survey software and analysis support.
Equality and diversity implications	We are updating our data about the protected characteristics of registrants to enable us to better understand the impact of our regulatory activities and any unintended consequences on people with particular protected characteristics. This paper demonstrates our approach to doing this.
Communications implications	Collection of personal data about protected characteristics is sensitive and can feel intrusive. However, without more comprehensive data about protected characteristics we cannot be sure whether our regulatory activities (education, standards, CPD, fitness to practise) are having any unintended consequences. We are working with stakeholders to seek advice about our approach to collection of EDI data and the communications around this. These are outlined in the paper.
Annexes	<p>Annex A: Table outlining the goals of our overarching Strategic Plan Goals for 2019 to 2024, our Communications and Engagement Strategy, the aims of our CPD scheme and the aims of our draft equality, diversity and inclusion framework which pervade everything that we do.</p> <p>Annex B: Current draft EDI survey for registrants</p>
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Key messages from this paper

- We are proposing a staged method to the implementation of our longer term approach to data and insight.
- As a first step, and due to its pervasive nature, we are proposing a survey to collect equality and diversity data about protected characteristics from registrants. Such a baseline will enable us to better identify the diversity of the profession (compared to the general UK population that the profession serves) and also any unintended consequences of our regulatory approaches and interventions for particular groups, which will in turn inform our future strategy.
- We are seeking feedback from the Committee on our staged approach, our proposal to undertake an equality and diversity survey of our registrants and feedback on communication messages surrounding this approach to allay fear and encourage participation.

Background

1. Our Business Plan for 2021-22 states that we will 'develop and begin to implement a data and insight strategy to enhance our capacity for research including data collection, analysis and insight.' This work will also help to feed into the evaluation of the effectiveness of our communications and engagement strategy as well as our strategy and policy moving forward.
2. We first presented this paper to Council at its meeting on 20 May 2021 for an initial reflection on our thinking about a longer term approach to data collection and insight. Council was keen to consider this further and to ensure that we begin to measure impact at an early stage.

Discussion

3. In order to understand whether the outcomes that we desire from regulation are being achieved, we need to understand the data that we hold, the data that we may need to collect to fill gaps and to be able to meaningfully analyse it and respond accordingly (and in a timely way) to findings that such a holistic joined-up approach to data will provide us.
4. Our desired regulatory outcomes might include our strategic goals, aims concerning equality and diversity, communication and engagement, and those longer term aims of the CPD scheme for the osteopathic profession (see Table at Annex A for a full list of these). There are a range of desired outcomes:
 - a. Supporting high quality care for patients
 - b. Strengthened education and implementation of standards
 - c. Trust in our work from our stakeholders
 - d. Reduced concerns and complaints
 - e. Being a forward looking, agile and innovative regulator

5. We might also add that we would like to be assured that our standards are the right ones, reflecting our contemporary, diverse society, context and approach and that we prepare the profession for the future (perhaps thinking specifically about what a successful and thriving profession providing good quality care might look like in four or five years' time.)
6. Further, our draft equality, diversity and inclusion framework aims pervade all of the outcomes in paragraph 4 and are:
 - a. *'promote equality ... ensure that our regulatory activities are fair and free from unlawful discrimination and that this is reflected in the standards we set for the osteopathy profession. And ... promote equality of opportunity and access to the osteopathy profession'*;
 - b. *'value diversity...communicate and engage with a diverse range of stakeholders in an accessible and timely manner. ... continue to recognise the strength which exists in diversity and ... ensure we value this in our recruitment, development and ongoing work of staff, non-executives and stakeholders'*;
 - c. *'embrace inclusivity ... ensure our culture and values enable those who work with us to be their true selves without hesitation, and for their views to be included fully with respect and dignity.*
7. Thinking about our desired regulatory outcomes is important, because our data and insight should provide sources of data to demonstrate whether the outcome is achieved, or improving over time.

An approach to data collection and analysis to provide us with information about progress towards our desired outcomes, goals and aims

8. We are proposing to operate a three staged approach to data collection and insight:

Stage 1: Specification of data sources and staff training
 Stage 2: Exploring mechanisms for analysis and insights
 Stage 3: Identifying gaps in data sources/collection

Stage 1: Specification of data sources

9. Specification of data means that we need to understand existing and required data sources and specify how these should be collected consistently across the organisation. For example, we know that we collect equality and diversity data across the organisation, for members, staff, applicants, students, registrants. But data sources may be specified slightly differently, and collection is not consistent and numbers are small in most areas. Specifying a common approach to the collection of data will enable us to draw insights across our functions and across the organisation to generate consistent data to analyse. This is particularly

important because without common data sets for protected characteristics, for example, we cannot know if we are inadvertently discriminating against particular people with protected characteristics or if there are unconscious biases in our approach or systems which mean that people with particular protected characteristics are disadvantaged.

10. However, there are a range of existing data sources which could feed into this process, which might include:

- Student data from quality assurance mechanisms – enrolment, progression, registration (including some protected characteristics data)
- Registration renewal data
- CPD verification and assurance data
- Fitness to practise data – understanding where, when, why, how concerns arise and who they arise from
- Survey data – to ask specific questions of specific populations to check insights and specific questions
- Poll data - to engage participants with polling, Q&A and sharing emotions using emojis and commenting feature during webinar activity and provide instant data of specific populations to check insights and specific questions
- Focus group data or research – to explore questions in more detail e.g. preparedness for practice of new graduates (with particular reference to different types of education, for example)
- Enquiries and feedback from registrants and the public – recording and mechanisms for reflection
- Feedback and insight from stakeholders – professional bodies (e.g. Institute of Osteopathy (iO) Census), national organisations (e.g. National Council for Osteopathic Research (NCOR) concerns and complaints data, Patient Reported Outcome Measures (PROMs)), local employers or groups (e.g. specific audits such as regional groups membership, interprofessional groups, or CPD providers training material content), representation from the different contexts in which registrants work, recording those effectively
- Understanding and collating insights from social media
- Census 2021 data to understand representation in the population
- Monitoring strategy work (e.g. communication and engagement strategy and patient engagement strategy) to provide us with a framework / matrix to

interpret cross cutting data sources and help us inform what we should do next (including Evaluation Dashboard), e.g. YouGov data

- Ensuring technical mechanisms for collection, storage and interrogation of data
 - Digital analytics
 - Training of staff (in data collection, classification and coding)
9. Once data has been specified, we will also need to ensure that staff are trained to collect the data. An example of this may be the way in which we code, theme and record queries. What sort of queries might be themed as 'fitness to practise' concerns or 'ethical queries' and having that common understanding both within individual teams and across the organisations as a whole for example.

Stage 2: Exploring mechanisms for analysis

10. Once we have consistent data sources specified and staff trained to collect and record data consistently, we will be able to explore mechanisms for analysis. For example, analysis might be regular (e.g. quarterly), perhaps annual analysis of data over time (for example, continuing the ongoing analysis of the complaints and concerns data over time, but supplementing this with more detailed analysis of our EDI data in the fitness to practise process to explore whether we have over-representation of people with particular protected characteristics.)
11. We could cross-tabulate our analysis to explore the diversity of the profession over time. For example: Are registrants with specific protected characteristics over-represented in concerns, referrals, are they under-represented in progression from enrolment to registration? Are registrants with specific protected characteristics less likely to get through the CPD verification and assurance process?

Stage 3: Identifying gaps in data sources/collection

11. Potential gaps may arise in our data that need to be filled. Examples include: consistent and high proportion of equality, diversity and inclusion data for a larger proportion of registrants: essential for understanding the diversity of our profession and identifying barriers or unintended consequences arising from our regulatory consequences; context of practice.
12. When looking at gaps in our data collection at regular intervals we also need to review
- a. How do we refine the priorities for our research questions so that we specify, collect and analyse the most important data to respond to those priorities making the best use of our limited resources? Some research questions may be identified at the outset. Other research questions may be

identified from the changing patterns identified in the data and we probably need space for both of these.

- b. Is the data measuring what it is supposed to: Is it accurate? Can it be triangulated? We will need a range of data sources in our work to be able to draw conclusions. However, we will also need to recognise that more nebulous things like trust, the implementation of our standards: these may be difficult to measure or there may be confounding factors, for example context of practice. Can we draw the right conclusions from the data sources that we have?
 - c. Data integrity is important and also methods for collection. For example issues over staff making records of conversations and classifying the topic in the same way might affect the integrity of the data held. Important issues include training of staff, clear specification of data and depending on mechanisms for collection quality assurance.
 - d. Reliability, validity and generalisability: We have relatively few data sources which are objective, many will be opinion based or subjective (to be expected given the nature of our work) which might impact on the reliability and generalisability and potentially the validity of the data. However, most of our core data sources are longitudinal in nature and therefore repeatable which will enhance reliability of the data held.
13. At this point, we would welcome feedback from the Committee on our initial thinking both in terms of our aims in paragraph 4 and also our three staged approach to collection of data to inform our further thinking.
 14. We would also, as an immediate piece of work propose the specification of equality diversity and inclusion data and proposals to increase the data collected on protected characteristics for the registrant population. Our equality, diversity and inclusion framework aims are important and this data will inform every aspect of what we do.

Equality and diversity data

15. Our current draft survey is set out at Annex B. We have sought feedback on this from experts in equality and diversity, registrants and students, OEIs and the Osteopathic Alliance on our approach and communication messages and we are also grateful to the HCPC for sharing their own registrant EDI survey with us for advice.
16. Feedback has included:
 - Disability: The distinction between disability and difference and perhaps making particular disabilities explicit, for example, dyslexia, dyspraxia etc
 - Consider inclusion of neurodiversity (a difference and reflective of the social model of disability)

- Add a prefer not to say and additional details box;
- Ethnicity: Consider HESA definitions and ensure that mixed ethnicities are properly reflected
- The importance of not 'othering' people by using 'other' or 'self-describe'. To be as inclusive as possible, as far as possible, people should be able to tick the box that applied to them and feel included. However, also be aware of the disadvantage of small numbers and identifying themselves and being so descriptive as to almost be intrusive in terms of the purpose of the collection of the data.
- Religion / belief: consider adding 'spiritual' would be helpful.
- Sexuality: Being inclusive was important, consider further the tension of being fully inclusive v being seen as overly intrusive.
- Marital status: Use the HCPC list as the original GOsC list enabled people to be in two categories (e.g. single and never married and unmarried and living with someone).
- Additions: Also consider adding parental status e.g. pregnancy and maternity but think of an inclusive way to consider paternity and other forms of parenthood.

17. In order to collect data from registrants, we are proposing to encourage all registrants to complete this survey later this year. We have also sought feedback from stakeholders on messaging including, for example:

- Include messaging to promote survey but also have messaging within survey to emphasise this specific information may be useful to reduce discrimination or promote inclusivity
- People may be less likely to declare disability (if concerns). So explain really clearly that this is about not discriminating; and explain really clearly that this is not at all about preventing people from practice.
- Help people to feel safe in the messaging
- Be really honest in the messaging and explain clearly and simply what you are doing and why.
- Consider using mechanisms in addition to the survey, for example, encouraging the updating of this information as a routine part of registration renewal.
- Use a range of voices – not just GOsC but other leaders – to promote the completion of the survey and the importance of equality and diversity to all that we do.

18. Our current draft survey, taking into account the feedback received so far is attached at Annex B. We welcome feedback from the Committee on the survey itself and any communications messaging and advice.

Next steps

19. We will continue to develop our approach to our data and insight strategy developing feedback from the Committee.

20. We propose to finalise the Equality, Diversity and Inclusion survey over the summer and launch in late summer / early Autumn.

Recommendations:

1. To consider our approach to data and insight.
2. To consider our approach to the collection of updated equality and diversity data for the osteopathic profession 2021.

Table outlining the goals of our overarching Strategic Plan Goals for 2019 to 2024, our Communications and Engagement Strategy, the aims of our CPD scheme and the aims of our draft equality, diversity and inclusion framework which pervade everything that we do.

Strategic goals 2019-2024	Communication and Engagement aims	CPD Scheme aims	Equality, Diversity and Inclusion Framework aims
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	<i>Be timely and responsive:</i> Take a timely approach and be responsive both to stakeholder needs and to changing situations and requirements, based firmly on insight and effective planning’;	Increased quality of care because fewer osteopaths will be professionally isolated: Osteopaths will be engaged in discussing CPD and practice, getting support for themselves and their practice within a community and gaining different perspectives.	‘ <i>promote equality</i> ... ensure that our regulatory activities are fair and free from unlawful discrimination and that this is reflected in the standards we set for the osteopathy profession. And ... promote equality of opportunity and access to the osteopathy profession’;
Develop our assurance of osteopathic education to produce high quality graduates who are ready to practise		Osteopaths to practise in accordance with the OPS.	‘ <i>value diversity</i> ...communicate and engage with a diverse range of stakeholders in an accessible and timely manner. ... continue to recognise the strength which exists in diversity and ... ensure we value this in our recruitment, development and ongoing work of staff, non-executives and stakeholders’

Strategic goals 2019-2024	Communication and Engagement aims	CPD Scheme aims	Equality, Diversity and Inclusion Framework aims
<p>Build closer relationships with the public¹ and the profession based on trust and transparency</p>	<p><i>Promote trust:</i> Continue to improve our relationships and engagement with our stakeholders so we can increase levels of trust in us as a regulator and increase understanding of our role’;</p>	<p>Reduced concerns and complaints: Enhanced communication between osteopaths and patients should lead to fewer concerns, or osteopaths will be able to manage appropriate concerns or complaints locally, rather than these being unnecessarily escalated to GOsC.</p>	<p><i>‘embrace inclusivity ... ensure our culture and values enable those who work with us to be their true selves without hesitation, and for their views to be included fully with respect and dignity</i></p>
<p>Be an exemplar in modern healthcare regulation – accessible, effective, innovative, agile, proportionate and reflective</p>	<p>Be a forward looking regulator: Ensure that our approach and our portfolio are current, relevant and forward looking.</p> <p>We might also add here: we would like to be assured that our standards are the right ones, reflecting contemporary society, context and approach</p>		

¹ We have interpreted ‘the public’ here to mean osteopathic patients and potential patients rather than the wider public who we are not able to influence with our small budgets and specific focus.

Strategic goals 2019-2024	Communication and Engagement aims	CPD Scheme aims	Equality, Diversity and Inclusion Framework aims
	<p>and that we prepare the profession for the future (perhaps thinking specifically about what a successful and thriving profession providing good quality care might look like in four or five years' time.)</p>		

Current draft EDI survey for registrants

Your Gender Identity – How do you currently identify yourself (Single Answer)

Female

Male

Non-Binary

Prefer to self-describe

Prefer not to say

Gender Identity (Single Answer)

Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

Age (Single Answer)

20-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65+

Prefer not to say

Disability (Part A Single Answer)

Do you consider yourself disabled? *A disabled person is someone who has an impairment, experiences externally imposed barriers or self identifies as a disabled Person

Yes

No

Prefer not to say

Do you have any of the following disabilities, long term conditions or impairments? ~~If Yes, Please select all that apply (Part B Only appear if Yes, Multiple answers)~~

Dyslexia, dyscalculia, dyspraxia

Neurodiverse (e.g. autism, ADHD etc)

Hearing, speech or visual impairment

Long term / chronic physical health condition

~~Physical impairment or mobility issue~~ or musculoskeletal issue

~~Blind or visual impairment~~

~~Deaf or hearing impairment~~

~~Speech impairment~~

~~Mental health condition (current or previous)~~

~~Learning difficulties/ disability~~

I do not have a disability, long term condition or impairment

I have an impairment, health condition or learning difficulty that is not listed above (Please specify, if you wish)

Ethnic Origin (Single answer)

Asian or Asian British

Bangladeshi

Indian

Pakistani

Chinese

Any other Asian or Asian British background, please specify

Black or Black British

African

Caribbean

Any other Black, Black British, Caribbean or African background, please specify

Mixed Ethnic Background

White and Asian

White and Black African

White and Black Caribbean

White and Chinese

Any Other Mixed or multiple ethnic background, please specify

White or White British

British

English

Northern Irish

Scottish

Welsh

Irish

Gypsy / traveller

Polish

Roma

Any other White background, please specify

Other Ethnic Group

Arab

Filipino

Any other Ethnic background, please specify

Prefer not to say

Religion/Belief (Single answer)

No religion or belief

Buddhist

Christian

Hindu

Jewish

Muslim

Pagan

Sikh

Spiritual

Any other religion or belief, please specify

Prefer not to say

Sexual Orientation (Single answer)

Bi / Bisexual

Gay/Lesbian

Heterosexual/straight

Asexual

Pansexual

Queer

Prefer to self-describe

Prefer not to say

Marriage and civil partnership (Single Answer)

Married

Civil partnership

Single, never married

Separated/Divorced

Widowed

~~Unmarried and living with a partner~~

Other, please specify

Prefer not to say

Pregnancy and maternity

Do you consider yourself to fall under the protected characteristic of 'pregnancy & maternity', as per the Equality Act 2010? 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to the period of 26 weeks after birth. The Equality Act 2010 protections also cover a someone who has had a miscarriage.

a. Yes

b. No

c. Prefer not to say

Current Working Pattern (Single answer)

Full time

Part time

Maternity leave, paternity leave, parental leave, adoption leave, leave due to caring responsibilities

Non practising

Prefer not to say