



Policy and Education Committee
15 June 2023
Strategic patient engagement

Classification	Public
Purpose	For decision
Issue	<p>A key aim of our patient engagement strategy is co-production with patients, this means involving patients at strategic level.</p> <p>This paper explores potential models for involving patients at strategic level for PEC to make a recommendation to Council.</p>
Recommendations	<ol style="list-style-type: none">1. To consider proposed models for involving patients in governance.2. To agree to recommend a model to Council.
Financial and resourcing implications	Promotion, recruitment and participation fees are incorporated into the budget.
Equality and diversity implications	<p>We know that there is an underrepresentation of individuals from ethnic minorities within governance generally, not just at the General Osteopathic Council.</p> <p>Ensuring that we use a wide range of mechanisms to encourage people from ethnic minorities and other minority backgrounds to be involved will need to be an integral part of our process. We intend to seek specific advice on this point.</p>
Communications implications	Our commitment to patient co-production is an important part of our strategy and communications and we will develop a communications plan around the preferred model to raise awareness of our work, the benefits arising and to encourage involvement from others.
Annex	A. List of references
Author	Rachel Heatley and Fiona Browne

Key messages

- This paper is exploratory in nature and allows Policy and Education Committee a space on the agenda to talk through the potential models for involving patients at strategic level and to agree to make a recommendation to Council.
- To scope out potential models we undertook a horizon scanning exercise of strategic patient engagement in the health sector to identify examples of good practice and innovation, and the common factors that yield meaningful outcomes.
- Two models emerged during the horizon scanning exercise that we believe could be implemented at GOsC which include:
 - Patient Council Associate (two representatives)
 - Patient advisory panel
- The models involve patients acting as independent 'critical friends' to Council, supporting GOsC in undertaking our statutory duty to protect, promote and maintain the health, safety and well-being of the public, rather than representing a personal healthcare condition or interest.
- Both models would require a robust recruitment process - be transparently recruited to an agreed role specification, bringing significant expertise and experience, and provide strategic, impartial input to decision-making.

Background

1. The General Osteopathic Council (GOsC) governance structure consists of the Council, committees - that are both statutory and non-statutory - fitness to practise panels and ad hoc working groups.
2. The constitution of Council is prescribed in the GOsC (Constitution) Order 2009 as Amended in 2015, with the constitution of statutory committees prescribed in the GOsC (Constitution of Statutory Committees) Rules Order of Council 2009.
3. The constitution of non-statutory committees and ad hoc working groups falls within the authority of Council to set and amend as necessary.
4. As a statutory regulator it is essential that we put patients at the heart of what we do and do everything we can to maximise the opportunities patients and the public have to share their views. Without the patient voice, we cannot be clear that we are not making assumptions about what patients want and need.
5. While we have steadily increased our levels of patient engagement since 2020 (See February 2023 Council paper: [Patient engagement evaluation and update](#)), there is more work to do to enhance the patient voice as part of our strategic development and decision making. This is a necessary part of our aspiration of co-production and partnership.

6. Involving patients at governance level will allow us to foster a culture where it is seen as normal for patients to be involved as equals in a dialogue about osteopathic care, providing assurance that the views of patients and the public have been considered by Council.
7. Elevating our engagement with patients to strategic level will also help us to meet our core objectives of protecting, promoting and maintaining the health, safety and well-being of the public. As a result, we will be able to build closer relationships with the public and the profession based on trust and transparency.
8. In addition, this work ties into our Strategic Goals for 2019-24 and aligns with our 2021-2024 Communications and Engagement Strategy helping us become a more inclusive and transparent organisation. We aspire to be an exemplar in modern healthcare regulation, by involving patients in our governance, we will be leading the way in the health regulation sector.
9. Our Business Plan for 2022-23 states that we will 'Develop patient involvement in governance and strategy development beginning with the development of a Patient Council Associate Programme.' In October 2022 we put [forward a proposal to the Policy and Education Committee](#) regarding the creation of a Patient Council Associate programme.
10. The committee was receptive to the concept of involving patients at strategic level but were unsure that the Patient Council Associate model was the most appropriate model for GOsC.
11. We have reflected on that feedback and have undertaken horizon scanning research to scope out how other health organisations involve patients at a strategic level. This has enabled us to identify examples of good practice and innovation, and the common factors that lead to successful strategic patient engagement.
12. We have distilled our learning and have identified two potential models for involving patients at governance level: a Patient Advisory Panel and a Patient Council Associate programme (two patient representatives).
13. Our thinking has been influenced by a variety of factors including the needs of GOsC, needs of patients, efficacy, representativeness, likely impact, budget and staff resource.

Benefits of patient involvement for GOsC: June 2020-May 2023

14. GOsC has already experienced significant benefits while involving the patient voice in our work through consultations, surveys, focus groups, workshops and ongoing discussions with patients.

15. Since 2020 members of our Patient Involvement Form helped to shape the language and content of our Equality, Diversity and Inclusion Framework for 2021-24. They have influenced the Guidance for Osteopathic Pre-registration Education as members of the Stakeholder reference group as well as sharing insights for our standards related work around boundaries. The patient voice also shaped important consultations including adjunctive therapies guidance and questioning witnesses practice note.
16. Most notably, patients have had a significant impact on our shared decision making project, impacting the content and design of resources as well as the implementation and evaluation of the resources.
17. Our work has also helped to raise our profile with stakeholders in the wider health sector, presenting GOsC with opportunities to discuss patient engagement at the 2021 NCOR Conference, the Annual Scottish Regulation Conference in October 2022 and the PSA Symposium in 2021 and 2023.

A wider healthcare perspective

18. Patient experience of healthcare continues to evolve in the current context of ongoing change. Patients' needs are not always being met by the NHS which means that more patients are coming to osteopaths.
 - a. This is reflected in the recent YouGov Patient and Public Perceptions Survey (2023) we commissioned which showed that, 'More than three-fifths of osteopathic patients surveyed said that, in the past two years, they have seen an osteopath because it was faster than seeking advice/ treatment from a GP (63%)'.
 - b. How does this impact on expectations of patients? Have their needs changed? What is most important now? This changing context may require a set of changing knowledge and skills for osteopaths.
19. It is critical that we take account of this and consider the implications and impact for the delivery of osteopathic care and osteopathic education, standards and CPD. Having patients involved at a strategic level offering input from a non-institutional perspective could help us build innovative co-produced solutions to potential challenges.
20. External inquiries and reviews have also highlighted a need to focus on involving patients in health regulation. For example, the [Cumberledge Review](#) (2020)¹ noted the need to strengthen the patient voice in the health and regulatory system). This was echoed by the [Pandemic Patient Experience report](#) (2020) from the Patients Association which recommended that the healthcare sector

¹ [Cumberledge J. First do no harm: the report of the Independent Medicines and Medical Devices Safety Review. July 2020](#)

'maintain the principles and values of patient choice, shared decision making and voice, so that services are shaped by patients, disabled people and others who most need them.'²

Horizon scanning: Case studies of patients involved at governance level in healthcare sector

21. In February 2023 we began a desk-based research exercise reviewing research papers and websites of NHS Arm's Length Bodies, health charities, patient engagement experts and other health regulators to identify examples of strategic patient engagement. We also spoke with counterparts in other health regulators and members of our Patient Involvement Forum to seek their insights.
22. What became clear through the horizon scanning process is that patient involvement at strategic level is sporadic and models are bespoke to each organisation. However, the models that have been successful and continue to yield meaningful results have the following hallmarks:
 - Patients acting as critical friends rather than representing personal healthcare condition or interest
 - Effective culture for power sharing in place with equal value placed on both lived and learned experience
 - Robust recruitment processes, clarity of role/responsibilities and dedicated training
 - Specific efforts made to ensure that seldom heard groups are included
 - Accessibility needs are prioritised – (eg changes to language including the avoidance of acronyms)
 - Psychologically informed engagement based on empathy and understanding that vulnerability has a place
 - Dedicated budget on a parity with other committee members (remuneration)
 - Dedicated and proportionate staff resource to facilitate ongoing support for patients and management of administrative processes
 - Ongoing evaluation for organisational learning and quality improvement.
23. Based on this learning we identified four types of operational models in which patients have made important contributions to health organisations helping to shape policy and strategy:
 - a. Advisory panels/groups (made up of staff/registrants/service users)
 - b. Patient leaders/Patient experts
 - c. Patients as full lay members
 - d. Patients as co-opted board members (similar to council associate role)

² [Patients Association, Pandemic Patient Experience UK: Patient experience of health, care and other support during the COVID-19 pandemic. September 2020](#)

Model 1: Advisory panels/groups

Social Work England: National Advisory Forum

24. **Background:** Social Work England's [National Advisory Forum](#) (NAF) was established in March 2020 with 10 founding members. The group is now comprised of 18 members which includes practising social workers, social work academics, student social workers and six members with lived experience of social work. The members serve an initial term of three years.

- a. **Lived experience members:** The six members include a community campaigner and co-production advisor within the health and social care sector, and several members who are involved in healthcare professional training in the higher education sector as experts by experience.

25. **Purpose:** The Forum acts as a critical friend to Social Work England (SWE) bringing lived and learned experience to the regulator, as well as acting as the main driver of co-production across the organisation. The NAF makes recommendations to SWE senior and executive leadership teams about the regulator's impact on the social work sector.

- a. The group meets approximately six times a year and is co-chaired by a Social Work England staff member and a member of the group on a rotating basis.
- b. The Forum is moving towards a co-governance model and developed co-production training which has been delivered to senior leadership and rolled out across the organisation. They are currently building relationships with the board which involves a buddy system and joint workshops.

26. **Training and recruitment:** Members are recruited via a formal selection process which includes three rounds of recruitment.

27. **Resources:** Forum members can claim expenses and receive involvement payments (for example, per full day spent on engagement activities they will receive £160). Operational support for the Forum is led by SWE's Regional Engagement team and in particular the Participation Officer.

- a. The forum involves 75% of the Participation Officer's role. The officer is supported by a Regional Engagement Lead (a social worker based in the South West).
- b. Overarching support is provided by the Head of Strategic Engagement who led on the establishment of the Forum.

Patient Participation Groups in GP Practices (NHS England)

28. **Background:** Patient Participation Groups (PPGs) consist of patients acting as a link with the people a GP Practice serves and as a critical friend taking an active role in developing local health services.

- a. When looking at the structure that underpins groups '...there is no particular requirement, nor description in statute, of what constitutes a PPG, what it can do, how it should be organised, and whether it should be a face-to-face group or a virtual group, or both...' (Wilkie, 2016)³
- b. As a result, 'Every PPG is unique, based on the relationship with practice staff and evolving to meet local needs.'⁴

29. **Purpose:** The purpose of a PPG is to facilitate patients and the GP practice's staff working together to share ideas to help improve the services offered at the practice. PPGs also influence the GP practice/wider NHS to improve commissioning offering an avenue for patients to have a say in how services are planned, developed and evaluated.

30. **Membership:** Groups comprise of a Chairperson, Secretary, Treasurer (if fundraising is involved), Carer(s), Group members (patients from across the surgery representing the practice population), GP Practice Manager and Nurse.

31. **Training and recruitment:** No training is required, and the roles are entirely voluntary.

32. **Resources:** In terms of resources, there is no requirement that PPGs be funded and so while all GP practices in England are required to have a patient participation group some are more active than others.

- a. Patient-led groups within general practices are supported by an umbrella organisation, the [National Association for Patient Participation](#) which:
 - i. helps GP practices to establish new groups
 - ii. helps develop and sustain existing groups
 - iii. enables PPG networking
 - iv. shares good practice
 - v. promotes and secures patient participation in national policy development and research.

³ [Wilkie, P. Patient participation groups in general practice: building better partnerships. 2016](#)

⁴ [National Association for Patient Participation. A guide for Patient Participation Groups](#)

Model 2: Patient leaders/Patient Experts

Health and Care Professions Council Partners

33. **Background:** [Health and Care Professions Care Partners](#) are independent contractors that provide expertise to support HCPC with decision making. They help ensure that HCPC has appropriate professional and lay (public) input into their work.
- a. The broad term 'Partners' includes a variety of different roles that can be filled by people with different experience and qualifications. The type of partner role reserved for patients and members of the public is as [Service User Expert Advisors for HCPC's quality assurance of education](#).
34. **Purpose:** Service User Expert Advisors provide specialist expertise and advice through HCPC's assessment of institutions and education and training programmes. They support Lead Visitors in making informed decisions related to service user and carer involvement in the education and training of HCPC professions. Lead Visitors are registrants who assess institutions and education and training programmes to ensure they meet HCPC standards.
35. **Training and recruitment:** HCPC Partners are recruited through a formal application process against a competency framework. Service User Expert Advisors must undergo mandatory training. Partners use the [Learning Hub](#) - HCPC's online platform for delivering learning – to undertake a variety of e-learning modules.
36. **Resources:** Partners are paid daily rates and have their travel and expenses remunerated.
- a. There is a Partner team made up of HCPC staff who are the point of contact and provide ongoing support.
 - b. Partners have access to a dedicated Partner Portal hosted on the HCPC website.

NHS Patient Safety Partners

37. **Background:** Recommendations from the [Berwick review into patient safety](#) that stated 'patients and their carers should be present, powerful and involved at all levels of healthcare organisations from wards to the boards of trusts'⁵ was a driving factor for the creation of the NHS [Patient Safety Partners](#) role.
- a. Patient Safety Partners (PSPs) involvement in organisational safety relates to the role that patients, carers and other lay people can play in supporting and contributing to a healthcare organisation's governance and management processes for patient safety.

⁵ [Department of Health. Berwick Review into Patient Safety. Recommendations to Improve Patient Safety in the NHS in England. 2013](#)

- b. They work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation.
- c. Examples of NHS Patient Safety Partners include the [Wessex Patient Safety Collaborative Initiative](#) and [NHS Mid and South Essex Integrated Care System](#).

38. Purpose: Patient Safety Partners provide challenge and insight to NHS trusts and Integrated Care Systems. PSPs can act as 'knowledge brokers' using their lived experience to help inform learning and holistic safety solutions that cross organisational boundaries. They provide a different perspective on patient safety, one that is not influenced by organisational bias or historical systems.

- a. Roles for PSPs can involve membership of safety and quality committees whose responsibilities include:
 - working with organisation boards to consider how to improve safety
 - participation in investigation oversight groups.
 - involvement in patient safety improvement projects

39. Training and recruitment: A formal recruitment process is in place with a clear role description and an interview process.

- a. All new PSPs have a planned induction which includes meeting relevant staff and other PSPs.
- b. Training needs are identified which include both personal development as well as training in relevant elements of the patient safety syllabus.
- c. Where possible PSPs are trained alongside staff.

40. Resources: PSPs are reimbursed for out-of-pocket expenses incurred while working for the NHS (travel and subsistence). In some circumstances they may be offered payment.

- a. Responsibility for recruiting, selecting and supporting PSPs is delegated to NHS staff. Staff also receive training in patient involvement in patient safety.
- b. All PSPs have an annual appraisal at which clear objectives are agreed. A mentor/buddy system is in place and support is provided from senior leadership in the organisation.

Model 3: Full lay members

NHS England Patient and Public Voice Partners (members of committees and working groups)

41. **Background:** [Patient and Public Voice \(PPV\) partners](#) include patients, service users, carers, families and other members of the public. PPV partner is an umbrella term that encompasses a variety of positions. For the purpose of this paper, we are outlining the governance roles only.
- a. PPV partners can be recruited to governance committees/roles and are involved in strategic and accountable leadership and decision making activity. They can also be members of groups that make recommendations to committees that have delegated authority of the NHS England Board.
 - b. The importance the NHS places on involving PPVs at strategic level was outlined in the [Five Year Forward View, NHS England, October 2014](#).

*'We need to ensure that patients and the public are an integral part of our governance, decision making forums, service improvement, re-design and assurance. It is vital that the patient and public voice (PPV) is embedded in all of our commissioning process.'*⁶

42. **Purpose:** The [NHS England Patient and Public Voice Partners Policy](#) (Page 8) outlines the following purpose for partners:

*'PPV partners bring unique perspectives and insights into the work of the NHS, through their lived experience as a patient/carer or as a member of a community with particular health and care needs. They challenge thinking, help innovate and improve what NHS England does, ultimately making services more responsive to people's needs, improving access to services as well as improving health outcomes.'*⁷

- a. In governance roles PPV partners are expected to demonstrate strategic and accountable leadership. They are involved in shared decision making in NHS England's committees and priority programmes, or can be involved in making recommendations to committees that have delegated authority from the board.
- b. Please see below an example of a strategic PPV role:

'Following an application and interview process, Mary Smith was selected to become a PPV representative on the Individual Funding Review panels. These panels make decisions about whether treatment should be made available for a patient when the general policy is not to fund it. Her input to

⁶ [NHS England. Five Year Forward View. October 2014](#)

⁷ [Public Participation team, NHS England. Patient and Public Voice Partners Policy. July 2017](#)

this panel contributes to decisions that have an impact on budget resources. It is an accountable and leadership role.' ([NHS England Patient and Public Voice Partners Policy Page 11](#))

43. **Training and recruitment:** Strategic PPV roles have recruitment processes that entail interviews, references and mandatory training. The lead contact within the NHS who recruits the PPV needs to ensure that any PPV partner roles have a clear role description indicating the nature of the role, any skills and experience required, how long the role will last and any mandatory training associated with the role.
44. **Resources:** PPV partners receive involvement payments. Individual teams in NHS England have responsibility for engaging and supporting PPV partners in their work.

Maternity Voices Partnership: Service user as Chair (NHS England)

45. **Background:** Maternity Voices Partnerships (MVPs) were recommended by the 'Better Births report (2016) as a forum for co-production with women and families to implement better births.⁸ The [Three year delivery plan for Maternity and Neonatal services](#) set the ambition that Maternity and Neonatal Voices Partnerships have strategic influence and are embedded in decision-making.⁹
46. **Purpose:** An MVP is a NHS working group that reviews and contributes to the development of maternity services within a local area. It brings together the staff who commission and provide maternity services with the women, birthing people and families who use those services. The MVP is coordinated by a service user chair or leadership team, who are independent lay people. All members of the partnership take responsibility for the development and delivery of an agreed workplan.
47. **Training:** MVPs are supported by [National Maternity Voices](#) the association of Maternity Voices Partnership (MVP) independent lay chairs in England. National Maternity Voices offer multidisciplinary training packages as well as bespoke training for MVP chairs. This training is designed to support collaborative working and help ensure MVPs are as effective as possible. The MVP chair must act in accordance with the Nolan Principles of Conduct in Public Life when carrying out their role.
48. **Resources:** For the role of Maternity Voices Partnership (MVP) chair to be accessible to people from all backgrounds the role is a paid post. They also receive administrative and IT support.

⁸ [The National Maternity Review. Better Births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care. 2016](#)

⁹ [NHS England. Three year delivery Plan for Maternity and Neonatal services March 2023](#)

Model 4: Co-opted Council board member

The West Yorkshire and Harrogate Health and Care Partnership Board co-opted members

49. **Background:** The [West Yorkshire and Harrogate Health and Care Partnership Board Partnership Board](#) is a key element of the leadership and governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership. It is responsible for setting strategic direction of the partnership and provides oversight for all Partnership business, and acts as a forum to make decisions.
50. **Purpose:** The Partnership Board includes two co-opted members, who act as independent critical friends to the Board, rather than representing a personal healthcare condition or interest.
- a. Co-opted members provide strategic, impartial input into the board's decision making.
 - b. In particular, they champion the public, service user, patient and carer perspective, providing assurance that people's needs are at the centre of the Board's decisions.
 - c. Co-opted members are able to participate on all issues but do not have a vote.
51. **Membership:** The co-opted members include an autism advisor with NHS England who is an expert by experience with Inclusion North, and a member of Bradford's Patient Network who established the People's Board which involved the public in NHS Bradford District and Craven Clinical commissioning groups.

Horizon scanning: Additional points to consider

Creating the right environment

52. The horizon scanning exercise demonstrated that for patient involvement to work at strategic level, a dynamic needs to exist, that allows the patient voice to flourish. This requires power sharing, a commitment to openness and transparency, as well as good leadership. In the initial stages of creating the right environment patients are likely to require learning and support, focused on developing confidence and capability – particularly 'process' skills.
53. Before involving patients at a strategic level, good practice recommends that senior leaders should consider if they are ready to provide an effective culture to support patients. Tokenistic attempts to involve patients in governance are likely to be detrimental overall.

Representativeness

54. At the October 2022 meeting when considering the initial proposal for a Patient Council Associate programme an issue that was raised by committee members was the extent to which patients can be said to “represent” others. This is a common debate that appeared during the horizon scanning process. Concerns raised on this matter tended to be about making changes based on the views of only a minority of patients.
55. However, the horizon scanning exercise has showed that patient involvement is not about having a representative sample, but the impact having a different perspective in the room can yield.

Professionalisation

56. A common issue which emerged during horizon scanning that was highlighted at the October PEC meeting was whether long-term involvement causes patients to become professionalised and lose sense of the experiences as a patient.
57. Findings from the horizon scanning exercise suggested that:
- a. Limiting people’s involvement on the grounds that they have developed expertise is wasteful. Some may want to increase their level of involvement roles as their knowledge and confidence grows.
 - b. Developing expertise through training rarely means that people lose sense of the experiences as a patient. Many of patients who participated in governance roles highlighted in, live with chronic health conditions, experienced traumatic illnesses that they were still recovering from, and/or are carers for family members who have ongoing health conditions. As a result they hadn’t lost their outsider perspective.
 - c. Ongoing involvement allowed organisations and patient to build trust, continuity and relationships and gave patients time to grown into the role. It became apparent that experience and long-term involvement are likely to make patient representatives more effective and efficient.

Potential models of strategic patient engagement for GOsC

58. Based on the learning from the horizon scanning we have suggested two models of for PEC to consider:
- Patient Council Associate programme – this would involve recruiting two patients with lived experience of osteopathic treatment in the previous six months
 - Patient advisory panel – this would involve recruiting several patients (number to be decided) with lived experience of osteopathic treatment in the previous six months

59. When considering the proposed models there are a number of areas to keep in mind:

- Status of a Patient Council Associate versus a member of an Advisory Panel
- Governance arrangements
- Recruitment and training:
 - Appointment process
 - Selection criteria
 - Training requirements
- Term of appointment
- Number of appointments
- Remuneration
- Support required from staff and council members

Advantages and disadvantages

Model	Advantages	Disadvantages
Patient Council Associate programme – Two patient associates	<ul style="list-style-type: none"> • Similar model to Council Associate Programme so logistics already in place – no need to amend constitution • Can draw on learning from Council Associate Programme • Requirement for recruitment: lived experience of osteopathic treatment (in the last 6 months) • Role based on partnership and not paternalism putting patients on an equal footing with osteopathic council associates • Continuity of personnel who have opportunity to develop and enhance their knowledge • Experience and long-term involvement may make contributors more effective and efficient • Appointed by Council • Set term of appointment – two years • Removal from office by Council • Must abide by Governance Handbook • Bound by Corporate Responsibility • Remuneration in line with that given to Council Associates 	<ul style="list-style-type: none"> • Lack of voting rights: a Patient Council Associate would not, and indeed could not, be considered to be a full Council member. • Lack of representativeness issue that PEC raised in October • Potential for 'professionalisation' of patients due to extended time in post

<p>Advisory patient panel</p>	<ul style="list-style-type: none"> • Advisory patient panel with a chair and a deputy chair • Members would rotate attendance at council meetings and convey feedback from the group • Diversity of voices and variety of skillsets • Terms of reference • No requirement to change the constitution as this falls within the remit of Council • Must abide by Governance Handbook • Bound by Corporate Responsibility • Training and recruitment for all members 	<ul style="list-style-type: none"> • Lack of continuity of patient voice and less opportunity for patients for continued development with rotating attendance • Ongoing resourcing and management required that is currently not available in the GOsC eg staff administrative support for unspecified number of patients • Different from Patient Involvement Forum – need to create a formalised structure and find a new way of operating patient involvement • Recruitment process likely to be much more intensive and require significantly more resourcing due to the unspecified number of posts
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Patient Council Associate Programme

60. Reflecting on the balance of advantages and disadvantages we recommend that the model which is best suited to GOsC is the Patient Council Associate programme, which would involve the appointment of two Patient Council Associates for a set term.

61. Piloting this programme with two patients we believe will provide a crucial transition stage to examine how we best to facilitate full participation of a patient lay member on council. Members of the Patient Involvement Forum that we consulted welcomed the idea of a transitional stage to enable patients the opportunity to learn about the work of GOsC at strategic level as well as enable GOsC to learn from the process. They felt this iterative approach would benefit all parties.

62. Patient Council Associates could bring a wealth of insight, expertise and experience to the work of the GOsC and having two associates would enable different perspectives who could share learning and garner support from each other.

63. Using a robust person specification (see example below) we would seek applications from patients who have the skills, interest and experience in patient advocacy at strategic level. In turn we would provide the Patient Council Associates with mentoring to give them the best chance of participating

effectively and confidently and assign them a buddy within Council to provide support and guidance.

- a. Example person specification highlighting skills and experience required:
 - i. Lived experience of osteopathic treatment (in the last 6 months) alongside lived experience with a range of other health professionals.
 - ii. Experience of working in partnership with user led groups and/or with healthcare organisations is essential.
 - iii. An understanding of and commitment to the statutory role of the GOsC
 - iv. Have an awareness of, and commitment to, equality, diversity and inclusion.
 - v. Ability to work creatively and collaboratively and to offer objective challenge.
 - vi. Ability to critically analyse and evaluate policies and plans
 - vii. Ability and experience of listening well to the views of people, giving priority to osteopathic patients, and representing their views.
 - viii. Ability to display sound judgement and objectivity.
 - ix. An understanding of and respect for the need for confidentiality.
 - x. A commitment to the 'seven principles of public life', known as the 'Nolan Principles': selflessness, integrity, objectivity, accountability, openness, honesty, leadership.

64. The programme is also an opportunity to proactively increase the diversity of Council. By identifying that we want to encourage applications from underrepresented groups and that we see diversity (of thought as well as protected characteristic) as being a strength.
65. The constitution of non-statutory committees and ad hoc working groups falls within the authority of Council to set and amend as necessary. As a result there is no requirement to change the constitution as this falls within the remit of Council and precedent has been established with the creation of the Council Associate Programme.
66. We can introduce a contract of engagement that describes the nature of the relationship between the Patient Council Associate and the GOsC. Any failure to abide by confidentiality arrangements would see their position terminated with immediate effect.
67. Any appointee would need to sign up to the Governance Handbook and be bound by the same confidentiality and collective responsibility arrangements which exist for full members of Council. Without such an agreement the appointment would not be made.
68. Additionally, Patient Council Associates would be expected to commit to the role as if they were a full member. This would include preparation for meetings, attendance at meetings, undertaking appropriate training and participating in any appraisal or learning/development review.

Recommendations:

1. To consider proposed models for involving patients in GOsC governance.
2. To agree to recommend a model to Council.

Annex A to 6

References: Strategic patient engagement

- [Cumberlege J. First do no harm: the report of the Independent Medicines and Medical Devices Safety Review. July 2020](#)
- [Patients Association, Pandemic Patient Experience UK: Patient experience of health, care and other support during the COVID-19 pandemic. September 2020](#)
- [Wilkie, P. Patient participation groups in general practice: building better partnerships. 2016](#)
- [National Association for Patient Participation. A guide for Patient Participation Groups](#)
- [Department of Health. Berwick Review into Patient Safety. Recommendations to Improve Patient Safety in the NHS in England. 2013](#)
- [NHS England. Five Year Forward View. October 2014](#)
- [Public Participation team, NHS England. Patient and Public Voice Partners Policy. July 2017](#)
- [The National Maternity Review. Better Births: Improving outcomes of maternity services in England: A Five Year Forward View for maternity care. 2016](#)
- [NHS England. Three year delivery Plan for Maternity and Neonatal services. March 2023](#)