



**Policy and Education Committee**

**15 June 2023**

**Data insight: equality, diversity, and inclusion**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	The paper presents a proposed approach to collating and scoping a project to analyse understand, categorise, clean, and prepare data related to protected characteristics of registrants and complainants in our fitness to practise processes.
<b>Recommendation</b>	To consider and provide feedback on our approach to scoping the project.
<b>Financial and resourcing implications</b>	None at present
<b>Equality and diversity implications</b>	The report highlights some weaknesses in the collection of data in relation to protected characteristics of individuals involved in fitness to practise cases which needs to be considered in any future work.
<b>Communications implications</b>	None at present
<b>Annex</b>	None
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## Key messages:

- Our programme of work to date on what our data tells us about equality, diversity and inclusion has focused primarily on education and the extent to which the register reflects protected characteristics of society.
- We last published a review of our fitness to practise data in 2016, which revealed overrepresentation of those investigated or sanctioned as being male, osteopaths, mid to late career registrants and mature graduates.
- The 2016 fitness to practise data report findings have three major limitations: the number of complaints and sanctions against them were small, the research was preliminary in nature and the report did not make any policy recommendations.
- The 2016 fitness to practise data report findings were mirrored in our ongoing annual NCOR concerns and complaints report.
- This paper explores the potential extension of this work to collect, collate, analyse, and understand equality, diversity, and inclusion data in relation to our fitness to practise proceedings for both registrants and complainants.
- This paper also highlights to the committee some of the data limitations we will have with undertaking this work.

## Background

1. We are undertaking a programme of work on what our data tells us about equality, diversity and inclusion. [Further information about our research work and recommendations can be found on our website](#). Our focus so far has been on activities related to education and the extent to which our register is reflective of society at large to help us identify potential barriers to people with particular protected characteristics in the education and registration processes that are operated.
2. We last published a review of our fitness to practise data in 2016. (This was reported to the Policy Advisory Committee on 13 October 2016, Item 7).<sup>1</sup> The purpose of the report was to
  - a. Determine the demographic, professional and practice characteristics of osteopaths who were involved in the proceedings of the General Osteopathic Council Investigation Committee (IC) between 1 April 2011 and 30 March 2016.
  - b. Determine the demographic, professional and practice characteristics of osteopaths who appeared before the General Osteopathic Council

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<sup>1</sup> This data report can be viewed here if committee members wish to view it: [a preliminary study Tom Mars May 2016](#)

Professional Conduct Committee (PCC) between 1 April 2011 and 30 March 2016 and had a decision of Removal, Suspension, Admonishment or Conditions of Practice made against them.

- c. Compare the demographic, professional and practice characteristics of osteopaths who were involved in proceedings of the GOsC IC and appeared before the PCC between 1 April 2011 and 30 March 2016 and had a decision of Removal, Suspension, Admonishment or Conditions of Practice made against them with the wider practising osteopathic population as of 30 March 2016.
3. Key findings from the report included:
    - a. There was a significant over-representation of male osteopaths at both the investigation stage and in PCC findings.
    - b. The majority of those investigated or subject to sanction were mid-career or mid-late career registrants.
    - c. There was a slight over-representation of more mature graduates among those investigated or subject to sanction.
    - d. Geographical location, place of education and nationality did not appear to be significant factors in relation to fitness to practise activity (although the data is limited).
  4. However, there were limitations:
    - a. The number of complaints made about osteopaths and number of findings against them was very small (in this study 131 complaints and 32 sanctions) and therefore any conclusions drawn may not be statistically reliable.
    - b. The study was preliminary in its nature. It was as important to understanding the quality of the data that we hold and how this could be improved as it was to draw conclusions from the data itself.
    - c. The report did not make policy recommendations (other than in relation to future data collection) and further thought is required about what actions (if any) could or should be taken as a result of the findings.
  5. At the time the report was considered by the Policy Advisory Committee in 2016, the Committee recommended that we begin to collect data about complainants and reflected on how the CPD scheme might support the reduction of concerns. The report findings were mirrored very much in our ongoing annual NCOR Concerns and Complaints Report. We have undertaken steps to reduce concerns in a range of areas, including through the introduction of the CPD scheme and the impact of this is outlined in other papers.

6. This paper explores the potential extension of this work to the collection, collation, analysis and understanding of the diversity data in relation to our fitness to practise proceedings for registrants and complainants to help us to understand what data we continue to hold, what that data might tell us and any potential next steps.

## Discussion

### **Why do we want to collect and analyse data held in relation to the protected characteristics of osteopaths and people who make complaints about osteopaths?**

7. We know that a number of other regulators have observed a 'disproportionate pattern of fitness to practise complaints received from employers, in relation to a doctor's ethnicity and place of qualification'.<sup>2</sup>
8. We last reviewed our fitness to practise data in 2016. The report has limitations in terms of the small numbers and the extent to which the findings can be relied on. Since then, our diversity data on the osteopathic population has slightly increased and we have plans in due course to include the collection of diversity data as part of our renewal process.
9. Nevertheless, this may provide a useful starting point on which to build as we develop and scope our current project.
10. Questions that we might wish to reflect upon include:
  - a. How do the demographics and characteristic of registrants in the fitness to practise processes relate to the population as a whole. For example, are there particular protected characteristics which appear overrepresented in the fitness to practice process compared to the GOSc register population as a whole or the UK population, based on the Census 2021 data.
  - b. What are the characteristics of complainants and what does this information tell us about access to the complaints process for the demographics of complainants compared to society as a whole.
  - c. Whether there are any significant cross-tabulations in the data which may reveal insights about our processes or guidance.

For example, in terms of the registrants data it might be useful to cross-tabulate the nature of the offence, with geographical location of the registrant and educational institution where the registrant gained their osteopathic qualification to identify any emerging patterns across these three variables.

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<sup>2</sup> See for example: <https://www.gmc-uk.org/about/how-we-work/equality-diversity-and-inclusion/our-targets-to-address-areas-of-inequality> and <https://www.nmc.org.uk/about-us/equality-diversity-and-inclusion/edi-research/>

With the claimant data it might be useful to cross tabulate the EDI data available on claimants (that are patients) against the EDI findings that emerge from the YouGov Report (2023) on Patient and Public Perceptions in Osteopathy, as this report highlights that our protected characteristics can affect our confidence or motivation to seek osteopathic treatment, which might be comparable to the complainants data i.e. what mattered to a complainant, that clearly didn't happen for them in the context of seeking osteopathic treatment

### **What data is currently held?**

11. Currently we hold data in disparate formats and disparate forms including both paper and electronic records.
12. The first step to any project is to collect this together, log it in a systematic fashion and prepare the data held for analysis. This process should also help us to identify gaps in our data.
13. It is important to highlight to the committee that the data currently held in this area is patchy in nature, for a number of reasons. Firstly, when an osteopath registers with us, it is not compulsory as part of the registration process for them to complete an EDI monitoring form. This results in patchy data being held on our internal database concerning registrants and their protected characteristics. Any activities planned as part of the EDI Pilot (see Policy and Education Committee, June 2022 – Public Item 8) to improve this situation have not been possible to carry out as a result of the new CRM project being delayed. Secondly, at the point of any fitness to practise investigations both the registrants and claimants can often be in a vulnerable state, therefore any requests for EDI monitoring forms to be completed at this stage in the proceedings may understandably go unanswered.
14. However, what is likely to be possible for the registrant data, as a starting point, is to pull from our database what EDI data we hold based on the concerns and complaints cases for 2022. This would be based on the NCOR concerns and complaints annual data template. This template currently records cases according to the broad themes:
  - Clinical care issues
  - Management issues
  - Relations issues
  - Adjuvant therapies/professions
  - Criminal convictions and police cases
  - Regulation specific
15. As part of this data template, we currently record cases and the nature of the offence (see above) in relation to the protected characteristics gender<sup>3</sup> and age.

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<sup>3</sup> Although this does not include non-binary and prefer to self-describe identifiers

By pulling data on the other remaining seven protected characteristics in the concerns and complaints data template's format we will be able to identify the extent of the gaps that exist.

### **How might we prepare to scope the project?**

16. We are proposing to commission a data analyst to support us to prepare our data so that we can fully scope the project.

### **When might we scope the project?**

17. We intend to commission an appropriate qualified person over the summer / autumn period who will be contracted to support us to collate and log this data.

### **Questions for the Committee**

18. Potential questions for feedback from the Committee include:

- a. What should we be thinking about as we collate and standardise our data?
- b. Any other thoughts or comments before we collate, log and begin to scope this project.

**Recommendation:** To consider and provide feedback on our approach to scoping the project.