



Policy and Education Committee

10 March 2021

Patient engagement

Classification	Public
Purpose	For discussion
Issue	An update on our patient engagement activity and our future plans to embed the patient voice across all work.
Recommendation	To consider the progress of the patient involvement activity and future plans to further embed the patient voice in policy development and decision making.
Financial and resourcing implications	We have secured an increased budget of £15K for patient and public involvement work across 2021-22 which reflects our enhanced focus on patients.
Equality and diversity implications	As we further develop our patient engagement work, we will continue to explore equality and diversity implications and develop further an equality impact assessment.
Communications implications	None
Annex	None
Author	Rachel Heatley

Key messages from the paper:

- The evolution of our thinking on patient engagement which has been informed by consultation with osteopathic patient representatives and external stakeholders including patient leaders in health care.
- Examples of the impact of greater patient engagement in current projects including the Review of Guidance for Osteopathic Pre-registration Education and the draft GOsC Communications and engagement strategy 2021-24.
- Our future plans for establishing a framework to support patient engagement.
- The outcomes we have begun to identify and our emerging approach to ongoing evaluation.

Background

1. In June 2020, the Committee reflected on the development of our thinking about patient engagement, seeing patient involvement as a journey, not an event and supporting consideration about how we can better integrate and develop the patient voice in our work. The Committee considered and noted our plans to create a co-production model of engagement so that patients are included in decision-making at the earliest stages and that participation activities are embedded in our programmes of work, with sufficient time to plan and deliver robust participation approaches. The paper and the underpinning principles were welcomed by the Committee.
2. The Committee also noted that there was a need to engage with the profession especially in education, a need for community mapping looking at representation and under representation, a need to consider diversity of the profession and engage with those involved in areas beyond general practice and the need to monitor and evaluate progress.
3. This paper provides an update on how our thinking has developed since June 2020. The Committee is invited to consider this thinking and implications across its work.

Discussion

Evolution of our thinking

4. Since June 2020 we have invested a great deal of time creating safe spaces for our patient representatives, enabling them to share their experience of osteopathy and healthcare on a one-to-one basis, fostering a greater understanding of osteopathy, health regulation and how patients can input into the process. In building relationships with patients, we have come to recognise the vulnerability of patients and their need for safety and acknowledgement of their psychological and emotional needs.
5. Listening to our patients has provided the opportunity for extensive learning, not just on projects like the review of Guidance for Osteopathic Pre-registration Education, but on how they want to be engaged with and what's important to

them. From the need for an established framework for engagement including a formal induction process, to clear briefing and debriefing on projects as well as a need to think about their experience within the context of their overall healthcare, not solely in relation to an individual practitioner.

6. We also consulted with a wide range of external stakeholders to ensure that our patient involvement was informed by a broader experience and expertise of patient involvement in healthcare. Stakeholders included, patient engagement experts and leaders across the health sector, health regulators, NHS England and NHS Improvement and patient organisations. As a result of our outreach activity GOsC is a now member of the Joint regulators' Patient and Public Engagement and Involvement Group and the National Public Engagement Practitioners Network.
7. The learning from both our patient representatives and external stakeholders has reaffirmed our commitment to a partnership model of patient engagement pursuing a person-centred approach to involving patients in our work built on the concept of **psychologically informed engagement**.

Patient involvement activity (June 2020 – present)

8. There has been a marked increase in the quality and quantity of patient engagement during this period with patient involvement secured for all key projects which has enabled patients to help shape our work and contributes towards helping us to focus on meeting the needs of patients. Activities have included:
 - **Review of Guidance for Osteopathic Pre-registration Education (GOPRE):** As part of the consultation process patient representatives were invited to become members of the GOPRE Stakeholder Reference Group ensuring that gaps in the guidance - from the patient perspective – were identified. Patient representatives ensured that discussions focused on patient safety reaffirming that the central tenet of GOPRE must be patient safety as opposed to the promotion of the profession or trying to convey all of the modalities within osteopathy. Patients expressed support for GOPRE being revised to better align with the updated OPS to help enable graduates to satisfy GOsC that they can meet the professional standards providing patients with reassurance. There was also support for flexibility to be built into GOPRE so that students who want to pursue an osteopathic career in the NHS can do so. Patients said that the NHS should not be ignored, there may be little osteopathic presence in the NHS currently, but patients want a choice in the future. These matters have been incorporated into the GOPRE and our consultation document. See Item 4 – GOPRE for further information.
 - **Draft GOsC Communications and Engagement strategy 2021-24:** Feedback was sought from several patient representatives to ensure that the draft strategy addressed issues relevant to osteopathic patients, and to identify if there were topics that were missing from the document. The

patients expressed universal support for the draft strategy which provided assurance that the strategy does reflect their needs and priorities and feedback focussed on the implementation of the strategy. Discussions with patients about the strategy led to wider insight on the patient experience ranging from user experience of the GOsC website, how pre-project briefings could be tailored for patients and the desire for feedback on projects patient representatives have participated in.

- **Fitness to practise review:** Patient representatives fed into the development of guidance about fitness to practise hearings in the context of the COVID-19 pandemic to help ensure great accessibility. The Regulation team sought patient feedback as part of a wider Equality Impact Assessment which resulted in a change in terminology for hearings using terms like 'remote' instead of 'virtual' and 'blended' instead of 'hybrid'. Patient representatives said that they are put off by looking at their face on a screen when giving evidence. Guidance was amended to reflect this sensitivity.
- **Expert witness working group:** Patients participated in the working group that took place on 24 September 2020, to consider whether the GOsC should endorse the Academy of Medical Royal Colleges expert witness guidance. Patient representatives said that it was key that the guidance should be accessible and easily understood by patients especially when modalities that require more explanation are being considered as evidence. While there was debate among the group about whether the GOsC should support the guidance, patients urged the working group not to let diverging views mean that the guidance is 'put into deep freeze' as this would not be in patients interest. This further development of this guidance is featured in our 2021/22 Business Plan.
- **Development of additional patient feedback templates for the profession:** We have developed patient feedback templates for osteopaths to use when seeking feedback from patients as part of the objective activity requirement of the CPD scheme. The templates focus on the patient experience of osteopathic care in the context of the coronavirus pandemic. There is particular reference to the 'I' statements from a National Voices report. See Item 6 – CPD for further information about this.

Upcoming activity

Patient and public involvement (PPI) in osteopathic and chiropractic education workshop

9. On 11 March 2021, we are hosting a joint workshop with the General Chiropractic Council to promote good practice and encourage discussion between osteopathic and chiropractic institutions about enhancing the role of patient and public involvement in their respective institutions. The workshop will be attended by both osteopathic and chiropractic patients. The osteopathic patient representatives have all received treatment at a variety of osteopathic educational institutions. Two of the patients set to attend are currently involved

in patient engagement work with medical students focusing on clinical and communications skills.

10. Workshop attendees will hear about examples of best practice of patient and public involvement in other educational settings, which will include speakers from the University of Hertfordshire and the University of Leeds Medical School. The workshop also aims at encouraging educational institutions to reflect on the impact of COVID-19 on patient and public involvement in their work.
11. Our annual reports currently show patient feedback is collected and analysed across the institutions but involvement in other areas, such as development of the curriculum, assessment and governance, for example, are more limited or patchy across the sector. It is hoped that this workshop will help to identify the benefits of a more inclusive role for patients across the organisations. The Committee will note from Item 4 – Guidance for Osteopathic Pre-registration Education, that requirements in relation to the involvement of patients are strengthened in our new standards for training. They state, for example, 'involve the participation of students, patients and, where possible, the wider public in the design and development of programmes, and ensure that feedback from these groups is regularly taken into account and acted upon.' It is hoped that this good practice workshop will begin conversations about how to do this more effectively and fully realise the benefits of patient involvement across the institutions.

Next steps

Formalising patient engagement

12. In relation to our own processes to centralise patient involvement we have formalised activities in our business plan and progress can be summarised as follows:
 - **Recruitment, induction and training:** Our current priority is on establishing a formal framework for patient engagement producing a range of guidance and policies to support patient engagement within the organisation. We are devising a plan for formal induction that will include training in the work of the GOsC as well as the wider context of the allied health professional in the NHS. Other areas that will be covered in the induction include confidentiality, equality, and diversity, and influencing others.
 - **Involving staff:** In order for patient engagement to be successful, we are working to support a shared understanding and principles across the whole organisation. We are encouraging staff, when planning activities that need patient involvement to consider what role the patient might play and what the patient needs might be. This is more about keeping patients at the centre of our thinking and conversations and this has resulted in the

activities above and also discussions about activities across the 2021/22 business year.

Defining outcomes and evaluating impact

13. We have begun to define our outcomes both at operational and strategic levels for the purposes of informing our work over the next year.
 - **Exercise of our functions:** To work towards a visible and meaningful patient voice in our educational policies, standards, continuing professional development, fitness to practise and registration functions and in our implementation and evaluation.
 - **Strategic co-production:** To work towards a visible and meaningful patient voice in the future development of our strategy and governance.
14. Alongside these workstreams, is the importance of ongoing communications to make sure that patients have the opportunity to be informed about the impact of their work on what we do, to listen to patients to get their feedback about what they have done and how it might impact on other aspects of what we do. This will help to inform an evaluation report at the end of the business year which will use this feedback to demonstrate what progress has been made towards our desired outcomes as outlined earlier in the paper.
15. We expect the evaluation to be informed by qualitative feedback but hopefully also an anonymous survey to compare views at the start of the business year and at the end of the business year.

Recommendation: To consider the progress of the patient involvement activity and future plans to further embed the patient voice in policy development and decision making.