



Policy and Education Committee
10 March 2021
Coronavirus pandemic: ongoing reflections

Classification	Public
Purpose	For discussion
Issue	An update on our response to the coronavirus pandemic including our reflections and learning that might impact on future policy development and activity.
Recommendation	To consider and provide feedback on our reflections from the coronavirus pandemic.
Financial and resourcing implications	None arising from this paper.
Equality and diversity implications	Issues of equality, diversity and inclusion have been considered within the reflection and learning pieces that we referenced within this paper.
Communications Implications	We will be publicising the two GOsC case studies that will feature in the Professional Standards Authority COVID-19 Learning Review report, as well as our reflections and learning on health regulation in the pandemic as published within the Nockolds Regulatory Briefing document.
Annex	<p>A. PSA COVID Learning Review case study 1: re-integrating the patient voice into regulation (private)</p> <p>B. PSA COVID Learning Review case study 2: producing COVID specific guidance (private)</p> <p>C. Extract from Nockolds Regulatory Briefing document: Reflections on Health Regulation as a result of the pandemic</p>
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Key message from paper:

- Throughout the pandemic the response of the General Osteopathic Council (GOsC) has needed to be agile to the changing dynamics of the environment within which we operate.
- We have tried, as the pandemic situation has evolved, to identify learning and to capture this so that it informs and enhances our regulatory approach in the future. We have done this using a whole governance system approach.
- A report, soon to be published by the Professional Standards Authority, will feature case studies from all regulators about the pandemic. The GOsC case studies are on the re-integrating the patient voice back into regulation and producing COVID specific guidance. The case studies are attached in full at Annexes A and B.
- We have also published our reflections on health regulation in the context of the pandemic within a Regulatory Briefing document produced by Nockolds Solicitors. An extract from that briefing document is attached at Annex C.
- Finally, we have produced a briefing about osteopathic regulation as a resource to support employers, other health professionals and others across the UK to increase knowledge about the quality of osteopathic regulation across the UK.

Background

1. The impact of the coronavirus (COVID-19) pandemic was felt by the General Osteopathic Council (GOsC) in March 2020 and since then, we have been responding to an ever changing and evolving environment.
2. One year ago, there was no specific vaccine or treatment available to respond to this infectious disease. In March 2021, we are witnessing a mass vaccination programme on a scale never seen before.
3. As a healthcare regulator, we were unable to use our experience to determine that, if we were to take a specific action, we could expect a particular outcome, as this was a once in a lifetime situation unfolding and developing around us. Frequently, we encountered new situations and we needed to constantly assess and reassess whether the actions we were taking were appropriate for the situation.
4. We felt that it was important to capture our learning through the pandemic and we have reported this in different ways through our Governance structure. In May 2020, we produced a comprehensive report for Council that set out the [impact of, and GOsC response to, coronavirus \(COVID-19\): considering the impact for osteopaths, patients, the osteopathic sector, the wider health sector and the GOsC.](#)

5. Updates have been provided to Council at each meeting since, with Audit Committee considering the impact of coronavirus from a risk management perspective and Remuneration and Appointments Committee considering the impact on the health and wellbeing of the staff team. Policy and Education Committee (PEC), in its capacity as the Statutory Education Committee, have been considering the impact of coronavirus on the Osteopathic Education Providers and the delivery of education provision to students and our regulatory approach.
6. In effect, there has been a whole governance system response to the coronavirus pandemic.
7. This paper to PEC sets out further our reflections and work through the pandemic, from a policy impact perspective, which have been captured in the form of publications by the Professional Standards Authority and Nockolds Solicitors along with a briefing note about osteopathic regulation. We welcome feedback and insights in response to this paper from the Committee.

Discussion

Professional Standards Authority: COVID-19 Learning Review

8. In September 2020, the Professional Standards Authority (PSA) wrote to all regulators to advise that they intended to initiate a project to review learning for professional regulation from the first phase of the COVID-19 pandemic (January 2020 to July 2020). The learning review would look at how key decisions were made, assessing the effectiveness of the different approaches and identifying learning for the future.
9. As a starting point, all regulators were asked to respond by mid-October 2020 with a preliminary submission of no more than 1500 words (which we did), which covered:
 - a. Which measures, new policies, new approaches or key decisions do you assess to have been most effective in responding to the pandemic, and why?
 - b. Where do you think measures, new policies, new approaches, or key decisions have had particular impact – positive or negative?
 - c. Have there been any unintended consequences of measures, new policies, new approaches, or key decisions?
10. In November 2020, the PSA wrote to all regulators outlining their intention to include case studies from all regulators within their learning review report. Regulators had the choice of writing the case studies themselves or meeting with the PSA to discuss the case studies with the PSA writing up a version for the regulators to review. We opted for the latter approach.

11. Initially the PSA had allocated to GOSc case studies on (1) our approach to producing COVID specific guidance and (2) collaboration around developing a joint letter with HCPC and the Chief Allied Health Professions Officers.
12. Having reviewed the PSA case study list for all regulators, we recognised a gap. There was no case study which considered the patient voice in any form. We communicated this to the PSA who were content that we changed the case study from collaboration over a joint letter, towards a case study which we hope will have more impact.
13. We met with the PSA in late November 2020 to discuss content for the case studies and we have been working with PSA to amend and finalise the case study content throughout January and February 2021.
14. The PSA Learning Review has not yet been published; however, a summary of the two case studies are provided below with the full case studies set out at Annexes A and B (private) respectively:

Case study 1: re-integrating the patient voice into regulation

15. The case study highlighted that we had recognised very quickly that when the pandemic occurred the patient voice was diminished, and in many ways, erased from the production of guidance and new laws. This was evidenced through work undertaken by other organisations as well as our own experience. The case study highlights how we interacted with patients to re-integrate their voice into our regulatory approach.
16. Headlines from the case study include:
 - a. The lockdown has highlighted the need for better, more meaningful and personal communication.
 - b. Themes and messages from patients were that decisions should be made with them not for them: they should be involved in the discussion.
 - c. Patients fed into the development of guidance about fitness to practise hearings in the context of the pandemic.
 - d. A model of 'co-production' is our aim and that as a regulator, we should not assume we know what is best for patients. What we do is for patients, and their voice should be more integral to our operations and our strategy.
17. Our learning and reflections have informed how we will work in the future with a clear focus on our regulatory approach being patient centred with the development of key standards and fitness to practise guidance. Further work is now ongoing to develop a patient partnership and co-production model and we have reported this to Council in February 2021 through our [patient engagement](#) paper.

Case study 2: producing COVID specific guidance

18. The case study highlights the gap which exists for independent healthcare practitioners in interpreting and applying government and public health guidance. It is also demonstrated the work we did to signpost guidance to the profession and how we worked quickly to provide guidance that enabled the swift continuation of our public protection activity around fitness to practise.
19. Headlines from the case study include:
 - a. The challenge of professionals wanting definitive answers from the regulator on matters which were in the arena of professional judgement and responsibility.
 - b. The need to continually check and reassess the position(s) being taken in the context of a rapidly evolving and dynamic environment and ensuring that we were signposting to information that covered all parts of the UK.
 - c. That new guidance was needed to ensure our core statutory duties. This was informed by patient focus groups.
20. Our learning and reflections are that regulation should not be a barrier to responding to a crisis. We recognise the challenges in trying to translate guidance that is designed for one context to another (in particular delivery of safe care, in accordance with the public health guidelines in the independent sector), and we continue to signpost guidance for osteopaths and we continue to work closely with the Institute of Osteopathy.
21. A document recording learning across the regulatory sector will be very helpful, when published, supplementing the discussions that we have with other regulators. We will continue to review the experiences and reflections of others to continue to inform our own work.

Nockolds briefing document

22. GOsC has attended an inter-regulatory corporate complaints forum run by Nockolds Solicitors for the past 12 to 18 months, and last year Nockolds issued their first regulatory briefing document capturing learning for the sector.
23. In February 2021, their [second regulatory briefing paper](#) was issued, which featured the GOsC reflections on health regulation. An extract of the briefing document can be found at Annex C.
24. The headlines from the briefing paper were:
 - a. The pandemic has highlighted that the need to ensure the patient voice is not lost and that our regulatory approach is truly patient-centred.
 - b. That we needed to communicate frequently about wellbeing.

- c. Collaboration within the osteopathic sector and the wider healthcare sector was essential, and we must make sure we do not lose that in a post-pandemic world.
- d. From a business perspective, there were positive changes which had occurred and the GOsC operation, moving-forward, will be a more efficient and cost-effective organisation.

Four country engagement

25. The increasing divergence of the coronavirus guidance across the four countries has also shown us that we need to strengthen our engagement across the UK and highlight that osteopaths are regulated health professionals in all four countries and mechanisms for accessing the register. Themes that have emerged are:
- impact of lockdown on practice (and our response to this across the four countries),
 - questions from patients,
 - the application of the public health guidance in the four countries to osteopaths and the independent sector,
 - exploring understanding of osteopathy and osteopathic practice across the UK (and the impact of being allied health professionals in England but not in Scotland, Wales and Northern Ireland),
 - the eligibility of osteopaths for vaccination to protect themselves as front line workers and hopefully their patients from transmission of the virus,
 - clarification of the position with regards to osteopaths administering coronavirus vaccinations,
 - the differing health structures across the UK.
26. In response to this, we have:
- Signposted relevant guidance from the four countries for osteopaths and patients.
 - Engaged with osteopaths in Scotland, Wales, and Northern Ireland to ensure that we were properly informed about devolved issues impacting their practice.
 - Met with the Chief Allied Health Professions Officers from England, Northern Ireland, and Wales. We have also developed a [briefing note](#) for the four countries to demonstrate how we regulate osteopaths and the quality of osteopathic regulation (as determined by the Professional Standards Authority as well as other sources of evidence) and we have published this.
 - Strengthened our patient group with patients from Scotland.
 - Met with the Welsh Language Commission and taken account of the Welsh Language Standards as part of our policy development.
 - Undertaken specific work on peer discussion review with osteopaths in Northern Ireland.
 - Been in contact with the governments to highlight our [register](#) to support them to be able to identify osteopaths as front line workers, eligible for the vaccine.

- Clarified the position for osteopaths across the UK with regards to patient group directions and patient specific directions and administration of the coronavirus vaccine. Unfortunately, osteopaths are not listed as being allowed to administer under a patient group direction by law. It's not enough to be a regulated health professional to administer under a PGD, the health profession needs also to be listed under Part 4, Schedule 16 to The Human Medicines Regulations 2012. This also applies to some other allied health professionals. However, osteopaths should be able to administer vaccines under patient specific directions subject to completing the required training.

27. Moving forward, the coronavirus pandemic has, for us, emphasised the importance of knowledge and understanding about what different health professionals can do to support patient care and gaps that arise in relation to osteopaths. We are keen to ensure that our GOPRE guidance and other aspects of our policy development reflect the diversity of the needs of the four countries, and interprofessional learning, and we will continue to have a more outward focus in relation to this.

Recommendation:

To consider and provide feedback on our reflections from the coronavirus pandemic