

Equality Impact Assessment Template

Step 1 – Scoping the EIA

Prompts: In completing this section think about the policy or activity that is being introduced and what its impact would be if implemented immediately.

Think about the purpose of the policy or activity – how would you briefly describe it to someone outside of the GOSC who did not understand healthcare regulation? Who would be affected by the policy or activity if implemented immediately?

Think about the data that you might need in order to take the policy or activity forward to implementation. Do you know what data you need and where you might find the data? Do you know if there is data which relates to each protected characteristic? If there are gaps in the data, how might this be addressed through consultation?

Title of policy or activity
<ul style="list-style-type: none"> Updating of guidance in relation to Continuing Professional Development requirements of registered osteopaths Updating of the template used to evidence the peer discussion review (PDR) (an integral element of the CPD scheme)
Is a new or existing policy/activity?
<p>This is an update of The General Osteopathic Council's CPD Guidance for registrants, and a review of the PDR Guidance. The current CPD scheme was introduced in 2018, and moved away from an annual CPD cycle to a three year cycle, requiring a minimum of 90 hours CPD activity over a three year period.</p> <p>The CPD scheme requires registrants to:</p> <ul style="list-style-type: none"> undertake CPD which reflects the breadth of their practice and the four themes of the Osteopathic Practice standards, include some form of objective activity to gain feedback on their practice, To ensure that CPD benefits patients – this is a mandatory element which includes activity in communication and consent, Keeps a record of activities, Carries out a peer discussion review with another osteopath or registered health professional in which they demonstrate how they have met the requirements of the scheme.
What is the main purpose and what are the intended outcomes of the policy/activity?
<p>We are not seeking to change the CPD scheme, but are rather responding to evaluation feedback to ensure that CPD guidance is clear and accessible, and to</p>

review the PDR template to make this easier to engage with and complete for the osteopath and reviewer.

We are also looking to expand the mandatory elements of the scheme to include CPD on boundaries with patients, and also equality, diversity and inclusion.

Who is most likely to benefit or be affected by the policy/activity

Osteopaths and peer reviewers (often, also osteopaths) will be the main groups affected by this review.

The expansion of mandatory activities to include boundaries and EDI issues should benefit patients and will potentially impact on CPD providers and their need to meet the professions demand for CPD in these areas once these components become mandatory .

Does this policy or activity impact on the Welsh Language?

Guidance and PDR forms are published in Welsh to promote opportunities for use of the Welsh Language in undertaking CPD and the Peer Discussion Review.

Dates of the EQIA

• When did it start?	The project commenced in July 2024
• When was it completed?	Oct 2024
• When should the next review of the policy/activity take place?	May 2025

Useful information

What information would be useful to assess the impact of the policy/activity on equality?

EDI data in relation to the register of osteopaths and their ease of use in using the revised CPD guidance and PDR template according to individual protected characteristics

Is there data relating to people with any/each of the protected characteristics and, if relevant, on the Welsh Language?¹

There are currently some 5,600 osteopaths on the register. We hold equality monitoring data on registrants (although this is patchy in some areas), as this does not include full data on protected characteristics of all registrants. There are

¹ The nine protected characteristics in the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

approximately 164 registrants practising in Wales, but we currently do not know how many of these osteopaths would prefer to be communicated with in Welsh.

We have collected equality monitoring data in relation to CPD through the CPD Evaluation Surveys from 2016 onward. This is probably the best set of data at assessing engagement and impact of various elements of the CPD scheme in relation to protected characteristics

We hold equality monitoring data for GOsC patient forum.

We hold CPD providers list, which we could use to explore the types of courses being delivered in the proposed mandatory areas on boundaries and EDI

Where can we get this information and who can help?

Registrant equality monitoring can be extracted from integra database.

Patient Forum was captured through Patient Forum Enrolment form and the Senior Research and Policy Officer have access to this raw data. CPD Evaluation Survey data filtered by equality monitoring data continues to be captured via Jisc Online Surveys platform and again can the Senior Research and Policy Officer has access to this raw data.

Step 2 – Involvement and consultation

Prompts: Thinking about your policy or activity, have you been liaising with any individuals and/or groups to inform the development of the policy or activity? Has there been pre-consultation events which have provided insight into your policy or activity development?

Think about your answer in Step 1 around data. If there were gaps in the data that you needed to inform your policy or activity development, how are you planning to address them through the involvement and consultation phase?

If you have involved stakeholders, briefly describe what was done, with whom, when and where. Please provide a brief summary of the response gained and links to relevant documents, as well as any actions.

We undertake a periodic evaluation of the CPD scheme with registrants. The latest CPD evaluation 2024 was reported to our Policy and Education Committee in [June 2024](#).

A summary of findings includes:

- Osteopaths have engaged with the CPD scheme and the OPS and in most cases have found it to be beneficial in doing so
- Engagement with the OPS and in particular, professionalism tends not to focus on professional boundaries and honesty and integrity
- The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice
- For a small proportion of the profession the scheme has been more successful in creating networks, but this hasn't necessarily translated into a sense of community or lessened ideas of risk of professional isolation
- The PDR process can be cumbersome and the template difficult to engage with.

As a result of the above, we have reviewed the guidance, and particularly the PDR template. Changes made include:

CPD guidance

We have made suggestions to:

- Review language to make more accessible
- Strengthen CPD on **Boundaries** as an important part of the communication and consent requirement – making this mandatory for those starting a CPD cycle in 2025 or after
- Strengthening and encouraging CPD in the area of **EDI** – referencing this as a potential component of the communication and consent requirement
- Strengthen the focus on the aims of the CPD scheme including promoting community and encouraging opportunities to actively engage with colleagues
- Strengthening guidance about 'range of practice' so as to make more explicit that osteopaths must be up to date and competent when they use adjunctive therapies
- Making more explicit expectations about how AI could and should not be used in the CPD process

PDR template

- Now much easier to engage with for the osteopath and reviewer, enabling them to focus on the heart of the PDR itself which is the structured conversation with a trusted colleague
- More tick boxes
- Reduced inconsistencies in the way the form is constructed
- Made it easier for the reviewer to confirm that a particular requirement has been met

We held two focus groups to seek initial feedback from osteopaths on our suggested changes to the CPD Guidance and PDR template on 17 and 19 September 2024. We also, shared this with the Osteopathic Development Group on 18 September and with the Council for Osteopathic Education Institutions (COEI) on 24 September 2024. Feedback was positive at these initial stakeholder events, which has provided us with a degree of assurance that the changes seem effective in meeting the needs of osteopaths, giving us a sound basis from which to work from when reporting to the Policy and Education Committee to seek a recommendation to proceed to a wider consultation with the entire osteopathic profession.

Step 3 – Data collection and evidence

Prompts: In completing this section think about the data and evidence that you have already collected and, when completing the EIA at an early stage of the development of the policy or activity, the data that will be collected through consultation. Where possible, try and show this separately and update your EIA as the policy or activity progresses.

Do you need to undertake further research or data collection? But remember, you will never have a perfect set of data in which to make a decision.

What evidence or information do you already have about how this policy might affect equality for people with protected characteristics under the Equality Act 2010 and on the Welsh Language Scheme?

Please cite any quantitative (such as statistical data) and qualitative (such as survey data, complaints, focus groups, meeting notes or interviews) relating to these groups. Describe briefly what evidence you have used.

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**
- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**

- **If relevant, on the Welsh Language?**

What additional research or data is required to fill any gaps in your understanding of the potential or known effects of the policy? Have you considered commissioning new data or research?

Our CPD evaluation survey provides a thorough and robust analysis of the impact and experience of osteopaths undertaking the scheme. It is as a result of the latest findings of this that we are proposing to make the changes to the PDR template and CPD guidance.

A wider consultation on the changes proposed will ensure that we seek broad feedback from osteopaths directly affected by the implementation of the scheme, and are able to take this into account when finalising the updates for Committee and Council approval in 2025.

Our consultations always seek feedback on any impact on protected characteristics and on opportunities to use the Welsh language. Unfortunately, typically we don't receive a great number of responses to our consultations on these questions. Our recent work by DJS on osteopaths' perceptions of the GOsC revealed that osteopaths want us to do things differently and as part of this 'thinking differently approach,' there are plans for us to set up an Equality and Accessibility Working Group, involving registrants, which we should utilise as part of the consultation phase.

Step 4 – assessing impact and strengthening the policy

Prompts: Think about each of the nine protected characteristics and consider the potential positive and negative impacts on each group. If you have identified a negative impact on a particular group, what are the actions that you plan to take to address the negative impact, if at all? Think about what else you might be able to do in order to strengthen equality further in relation to your policy or activity.

What does the data reviewed tell us about the people the policy/activity affects, including the impact or potential impact on people with each/any of the protected characteristics and on the Welsh Language?

- **Disability?**
- **Gender reassignment?**
- **Marriage or civil partnership?**
- **Pregnancy or maternity?**

- **Race?**
- **Religion or belief?**
- **Sexual orientation?**
- **Sex (gender)?**
- **Age?**
- **If relevant, on the Welsh Language?**

The changes made to the guidance and the PDR template are aimed at ensuring the scheme is accessible, easily understood and not onerous. The intention is to provide osteopaths with the space to engage with the scheme positively and undertake its various aspects without then being overly burdened by administrative elements. The PDR for example, should be about the quality of the structured conversation as to how the scheme is met, rather than becoming an administrative burden. We hope that simplifying the form using fewer words will better meet the needs of osteopaths who are neurodiverse based on our findings for our health and disability guidance earlier this year.

The inclusion of patient boundaries as a mandatory activity within the three year cycle is a reflection of our analysis of concerns and complaints data annually, which shows that boundaries concerns continue to be an issue. Similarly, the addition of an EDI based activity will help to improve osteopaths' knowledge of this area, and enhance the management of patients with protected characteristics.

This being said, we know from the CPD Evaluation Survey 2024 when we examine the PDR process in relation to protective characteristics that there are subtle nuances in responses for respondents of certain protected characteristics rather than a drastic shift or completely opposed view from the overall survey sample. For example:

- Males were more likely to hold mixed views in terms of ease/difficulty of the PDR and slightly more likely to report that their peer had insisted on invalidating their entire CPD record and that that their peer was able to support and provide assurance.
- Osteopaths aged 20-44 held mixed views in terms of ease/difficulty of the PDR, were more likely to report that their peer had signposted them to other useful CPD resources.
- Osteopaths aged 45-61+ were more likely to report finding the PDR easy to complete and the most rewarding and were more likely to report that the PDR helped them learn from each other.
- Osteopaths from the LBGQTQIA+ community were more likely to report that their peer for the PDR was less likely to have a similar osteopathic approach to them and that the PDR conversation was situated in the context where uncertainty or mistakes were regarded as an opportunity

<p>learning and that their peer was able to support and provide assurance. These osteopaths held mixed views in terms of ease/difficulty of the PDR</p> <ul style="list-style-type: none"> • Osteopaths from a Minority Ethnic Group (including Asian, Black, Mixed or Other Ethnic Group) ²More likely to report that their peer had signposted them to other useful CPD resources and that the PDR helped them learn from each other. • Osteopaths from a Non dominant religion (<i>non-Christian or non-atheist</i>) ³ were more likely to report that the PDR helped them learn from each other • Osteopaths declaring pregnancy and Maternity were more likely to report that their peer had signposted them to other useful CPD resources. These osteopaths tended to find equally important was their peer helped them learn from each other and support and provide assurance. <p>We also need to be aware that the original CPD Scheme consultation and Equality Impact Assessment also identified that possible areas of impact might be to the following groups: (1) registrants based outside the UK, (2) those who are not IT literate, (3) those with dyslexia, learning disabilities or visual disabilities, (4) part-time practitioners and (5) practitioners with ill-health. Some of these areas were explored as part of the CPD evaluation survey 2024 and some were more difficult to do so. Consequently, we need to ensure these voices are heard within the consultation process and we will develop this further as part of the development of the consultation strategy.</p>
<p>Are there any implications in relation to each/any of the different forms of discrimination defined by the Equality Act and on the Welsh Language?</p>
<ul style="list-style-type: none"> • Disability? • Gender reassignment? • Marriage or civil partnership? • Pregnancy or maternity? • Race? • Religion or belief? • Sexual orientation? • Sex (gender)? • Age? • If relevant, on the Welsh Language?
<p>No</p>

² Asian or Asian British, Black or Black British, Mixed ethnic Background, Other

³ Agnostic, Buddhist, Hindu, Humanism/Humanist, Jewish, Muslim, Pagan, Sikh, Spiritual, Any other religion or belief

What practical changes will help to reduce any adverse impact on particular groups?
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| <ul style="list-style-type: none">• Disability?• Gender reassignment?• Marriage or civil partnership?• Pregnancy or maternity?• Race?• Religion or belief?• Sexual orientation?• Sex (gender)?• Age?
<ul style="list-style-type: none">• If relevant, on the Welsh Language? |
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We will ensure appropriate levels of accessibility with material e.g. variety of formats, easy to read, video content etc

What could be done to improve the promotion of equality within the policy?

In terms of the impact of the policy, the inclusion of an EDI based activity in the CPD cycle should promote and enhance knowledge and implementation of EDI within the profession and in the management of patients.

Step 5 – making a decision

Prompts: In completing this section, consider all of the data you have collected, the potential impact (positive and negative) on all of the protected characteristics. Where do you see your policy or activity now? You have four options:

- a. No barriers or impact were identified, therefore activity will proceed.
- b. You have decided to stop the policy or practice because the evidence shows bias towards one or more groups.
- c. You have adapted or changed the policy in a way which you think will eliminate the bias.
- d. Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of

the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore you are going to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.

Now summarise your decision and think about how you might explain this to someone outside of the GOsC who has little to no understanding of healthcare regulation.

Summarise your findings and give an overview of whether the policy will meet the GOsC's objectives in relation to equality.
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This is a relatively minor update to the CPD guidance, with the key change being the inclusion of a boundaries activity and EDI in the mandatory CPD requirement to benefit patients. The revised PDR template intention is to be more accessible and easier to use

We will review these aspects further during the consultation phase and we will aim to ensure that we reach a diverse range of osteopaths in thinking about these changes.

What practical actions do you recommend to reduce, justify or remove any adverse/negative impact?
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To be considered further following the consultation.
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What practical actions do you recommend to include or increase potential positive impact?
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The suggested changes are aimed at enhancing the experience of osteopaths in meeting their CPD requirements and evidencing this, but we will review this further following the consultation.
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Step 6 – monitoring, evaluation and review

Prompts: If the policy or activity is to be introduced, in this section think about how you plan to measure the impact and effectiveness once it has been introduced. How will you do this? How frequently will you monitor the policy or activity? Which individuals or groups will you be asking/collecting data from to inform the monitoring, evaluation and review.

How will you monitor the impact/effectiveness of the policy/activity?
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Periodic CPD evaluation surveys
Continued monitoring of concerns and complaints data
Feedback from osteopaths at regional, stakeholder or online events on ease of use of materials developed

What is the impact of the policy/activity over time?

This will be assessed as a result of the above.
Osteopaths engaged with the CPD scheme and OPS
Osteopaths getting the professional help and support they need to undertake their CPD
Osteopaths building networks/ professional community to reduce professional isolation.
Reduction in concerns and complaints concerning boundaries issues.
Awareness of EDI related issues and how these might apply in practice life

Where/how will this EIA be published and updated?

It will be published alongside the guidance and PDR template and updated next after full consultation (based on feedback received)

Step 7 – action planning

Prompts: The final section of the EIA is to detail the actions which have arisen as a result of completing the EIA and who is the person responsible for those actions and the date by which they will be completed.

Please detail any actions that need to be taken as a result of this EIA		
Action	Owner	Date
Ensure the EIA is annexed to the Committee paper.	Head of Policy and Education	October 2024
Update the EIA post Committee meeting.	Head of Policy and Education	October / November 2024
Use the EIA findings to date to inform the consultation strategy and the consultation document that goes to Council in November.	Head of Policy and Education	October / November 2024

Update the EIA post consultation	Head of Policy and Education	May 2025
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Produced by	Reviewed by	Date of next review
Senior Research and Policy Officer and Head of Policy and Education	Director of Education and Standards – update made in terms of ensuring that the findings of the EIA inform the consultation strategy and consultation document that is developed by Council 26 September 2024.	November 2024