

GOsC's evidence submission

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Evidence Template

Introduction

A. Response to the 2013/14 performance review

1. What consideration has the GOsC given to issues raised in the 2013/14 performance review report including the adoption of good practice identified in that report?
 1. The 2013/14 Performance Review was considered by Council at its meeting on 23 July 2014¹. The report identified best practice from across the regulators and identified those activities that were already existing practice within the GOsC (or where an equivalent was in place) and those that should be taken forward either within the current year or future business planning cycles. Progress will be reported back to Council where appropriate.
2. How has the GOsC addressed the areas for improvement identified in its individual performance review report?
 2. The single area of concern identified in the Performance Review report was in relation to information governance where it was noted that prior to September 2013 we did not keep a formal log of all data incidents, but that from that date appropriate procedures were in place.
 3. We have provided more detail of the implementation of our new Information Governance Framework under the tenth standard for fitness to practise at paragraphs 233 to 240 below.
3. Where has the GOsC's performance improved since last year (in addition to the points raised above)?
 4. We have identified a number of areas of work where we believe our performance has improved or where we have made progress against wider objectives. These are set out briefly below along with further paragraph references where appropriate.
 - a. Continuing to improve our engagement with a range of stakeholders including patients (paragraphs 58 to 63).
 - b. Improvements in our registration assessment processes (paragraphs 111 to 113).

¹ http://www.osteopathy.org.uk/uploads/public_item_16_psa_performance_review_2013-14_final.pdf

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- c. Raising the profile of registration through our 'Promoting Registration' activity (paragraphs 143 to 146).
 - d. Improvements in our breach of title monitoring and enforcement procedures (paragraphs 152 to 157).
 - e. Improvements in our fitness to practise policies, processes and governance including:
 - Internal and external audit and peer review to ensure that decisions are well reasoned and to improve customer service performance (paragraphs 195 and 196).
 - New practice notes on evidence, undertakings and on expert witnesses (paragraphs 52 and 194).
 - Providing standard legal advice and recommendations to the Investigating Committee on case disposal (paragraph 183).
 - Training of staff on drafting of charges (jointly with other regulators) (paragraph 183).
 - Recruitment of new legal assessors (paragraph 194).
 - Use of a new fitness to practise 'dashboard' for reporting to Council (paragraphs 199).
 - f. Developing a comprehensive Information Governance Framework and the development of a supportive culture for information governance activity (paragraphs 233 to 240).
5. Two further areas of work of significance not reported in the tables below relate to progress with the CEN European Standards project and the National Council for Osteopathic Research.
 6. In June 2014 the final Technical Committee was held for the development of a European Standard on Osteopathic Healthcare Provision. We have been central to the development of this standard (serving on the Technical Committee and the associated drafting group) for the past three years. It has now been agreed that the Standard can now proceed to a formal vote of the CEN member countries and it is anticipated that Standard will achieve final approval in early 2015.
 7. We have previously reported on steps to improve awareness and understanding of research, as well as its integration into osteopathic practice, through our support for the National Council for Osteopathic Research (NCOR). We are pleased to report that, with our support, NCOR has now been established as an independent charitable incorporated organisation (registered charity number 1157217). While the GOsC will continue to provide some financial support for NCOR and has a nominee on the Trustee body, NCOR is now functionally separate from the GOsC, which we consider to be an important step in the development of the osteopathic profession.

4. What areas for concern has the GOsC identified in each of the four functions and how have these been addressed?

8. We have noted a rising number of cases involving sexual boundary issues which was also reflected in the data from the first year's use of the common classification system. As yet we are not able to determine whether there is a trend in this area but we will continue to monitor the situation carefully. We continue to ensure that learning from fitness to practise cases is fed back to the profession via our e-bulletins and *the osteopath* magazine. For example, issues relating to sexual boundaries were highlighted in the March and (forthcoming) December 2014 Fitness to Practise e-bulletins and the October 2014 edition of *the osteopath*. One case in this area had direct implications for an osteopathic educational institution and learning from this case was discussed by the Education and Registration Standards Committee and fed back to the institution in question. This issue is also forming discussion as part of our seminars with students and faculty on the professionalism project. We also intend to commence work in the New Year on draft guidance for osteopathic educational institutions on student and tutor boundaries.

5. What areas of good practice has the GOsC identified in each of the four functions?

9. We have identified a number of areas of our work that we consider represent good practice, some of which relate to individual functions and others that are cross-functional. These are set out briefly below along with further paragraph references where appropriate.

Guidance and standards

- a. Continuing research on the effectiveness of regulation (paragraph 43).
- b. Exploration of osteopathic values in preparation for the review of the *Osteopathic Practice Standards* (paragraph 42).

Education and training

- a. Iterative development of our new continuing fitness to practise framework through the use of pathfinder groups to test the model (paragraph 87).
- b. Continuing our programme of work with osteopathic educational institutions and others on professionalism (paragraph 79).

Registration

- a. The launch and ongoing work on our 'Promoting Registration' campaign, including bespoke registration marks which include unique registration numbers, and public information posters for display in osteopathic practices (paragraphs 143 to 148).
- b. Introduction of a new form so that leavers from the Register are required to provide a reason for their decision, which will help us obtain a better understanding as to why a registrant chooses to leave (paragraph 123).

Fitness to practise

- a. Piloting of the common classification system across the regulator, insurers and professional body for gaining a better understanding of complaints (paragraphs 64 to 67).
- b. Joint working with other regulators on training and audit (paragraphs 183 and 195 and 196).

Cross-functional

- a. Developing a cross-functional Francis Report Action Plan and Programme Board to oversee its implementation (paragraphs 22 to 23).
- b. Continuing collaborative work and support for the development of the osteopathic profession for the benefit of patients (paragraph 40).
- c. Developing a comprehensive Information Governance Framework and the development of a supportive culture for information governance activity (paragraphs 233 to 252).
- d. Developing and implementing a corporate social responsibility policy².

² http://www.osteopathy.org.uk/uploads/item_16_csr_policy_final.pdf

B. Responding to change, learning and information

1. Where relevant, how has/will learning from the following five areas be/en taken into account in each of the functions:

i. Other areas of the GOsC's work (such as fitness to practise, policy development or quality assurance of educational institutions)

10. It is difficult to identify specific examples in this area, however one of the advantages of being a small regulator is the closeness of interactions between functions at the strategic, policy development and operational levels. The high visibility of activity across functions ensures that information about emerging or difficult issues, or best practice is shared, and that we can be both responsive and agile. For example, feedback from presentations given to students by Communications and Registration staff is passed on and influences the work of the Professional Standards team in relation to education quality assurance. Equally, issues raised by registrants at regional meetings with the Chief Executive have resulted directly in articles in *the osteopath* magazine.

ii. Organisational complaints

11. We have received two corporate complaints during the course of the year both relating to the same issue, which is an inherent fault in our online tool for updating registration details. In limited circumstances we have identified that an individual can inadvertently change the practice address details of another registrant when updating their own details online. This problem has been resolved in the new version of our website and online registration tool which will be launched shortly.

iii. Serious Event/Incident Reviews (or the equivalent used in your regulator)

12. We have experienced what we classify as critical incidents in three separate forms over the past year: availability of the online register; availability of IT infrastructure; and usability of our office premises. For incidents relating to Information Governance, see paragraphs 241 to 247 below.
13. We have on, two separate occasions, experienced brief periods of time when our website (and thus the online Register) has not been available. This is due to a known instability of the content management system used at present, which will be resolved with the launch of the re-platformed website next month. When this occurred we immediately highlighted the problem, using alternative media such as Facebook and Twitter encouraging patients and others to phone us if they require information about registrants.

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14. The lack of availability of our cloud-based IT infrastructure (which did not affect the online Register) on one occasion for a period of a day and a failure of the office water supply (which affected a large number of local businesses and homes) on another occasion, highlighted the need to review business continuity arrangements, which will be considered by the Audit Committee later this month.

iv. The outcomes of the Authority's work

15. The Head of Regulation and Chair of the Investigating Committee reviewed the available information in relation to the problems identified with the GDC's investigation process, and continue to keep this under review.
16. We continue to make use of the CHRE report *An approach to assuring continuing fitness to practise based on right-touch regulation principles* in the development of our continuing fitness to practise framework.
17. We have reviewed the CHRE report on *Clear sexual boundaries* in considering the need for further work in this area (see paragraph 8 above).
18. We also reviewed the PSA Performance Review for 2013-14 which has influenced particular projects in our Business Plan, for example, considering an induction programme for new international registrants.

v. Feedback from stakeholders from the four UK countries

19. The number of registrants (and hence patients) outside of England remains low (approximately 7% of UK registrants) and our engagement in these countries is limited. Nevertheless in 2014-15 we have undertaken the following activities:
 - a. We are in contact with the systems regulators in Northern Ireland, Scotland and Wales and are seeking to establish formal links with them where these have not been in place before.
 - b. The Chief Executive spoke at the Scottish Osteopathic Society annual conference. The Society represents a large proportion of registrants practising in Scotland and conference is the most important meeting in the calendar for the profession in Scotland.
 - c. We contributed to the development of the conference programme and provided a speaker at the 7th Annual Regulation Conference in Scotland, presenting on the emerging findings from our research into the effectiveness of regulation.

- d. We have developed bilingual registration materials (including registration marks and posters) for our 'Promoting Registration' campaign in Wales.
- e. We participated in a joint regulators event at Stormont for politicians and others in Northern Ireland, and took the opportunity also to hold a patient/public focus group in Northern Ireland on the following day.
- f. Osteopaths in Northern Ireland have played a leading role as a 'pathfinder' group for the development of our new continuing fitness to practise framework.
- g. We worked closely with the Northern Ireland Government on the successful recruitment of a new Council Member from Northern Ireland.
- h. The Chief Executive visited the Isle of Man for discussions with the Isle of Man Government about the extension of GOsC regulation to the island and also to meet all the osteopaths practising there.

vi. Public policy programme reports from the four UK countries

20. Nothing further to add.

2. How has the GOsC addressed information, (other than formal fitness to practise complaints), which it may have received from other sources on possible failures in performance of organisations or individuals?

21. Nothing further to add.

3. Please provide an update on the work the GOsC has undertaken in response to the recommendations in the Mid Staffordshire NHS Foundation Trust Inquiry report and the Government's response to the report?

22. Council agreed a Francis Report Action Plan³ at its meeting on 29 January 2014. The Action Plan is reviewed at monthly meetings of a Francis Report Project Board which consists of Senior Management Team members and other managers.

³ http://www.osteopathy.org.uk/uploads/item_18_francis_report_action_plan_final.pdf

23. Work that has taken place as part of the Action Plan includes:

- Development of the joint statement on candour and its promotion to GOsC registrants and the public
- Commencing work on our own guidance on candour, in the first instance through planned focus groups with patients and registrants
- Conclusion of the development of a new policy on whistle blowing
- Providing financial support for the development of an online learning and reporting system for adverse events
- Improving our understanding of fitness to practise complaints and trends
- Development of new service standards with the Osteopathic Development Group
- Seeking to establish new links with systems regulators
- Setting a new target for fitness to practise case disposal
- Continuing to work with osteopathic educational institutions to promote patient-centred care
- Continuing work to develop our continuing fitness to practise framework
- Supporting leadership development in the osteopathic profession.

More details of this work can be found threaded through this evidence submission.

4. What consideration has been given to the Vale of Leven Hospital Inquiry findings? (If published)

24. No change since 2013/14.

5. What consideration has been given to the findings of the 'Trusted to Care' report?

25. None.

6. What consideration has been given to the reports of the NHS investigations into Jimmy Savile?

26. None specifically, however we are alive to increased public concern about issues relating to sexual boundaries which may in turn have led to the issues arising that we identify at paragraph 8 above.

7. What work are the GOsC doing to prepare for the possibility of a positive referendum result in Scotland in relation to its independence?

27. We noted that the White Paper published in advance of the independence referendum gave a commitment to maintaining the existing professional healthcare regulatory bodies in operation after independence. We also discussed the potential impact of devolution with the Scottish Osteopathic Society at its meeting in early September 2014.

8. What work has been undertaken following the modernised Recognition of Professional Qualifications Directive being transposed into UK law so that the regulators are prepared for when it comes into force in January 2016?

28. We have been working with colleagues in other UK regulators through meetings of the Alliance of UK Healthcare regulators on Europe (AURE) and with regulators and professional bodies in Europe through the Forum on Osteopathic Regulation in Europe (FORE).

29. We conducted an analysis of the impact of new directive across all GOsC functions and we submitted briefing material to the Department of Health (England) in advance of a meeting with officials in September. We also responded to the consultation on the Directive by the Department for Business, Innovation and Skills in November 2014.

30. For more information about how we intend to review our registration assessment processes in the light of the revised Directive, please see paragraphs 132 to 134 below.

C. Liaison with other bodies

1. How has the GOsC worked with service regulators, other regulatory bodies or other bodies with shared interests to:

i. ensure that relevant intelligence is shared (within legislative requirements) on individuals or organisations

31. We have entered into dialogue with the four UK systems regulators with a view to establishing single points of contact between them and ourselves for the sharing of relevant information.

32. We are close to signing a memorandum of understanding on joint working with Health Education England.

33. We have commenced a dialogue with other UK healthcare professional regulators about how to manage issues arising in respect of individuals holding dual registration.

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34. We have agreed a memorandum of Understanding with the Department of Health and Social Care of the Isle of Man following the extension of GOsC regulation to the island under the Health Care Professionals Act 2014 (Isle of Man).
 35. We have commenced discussions with the Gibraltar Medical Registration Board on a similar Memorandum of Understanding, as the Board is due to take responsibility for ensuring Gibraltar osteopaths are registered with the GOsC, following amendment of the Medical and Health Act 1997 (Gibraltar).
 36. We work closely with main providers of professional indemnity insurance to the osteopathic profession, holding regular meetings and sharing information about complaints.
 37. We continue to issue suspension and removal notices to a range of organisations including:
 - UK indemnity insurance providers
 - UK private health insurers
 - International competent authorities, regulators, associations and others
 - UK osteopathic educational institutions
 - Other interested organisations.
 38. Although we were added to the IMI system in 2012, this year is the first time we have had cause to make use of it in relation to an EU applicant query.

ii. ensure that cross regulatory learning is shared?

39. We continue to believe that we are an exemplar in our approach to cross-regulatory working and in the sharing of learning. Over the past year our work with other organisations has included:
 - Development of the joint statement on duty of candour, and coordinated media activity
 - Work with AURE on the implementation of modernised Recognition of Professional Qualifications Directive
 - Joint patient engagement meetings: sharing good practice on patient/public engagement
 - Participation in joint regulator meetings on: equality and diversity, customer service, media relations, revalidation, fitness to practise, adjudication, research, committee member training, and candour
 - Taking a leading role on a number of themes addressed at joint regulator meetings on the Law Commissions' proposals

- Developing joint training of drafting charges with the GOC and GPhC
- Undertaking peer reviews with staff from the GMC, GOC and GPhC
- Chairing the UKIPD CPD group
- Meeting with colleagues from the GCC, GDC, GOC and HCPC to discuss listing processes and support for panels
- Visiting the MPTS in Manchester to observe hearing processes
- Meeting with the GDC to share best practice on interim orders and risk assessment
- Sharing information with other regulators on referring registrants with convictions for drink/drug for health assessment, fitness to practise KPIs and service targets
- Engaging other regulators in our research on the effectiveness of regulation and arranging for the presentation of preliminary findings at the Scottish Government Health Department's regulation conference
- Engaging with other regulators and stakeholders in our Values Seminar on 12 November 2014
- Participating in the 2014 IAMRA conference including presenting in two sessions on continuing fitness to practise and professionalism
- Contributing to the work of Health Professionals Crossing Borders (HPCB) and the Alliance of UK Health Care Regulators on Europe (AURE)
- Continuing to support the work of the Forum on Osteopathic Regulation in Europe (FORE)
- Continuing to support regulatory development at an international level through the Osteopathic International Alliance, including acting as topic convenor for two OIA regulatory workshops and managing the editorial process for an international study of osteopathic education, practice, regulation and research.

iii. develop further the shared agenda for the development of the profession? (paragraph 14.3 of the Performance Review report 2013/14)

40. The Osteopathic Development Group has outlined a three-year programme of work in eight key areas. A brief summary on progress on the individual projects (and our involvement is set out below)

- a. Evidence – this project has two parts, the development of a Patient Reported Outcome Measurement (PROM) tool for osteopaths and the development of two adverse event reporting platforms, and is being delivered by the National Council for Osteopathic Research. The PROM tool is currently being piloted to test the feasibility of using a PROM data collection system in practice, reliability of the actual PROMs when used in an electronic system, and the responsiveness of the PROMs in an osteopathic patient population.

There are two adverse events reporting tools: PILARS (Patient Incident Learning And Reporting System) which is now available for osteopaths to use at www.ncorpilars.org.uk and PREOS (Patient Reported Experiences of Osteopathic Services)

www.ncorpreos.org.uk is also live. The development of the two adverse event reporting tools was supported financially by the GOsC⁴.

- b. Service standards – this project aims to develop a new set of service standards for the osteopathic profession, which would be voluntary in nature but would allow individual practices to demonstrate that they were providing a high quality service to patients. This type of standard is akin to that of the Care Quality Commission in England (and the equivalent bodies in Northern Ireland, Scotland and Wales). The standards could be used to demonstrate service quality to patients, health insurers, NHS commissioners and others. The standards would not be enforced by the GOsC.

With the GOsC's support a first draft of the standards has been produced, adapted for the osteopathic context from the work of the CQC and others. The draft standards are currently open for consultation⁵.

- c. Advanced practice – this project is exploring whether additional infrastructure is needed around advanced clinical practice. The main focus for the project is to understand what would make it easier for patients to find the right practitioner for them. An independent research team has been appointed to undertake the first phase of the work which includes engagement with practitioners, an audit of osteopaths' websites to identify how practitioners communicate their areas of interest to prospective patients, and a literature review. The GOsC has provided a grant⁶ towards the costs of the research, with the project being led by the Osteopathic Alliance.
- d. Regional support – this project is aimed at developing the infrastructure of regional osteopathic groups so that they can provide effective practitioner support and reduce practitioner isolation. Work has commenced on website development and other support tools for groups, as well as canvassing their interests and needs. This work is being led by the Institute of Osteopathy.
- e. Mentoring – this project aims to investigate the mechanisms already in place that support new graduates, determine the most suitable approaches for mentoring recent graduates, and pilot a programme that can be integrated into the profession. Consultants have been engaged to undertake initial research and to make recommendations for the pilot phase which it is hoped will commence in 2015. This work is being coordinated by the Institute of Osteopathy and Council of Osteopathic Educational Institutions, and the initial research phase has been funded with a grant from the GOsC⁷.

⁴ http://www.osteopathy.org.uk/uploads/item_11_development_projects_funding_proposals_final.pdf

⁵ <http://www.osteopathy.org.uk/for-osteopaths/development-of-the-profession/service-standards/>

⁶ http://www.osteopathy.org.uk/uploads/item_11_development_projects_funding_proposals_final.pdf

⁷ http://www.osteopathy.org.uk/uploads/public_item_14_mentoring_project_funding_application_final_amended.pdf

- f. Career development – this project aims is to map the current pathways taken by osteopaths in terms of career growth and to evaluate the need for a more clearly defined career pathway in osteopathy. Semi-structured interviews have been conducted with experienced osteopaths working in private practice, education and academia, the NHS, osteopathic promotion and regulation. These have been analysed for common themes. Questions regarding current career development structure have been added to the 2014 iO osteopathic census, which will soon be analysed. Initial scoping research has been conducted to investigate how this subject is addressed in other professions and how this might apply to osteopathy. This project is being led by the Institute of Osteopathy.
- g. Leadership development – this project aims to establish a bespoke leadership training programme for the osteopathic profession. This would enable osteopaths in a range of contexts – in clinical settings, in education, in local or national osteopathic groups – to gain leadership skills and also seek, over time, to develop a network of individuals who can support each other in meeting challenges they face in a leadership context.

The Open University has been commissioned to develop this programme working with representatives of the Council of Osteopathic Educational Institutions, the GOsC and the Institute of Osteopathy. The GOsC has provided a grant towards programme development and delivery.⁸

- h. International collaboration – this project aims to bring together information relating to activities taking place outside the UK in clinical, educational, research and other areas of osteopathic practice, which is currently scattered across multiple international osteopathic networks and alliances. To ensure maximum return and benefit to osteopathy in the UK we are proposing the development of a web portal/hub providing access to this information in one place. Initial work has included surveys of potential users and scoping web portal design and content and has been coordinated by the GOsC.

⁸http://www.osteopathy.org.uk/uploads/public_item_11_leadership_development_project_funding_application_final.pdf

Guidance and standards

First standard	Standards of competence and conduct reflect up-to-date practice and legislation. They prioritise patient and service user safety and patient and service user centred care.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>41. We published the evaluation of the implementation of the <i>Osteopathic Practice Standards</i> in February 2014 when it was considered by our Osteopathic Practice Committee⁹ and we held a briefing session for our Senior Management Team about the learning points for the development of new guidance and the review of the <i>Osteopathic Practice Standards</i>. Key learning points included:</p> <ul style="list-style-type: none"> • Ensuring that measures were in place at the outset of the project to provide a comparison and are integrated into the evaluation strategy from the outset. • The need to use a variety of methods for collecting data for effective evaluation. • The need for better understanding of the data we hold and rationalising data collection across different departments in the organisation. <p>42. We are working on developing a better understanding of values and how they relate to regulatory standards and the implementation of these in preparation for a review of our core standards of regulation, the <i>Osteopathic Practice Standards</i>. We worked with Professor Bill Fulford (University of Warwick and St Catherine's College, Oxford) and Professor Stephen Tyreman (British School of Osteopathy and University of Bedfordshire) to develop a day-long interactive workshop (Chaired by Harry Cayton, Chief Executive of the PSA) with patients, osteopaths, other professionals and students, which took place on 12 November 2014, to explore values and their impact on standards.</p> <p>b) What progress has been made on the GOsC's research on the 'Effectiveness of osteopathic regulation' (paragraph 14.6-14.8 of the Performance Review report 2013/14)?</p> <p>43. The research is almost concluded and we expect to receive the final draft of the report in January 2015. A report updating on progress with the research was presented to our Osteopathic Practice Committee in October 2014¹⁰. The emerging</p>

⁹ http://www.osteopathy.org.uk/uploads/item_10_osteopathic_practice_standards_evaluation_final.pdf

¹⁰ http://www.osteopathy.org.uk/uploads/item_8_effectiveness_of_regulation_research_final.pdf

	<p>findings were presented to the Scottish Government Health Department's regulatory conference on 27 October 2014, to our Council on 6 November 2014, and also to a group of stakeholders including patients, osteopaths and other regulators on 6 November 2014. Emerging findings are supportive of our approach to continuing fitness to practise and also our relational approach to regulation, which provides us with the beginnings of an evidence base for our contextual regulatory approach.</p> <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>44. Our Business Plan for 2014-15 includes scoping the review of the <i>Osteopathic Practice Standards</i> and the development of an outline project plan for the work. We anticipate that various aspects of our work will feed into this scoping work, including that outlined above.</p> <p>45. We are planning to conduct a registrants' survey in 2015 as a follow-up to that which was undertaken in 2012 to examine professional attitudes and awareness of standards.</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>46. Nothing further to add.</p>
Second standard	Additional guidance helps registrants to apply the regulators' standards of competence and conduct to specialist or specific issues including addressing diverse needs arising from patient and service user centred care.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>47. We have published three more online learning modules on <i>Exploring professional dilemmas in osteopathy</i>, which are available on the o zone registrants' website. These include a focus on the consent and communication aspects of our standards and are closely linked to our new continuing professional development scheme proposals.</p> <p>48. We have worked with other regulators this year to agree a common approach to strengthening the duty of candour in our standards. The regulators' joint statement was published on our website on 13 October 2014¹¹, and promoted to key stakeholders, along with a statement of other action we will be taking.</p>

¹¹ http://www.osteopathy.org.uk/uploads/regulators_pledge_to_do_more_to_put_openness-and_honesty_at_heart_of_healthcare_13_october_2014.pdf

49. The joint statement and a supporting article on candour formed the lead item in the October 2014 edition of *the osteopath* magazine, disseminated to all registrants and osteopathic organisations, and we plan to regularly refresh the issue in the osteopathic online and print media, and in presentations to osteopathic regional group meetings and undergraduates. We are actively encouraging osteopaths to discuss the issues outlined in the joint statement with colleagues and provide feedback to us. We have already had a positive reaction from both individuals and groups keen to foster dialogue on this issue.
50. Following informal discussions earlier in the year, we have written to providers of professional indemnity insurance to osteopaths, formally highlighting our commitment to embedding the duty of candour in standards, and inviting them to confirm that their own policies and guidance are compatible with the duty of candour, and that any requirements in relation to claims do not put any individual registrant at risk of breaching the *Osteopathic Practice Standards*.
51. Separately, we have recently consulted on supporting *Guidance for Osteopathic Pre-registration Education*. The draft guidance contains the statement 'Disclose and apologise for things that have gone wrong and take steps to prevent or minimise impact'.
52. New guidance to osteopaths acting as expert witnesses before the Professional Conduct Committee was agreed by Council in May 2014 and takes the form of a Professional Conduct Committee Practice Note (PCC Practice Note: Requirements on Expert Witnesses¹²).
53. We have been supporting and encouraging a growing willingness within the osteopathic profession to understand better why and when adverse events may occur in osteopathic practice. This will help to promote a culture of openness and honesty within the profession on clinical and professional matters. This year we funded, and promoted awareness of, work by the National Council for Osteopathic Research (NCOR) to develop an online Patient Incident Learning and Reporting System (PILARS), designed to enable osteopaths to report anonymously, share and discuss challenging clinical incidents, patient safety, practitioner safety or adverse events associated with osteopathic care. The aim is that osteopaths will learn from each other, share helpful experiences of their own, and become more aware of situations and circumstances that may lead to the occurrence of adverse events or difficult incidents in practice.

¹² http://www.osteopathy.org.uk/uploads/practice_note-requirements_on_expert_witnesses.pdf

	<p>b) What progress has been made on developing practical scenario based examples to support the GOsC's guidance on consent (paragraph 57 and 200 of the GOsC's evidence submission 2013/14)?</p> <p>54. Working with osteopaths, we have completed the development of the scenario-based examples to support the consent guidance. These scenarios were considered by the Osteopathic Practice Committee at its meeting in October 2014¹³. The scenarios make specific reference to the relevant legislation and the <i>Osteopathic Practice Standards</i>, and include practical suggestions to enable registrants to identify and respond to issues.</p> <p>55. The scenarios were published on the GOsC's registrant website, the o zone on 10 November 2014, These are accessed via the <i>Osteopathic Practice Standards</i> page and the 'Obtaining consent' sections of the online guidance.</p> <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>56. We will be holding a registrant focus group on candour early in the New Year, to inform potential revisions to the <i>Osteopathic Practice Standards</i> and supplementary registrant guidance if needed. In advance of this, we will be hosting a public/patient focus group on 3 December to explore the duty of candour and issues set out in the joint statement.</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>57. Nothing further to add.</p>
Third standard	In development and revision of guidance and standards, the regulator takes account of stakeholders' views and experiences, external events, developments in the four countries European and international regulation and learning from other areas of its work.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>58. We have taken a new approach to some of our consultation and engagement activities this year to support and develop our work. This has taken the form of interactive workshops, for example the osteopath pathfinder groups to develop our proposals for our new continuing professional development scheme. We have also undertaken a number of multi-</p>

¹³ http://www.osteopathy.org.uk/uploads/public_item_6_consent_scenarios_final.pdf

stakeholder workshops, for example, in testing the findings of the effectiveness of regulation research and also in developing our work on the review of the *Osteopathic Practice Standards*. This partnership approach has also been reflected in the work with the Osteopathic Development Group.

59. This year we conducted a series of engagement events with patients and the public as part of ongoing research into patient/public perceptions of osteopathic care. Focus groups were held across the UK (Eastbourne, London, Warrington and Belfast), facilitated by independent researchers, Community Research, and seeking views from both osteopathic patients and members of the public with no experience of osteopathy. Report of the findings of these focus groups is available to download from <http://www.osteopathy.org.uk/resources/Research-and-surveys/GOsC-research/Patient-and-public-perceptions/> which provides a rich source of data on how the public perceive the osteopathic profession, the factors they consider when choosing an osteopath, the barriers and triggers to choosing an osteopath, expectations of care, and views on raising concerns about sub-optimal care or unprofessional conduct.
60. Feedback from the focus groups was shared with registrants through the registrant media, and formed the lead item of the April/May issue of *the osteopath* magazine, disseminated to all registrants. The Community Research report was disseminated widely to osteopathic stakeholder organisations as well as Council.
61. We are following up this work in November with a national survey, conducted by YouGov, to gauge how widely held are the views expressed in the focus groups into patient/public perceptions, supplementing the qualitative findings with quantitative data.
62. To obtain input from patients we have continued to promote membership of the GOsC's Patient Partnership Group, the participants of which have provided valuable input to our policy development. To engage with the wider public we have sought partnership opportunities with patient representative organisations, e.g. this year our patient focus group in Eastbourne was held in conjunction with Healthwatch East Sussex. We have also been seeking to expand our engagement with the wider Healthwatch network across England, Community Health Councils in Wales, the Scottish Health Council and Northern Ireland's Patient Client Council. The Regulators' Public Patient Engagement Group met with representatives of the Northern Ireland Patient Client Council to explore opportunities for joint working. We are also fostering links with the Private Patients' Forum, whose representative participated in the values workshop which took taking place on 12 November 2014, as this sector has particular relevance for the GOsC and its work.
63. We continue to make effective use of social media to interact with stakeholders. The GOsC Facebook page now has 882 followers and Twitter 1173.

- b) How were the outcomes from the GOsC's analysis of the data from the common system for categorising complaints about osteopaths (the GOsC said the first report would be produced in April 2014) used in the GOsC's work? (paragraph 60-63 of the GOsC's evidence submission 2013/14)**
64. This is a collaborative exercise between the Institute of Osteopathy (representing over 70% of UK osteopaths), the principal providers of osteopathic indemnity insurance (covering at least 85% of osteopaths) and the GOsC. Together our organisations deal with most of the complaints and claims relating to osteopathic practice. Starting in early 2013, our organisations have trialled applying a common classification system to our case management recording systems, categorising and counting types of allegations at the point when a complaint/claim is first made, regardless of whether these result in a formal investigation.
65. Data is collected over a calendar year and submitted at the end of the twelve-month period to an independent research agency for collation and analysis of the aggregated data. The National Council for Osteopathic Research (NCOR) was commissioned to undertake this task and produce a report on the 2013 data, the first year of collection. The first annual report arising from this collaborative initiative: *Types of concerns raised about osteopaths and osteopathic services in 2013*, has now been circulated by NCOR to all participating organisations and was considered by the our Osteopathic Practice Committee on 2 October 2014¹⁴.
66. This data builds on an extensive programme of research we commissioned (the adverse events projects) to work towards a comprehensive understanding of any potential risk that may be associated with osteopathic care, and of the issues and circumstances that give rise to concerns and complaints about osteopaths. This emerging evidence is an essential underpinning factor in the development and dissemination of guidance to osteopaths and osteopathic education providers. It supports also GOsC proposals for a scheme of continuing fitness to practise for osteopaths that recognises a need to raise standards across the profession in relation to patient communication skills in general and, in particular, with respect to obtaining valid consent.
67. Although this collaborative initiative is still in its infancy, participating organisations have welcomed progress to date and the opportunity for diverse organisations to work together to address through education and guidance issues in osteopathic practice that concern patients or pose a risk to safety. The initiative is important also in helping to foster a culture of transparency in osteopathic practice. Participating organisations continue to meet to improve the data collection process

¹⁴ http://www.osteopathy.org.uk/uploads/item_11_common_complaints_classification_final.pdf

and consider the implications and applications of the data.

c) How does the GOsC's Council assure itself that revised or newly developed guidance and standards prepared by the executive have been informed by various views, external developments and learning from other areas of its work? (Only respond to this, if the answer has changed since 2013/14)

68. No change since 2013/14. It remains our normal practice that for each consultation, Council considers the consultation strategy in advance and also considers a report on the consultation outcomes at the point at which it is asked to agree the final policy or guidance.

d) What plans are in place, if any, to improve the GOsC's performance in this area?

69. Our most significant consultation activity over the next twelve months will be on our new continuing professional development scheme. We are exploring the use of a range of new media and technology to take forward this consultation (for example, animation, video, webinars, Twitter conversations etc). We will use the experience of this forthcoming consultation to consider how we might use these methods for a wider range of consultations.

70. In addition, in order to make this consultation as accessible as possible to patients and the public, we have summarised the consultation document into three pages and three questions for patients. This will be the first time that we have published a separate consultation document for patients and the public about a key initiative and it will be interesting for us to measure how far this enhances our ability to engage, along with the numbers of responses that we get from patients.

71. We continue to seek to increase our level of direct patient engagement through the use of our Patient Partnership Group and independently facilitated focus groups/deliberative workshops.

72. Members of the communications team attended a recent briefing on the Moseley judgement *R (Moseley) v London Borough of Haringey* [2014] UKSC which we will be considering carefully as we plan future consultations.

e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?

73. We received only a small number of responses to our consultation on *Guidance on Osteopathic Pre-Registration Education*, although they were from a range of respondents. Beyond our regular and ongoing engagement with osteopathic

	educational institutions, our ability to encourage engagement on educational matters from key stakeholders remains a challenge. We will continue to explore new ways of engaging to tackle this problem (see paragraph 69 above).
Fourth standard	The standards and guidance are published in accessible formats. Registrants, potential registrants, employers, patients, service users and members of the public are able to find the standards and guidance published by the regulator and can find out about the action that can be taken if the standards and guidance are not followed.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>74. Our approach to improving the accessibility of standards includes that the work undertaken on e-learning (see paragraph 47 above) and the development of scenarios to supplement more formal guidance (see paragraph 54-55 above).</p> <p>75. We continue to regularly use a range of strategies/channels to highlight to registrants elements of the standards, e.g. via regular features in <i>the osteopath</i> magazine, e-bulletins, social media and face-to-face discussions with registrants</p> <p>b) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>76. We are continuing to explore the development of further e-learning resources, particularly where these can support our new continuing professional development proposals.</p> <p>c) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>77. Nothing further to add.</p>

Education and training

First standard	Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>78. This year we consulted on <i>Guidance for Osteopathic Pre-registration Education</i> which connects learning outcomes for students specifically to the <i>Osteopathic Practice Standards</i> – our core standards for registration. The final working group meeting is due to take place on 27 November 2014 and we hope to publish the final guidance early in 2015.</p> <p>79. In our last submission, we highlighted our work on professionalism and the need for more detailed plans about the teaching and learning of professionalism. We are working in partnership with all osteopathic educational institutions in order to collect views about different lapses in professionalism from patients, students and faculty. This is the first time that such an exercise has been undertaken in osteopathy and provides us with an opportunity to facilitate learning with both students and faculty. Data collection has begun and we will be facilitating one session with students in November and one with faculty in December, with others to follow in the New Year.</p> <p>80. We also had a journal article¹⁵ on this work published thus underpinning its credentials as a tool for exploring issues in professionalism.</p> <p>81. We have agreed the draft terms of reference for further work on undergraduate professionalism and this work will start once we have concluded the work on our <i>Guidance for Osteopathic Pre-registration Education</i>.</p> <p>b) How does the GOsC's Council assure itself that revised or newly developed guidance and standards prepared by the executive have been informed by various views, external developments and learning from other areas of its work? (Only respond to this, if the answer has changed since 2013/14)</p> <p>82. No change since 2013/14.</p>

¹⁵ <http://www.sciencedirect.com/science/article/pii/S1746068914000662>

	<p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>83. One of our challenges is consulting the right people in the right way in relation to educational standards and guidance and, in 2015, also on our quality assurance discussion document. One of our successes is the fact that the range of respondents is now much broader, which is an improvement on a few years ago when we were only getting responses from osteopaths. However, the number of responses in relation to our educational consultations remains relatively low.</p> <p>84. With our continuing professional development consultation which will take place in early 2015, we are directing resources into a range of methods, which should enable us to increase our breadth and range of responses. For example, we will be using a range of multi-media and social media formats, along with video and/or animation, to help us bring alive the consultation issues. We also have two consultation documents – a shorter one for patients and a longer, full version. The full version consultation document will include a full questionnaire, in order that respondents can answer as many or as few questions as they choose.</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>85. Nothing further to add.</p>
Second standard	Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>86. We continue to audit 20% of CPD Annual Summary Forms and 2% of CPD folders. Our aim is to ensure that we focus our audits on those people who have not been audited before. In addition we have now fully implemented our process of feeding back to all osteopaths about the audit process (see last year's submission paragraph 106). Feedback received suggests that this is appreciated by registrants. However, we still find there is a low level of awareness of the audit process itself. We are working on a series of communications through <i>the osteopath</i> magazine and e-bulletins to enable us to improve awareness and understanding of the audit process.</p>

b) What progress has been made on developing the GOsC's continuing fitness to practise model (paragraph 14.17-14.21 of the Performance Review report 2013/14)?

87. Since the end of 2013, we have been working with a range of osteopathic groups in order to develop, iteratively, the detailed CPD Guidelines, including Peer Discussion Review Guidelines, resources and case studies that help to illustrate the issues for consultation. To develop the guidelines we have worked with:

- Four cross-regional pathfinder groups in Belfast, Carlisle, London and Lymm (comprising representatives of seven regional groups, practising in a range of environments – group practice with osteopaths, group practice with other health professionals, sole practice, NHS practice and non-practising) and using a range of different approaches to practice. Each group has met a minimum of three times and the work of the pathfinders has greatly contributed to the examples, resources and case studies as well as the guidance itself.
- Osteopathic educational institutions.
- Osteopathic Alliance special interest/postgraduate training organisations.
- The Institute of Osteopathy (professional association)
- Patient focus groups.

88. We have also shared our thinking with:

- Patients
- Osteopaths across the country
- Other regulators
- The Department of Health (England)
- The Professional Standards Authority.

89. Council approved the proposals for consultation at its meeting on 6 November 2014¹⁶ for a consultation which will take place from January to May 2015.

c) What plans are in place, if any, to improve the GOsC's performance in this area?

90. We have a detailed consultation strategy for this work and, as outlined in paragraph 70 above, we have for the first time

¹⁶ http://www.osteopathy.org.uk/uploads/public_agenda_06.11.14_linked.pdf

	<p>developed a consultation summary document specifically for patients and the public, comprising three pages and three questions to make the consultation more accessible to patients.</p> <p>91. We are planning to undertake an evaluation of current osteopathic CPD and publish a report on the 'State of Osteopathic CPD'. The purpose of the evaluation is to establish a current picture of osteopathic CPD under the existing scheme. Establishing such a baseline in 2014 to 2015 will help us to understand how (if at all), our new continuing fitness to practise model has altered patterns of CPD over time.¹⁷</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>92. We believe that the iterative approach to development of the new CPD policy, with the involvement of the pathfinder groups comprising a variety of professionals with different practice profiles and dispersed geographically, is an example of good practice.</p> <p>93. We are beginning to see changes in CPD provision as a result, we believe, of our engagement with providers around the new CPD proposals. We have examples from across the sector of CPD provision being increasingly mapped to the standards for registration, the <i>Osteopathic Practice Standards</i>, and in core areas such as communication and consent.</p>
Third standard	The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>94. We continue to reflect on ways to enhance the operation of our current quality assurance process while we progress our major review of quality assurance (see paragraphs 96-97 below). We were pleased that all stakeholders responded to the recent questionnaire survey regarding the 2013-14 cycle of quality assurance review visits. On the whole, both the review process and the teams were well received, with respondents across all groups commented that the review method worked well. We are working with the Quality Assurance Agency (QAA) to use feedback on areas for further improvement. For instance, at the forthcoming QAA visitor training sessions in November/December 2014 we will be covering topics such as</p>

¹⁷ http://www.osteopathy.org.uk/uploads/public_item_8_state_of_cpd_final.pdf

guidance on the relationship of the key reference points and on report writing. Our aim is both to enhance the operation of our current quality assurance process using stakeholder input and also to use this range of experience to inform future developments¹⁸.

b) How many quality assurance visits have been carried out in 2014/15 so far? What were the outcomes of those visits?

95. Three quality assurance visits have been carried out at three institutions regarding the renewal of recognition of four education programmes. Of these, three programmes were approved without specific conditions. One programme, the Master of Osteopathy at Swansea University, was approved with one specific condition regarding staff development; Swansea is due to submit evidence in fulfilment of this condition in December 2014.

c) What progress has been made in reviewing the GOsC's quality assurance process (paragraph 14.25-14.27 of the Performance Review report 2013/14)?

96. In May 2014 Council considered a discussion document¹⁹ which forms part of the major review of the GOsC's quality assurance process. The discussion document summarises our current thinking arising from review, engagement and consultation activities to date, and identifies areas for further feedback. The discussion document itself has already been reviewed by a number of stakeholders to inform its development. Council agreed to publish this discussion document and it is due to be disseminated to key stakeholders for consideration from January 2015.

97. In considering the length of time this review has taken to come to fruition, it should be noted that:

- a. There is currently a hiatus in the quality assurance review cycle with no new quality assurance reviews anticipated before April 2016.
- b. The QAA is currently consulting on a revised Subject Benchmark Statement for Osteopathy²⁰.
- c. The requirement for a major tender for quality assurance services (see paragraph 102 below).
- d. The timetable for any legislative changes in the light of the Law Commissions' review remains uncertain.

¹⁸ http://www.osteopathy.org.uk/uploads/public_item_6_qaa_review_evaluation_performance_review_and-training_final.pdf

¹⁹ http://www.osteopathy.org.uk/uploads/public_item_11_quality_assurance_review_final_amended.pdf

²⁰ <http://www.qaa.ac.uk/publications/information-and-guidance/publication?PubID=2828#.VFepeo1FBoA>

	<p>d) The GOsC said that it had highlighted the need to the QAA to make more explicit in quality assurance reports, the examination of patient feedback and the aim of the quality assurance process and that it expected to see this being made more explicit in the reports coming through in early 2014. Has the GOsC seen evidence of this change? What has the GOsC identified as the benefit to this change (paragraph 123 of the GOsC's evidence submission 2013/14)?</p> <p>98. The QAA's Recognised Qualification review reports more explicitly reflect that patient feedback has been considered as part of the evidence. We found that both mechanisms for the patient voice and the use of patient feedback have been highlighted in the headline summary of areas of strength and recommendations in reports. We believe that the reports now better reflect current practice regarding the patient voice in osteopathic education and also provide an opportunity to make enhancements. We are also working in a number of ways with the educational institutions to further develop the patient perspective in education to enhance patient care, for example at a recent meeting with osteopathic educational institutions we arranged a presentation by Dr Anita Berlin of University College London which explored the experience of patient involvement in medical education.</p> <p>e) What progress has been made on resolving the matter related to receipt of student fitness to practise data from a specific OEI (paragraph 14.24 of the Performance Review report 2013/14)?</p> <p>99. Following correspondence between us and the university, we have now been able to obtain the information that we required that was relevant to a potential registration decision in the future. We have also written to other regulators alerting them to the potential for conflict between university regulations and professional regulators' requirements in this area.</p> <p>f) What progress has been made on the review of student fitness to practise and associated guidance taking into account findings of key reports in relation to candour and related issues and the evaluation of the student fitness to practise guidance (response to question 18 of the Performance Review letter 2013/14)?</p> <p>100. This work is due to commence in early 2015 due to delays in finalising new <i>Guidance on Osteopathic Pre-Registration Education</i>. We will also be reviewing our guidance about health and disability, taking into account the findings and work of other regulators in this area.</p> <p>g) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>101. As we reported to you earlier this year we plan to commence a review of student fitness to practise and associated</p>
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	<p>guidance taking into account findings of key reports in relation to candour and related issues, evaluation of student fitness to practise guidance (including guidance about boundaries and sanctions), and the use of students as models. Terms of reference for this work have been agreed and the work should commence in early 2015.</p> <p>h) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>102. We have commenced a major procurement exercise in relation to our quality assurance work which is currently undertaken under contract by the Quality Assurance Agency for Higher Education. The outline timescale for this process, which is taking place under the EU Restricted Procedure, is as follows:</p> <ul style="list-style-type: none"> • 7 November 2014 Closing date for PQQ submissions • 7 January 2015 Closing date for tender responses • 13 March 2015 Contract award confirmed • 1 June 2015 Contract comes into force.
Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>103. As reported at paragraph 95 above, only one Recognised Qualification review resulted in approval with a specific condition.</p> <p>104. All institutions with specific conditions are required to complete an action plan for agreement by the Education and Registration Standards Committee (ERSC) which outlines the actions that it plans to take to address the conditions, who will be responsible for delivery and what are the success indicators, i.e. what evidence will be presented to the ERSC to demonstrate that the condition has been met. The action plan in relation to this condition was agreed by the ERSC at its meeting on 25 June 2014 and a report on the fulfilment of the condition will be presented to the ERSC at its meeting on 12 March 2015.</p>

	<p>b) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>105. Please see paragraphs 96 and 97 and 102 above in relation to the quality assurance review and the quality assurance tender.</p> <p>c) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>106. Nothing further to add.</p>
Fifth standard	Information on approved programmes and the approval process is publicly available.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>107. No change since 2013/14.</p> <p>b) Has the GOsC completed its consideration with OEIs in relation to the publication of all Education and Standards Committee papers? If so, what was the outcome of this consideration (paragraph 131 of the GOsC's evidence submission 2013/14)?</p> <p>108. Discussions with the osteopathic educational institutions about the full range of information that should be made public have not yet concluded.</p> <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>109. See paragraph 108 above. We hope to conclude this work in 2015.</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>110. Nothing further to add.</p>

Registration

First standard	Only those who meet the regulator's requirements are registered
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>111. The major change in this area has been in relation to our registration assessment processes. This year we undertook appraisals for the first time which were facilitated by the Chair of the Registration and Education Standards Committee. It was clear from the appraisals that the original pool of registration assessors and appraisers were passionate about the role that they did and the importance of it. They also shared helpful feedback about how the registration processes worked. Some but not all had sought feedback from their colleagues and from GOsC about their performance to inform their own reflections and CPD plans. In part, this was because of the timing of the appraisals and the development of the appraisal documentation.</p> <p>112. It is of note that this appraisal process is not meant to be a 'performance review', more, it is designed to support the assessor to reflect about their own performance informed by feedback that they have sought from the GOsC and from their colleague assessors, and to explore appropriate CPD. The reflection process and feedback from others is important to support continuing enhancement of performance.</p> <p>113. In addition we have now introduced moderation meetings for all stages of the registration assessment process. In the assessment of clinical performance, the role of the moderator is more developed. However, this is a new role for the assessment of qualification and further evidence of practice assessments. This role is facilitated by the executive team to support a discussion between the assessors to explore and share the evidence for their initial views and to build consensus, where appropriate, into a final decision and report.</p> <p>b) What was the outcome of the registrant survey which closed in April 2014? What use has the GOsC made of the survey findings (paragraph 14.29 of the Performance Review report 2013/14)?</p> <p>114. The response to the survey was limited but provided some useful findings, including:</p> <ul style="list-style-type: none"> • The graduate information booklet was rated as being quite useful/very useful by 80% of respondents. • A majority of applicants telephoned the office if they had a query. • 92% of respondents found the registration forms easy to complete and would know who to contact if they found a

	<p>problem.</p> <ul style="list-style-type: none"> • 100% of respondents (a) received their registration pack within two weeks of being registered and (b) found the contents of use. <p>115. We will be repeating the survey again for those new entrants who joined in 2014. The survey will open in November 2014 and close in January 2015. We are keen to enhance further our communication with new graduates and we have developed a number of student FAQs will soon feature on the students section of the o zone. We may also use these FAQs to send the 2015 graduates an e-bulletin in the New Year.</p> <p>116. We are also using the findings from the survey along with feedback routinely collected directly after every presentation (as well as discussions with osteopathic educational institutions) to inform a review of the information provided to students in our pre-registration presentations.</p> <p>c) What action has been taken in response to the 'The Health Care and Associated Professions (Indemnity Arrangements) Order' coming into force?</p> <p>117. There is an existing statutory requirement for our registrants to hold insurance. However, we took the opportunity to explore the principles underpinning new professional indemnity requirements in a consultation that was conducted from November 2013 to January 2014. We received 47 responses from registrants, insurers, the PSA and patients. As this was a technical consultation we were very pleased with the response rate.</p> <p>118. We regularly hold meetings with the insurance providers and at the summer meeting we specifically discussed the introduction of new PII Rules.</p> <p>119. Following discussion of the consultation findings by the Osteopathic Practice Committee and Council, in conjunction with the Department of Health (England) we have drafted new rules that are currently subject to consultation²¹ (closing late 2014). We plan to have the new rules in place from 1 May 2015.</p> <p>120. We are also looking to enhance the FAQs on the o zone so that further information around professional indemnity insurance is available to existing registrants.</p>
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²¹ <http://www.osteopathy.org.uk/about/our-work/consultations-events/Professional-Indemnity-Insurance-Rules/>

	<p>d) How does the GOsC's Council assure itself that the registrations process managed by the executive is effective in ensuring only those that met the requirements are registered (e.g. is there an internal quality assurance process, the outcome of which is reported to the Council)? (Only respond to this, if the answer has changed since 2013/14)</p> <p>121. Council continues to receive the bi-annual report which sets out the performance of the registration team in processing registration applications. Registration data has been collected and reported to Council over a two year period. In 2014, the information in these reports was consolidated into one document so that Council could take assurance as to the overall health of the Register and whether there was any trend data. Some specific sections were sub-analysed to give Council some more in-depth information, such as the age range/gender breakdown of those individuals who were removed from the Register.</p> <p>122. All future registration reports will provide performance data about the health of the Register in the reporting period as well as considering whether that data identifies any forward looking trends.</p> <p>e) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>123. We have introduced a new form so that leavers from the Register are required to provide a reason for their decision. We hope that obtaining a better understanding as to why a registrant chooses to leave the Register will help us identify any underlying issues within the profession as well as target potential enforcement action in relation to illegal practice.</p> <p>f) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>124. Nothing further to add.</p>
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Second standard	The registration process, including the management of appeals, is fair, based on the regulators' standards, efficient, transparent, secure, and continuously improving
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>125. Council approved the revised appeal guidelines and procedures and terms of reference for the Registration Appeals Committee in May 2014²².</p> <p>126. We have concluded the outstanding registration appeal reported in previous Performance Reviews; the appeal was rejected.</p> <p>b) What progress has been made on implementing the changes to the renewal of registration tool for registrants and have these changes achieved the aim of increasing the number of registrants using the tool (paragraph 145 of the GOsC's evidence submission 2013/14)?</p> <p>127. This has been part of a long-term project aimed at completely overhauling the GOsC's websites, online register and online tools (renewal of registration and CPD submission).</p> <p>128. This project is currently in its final test phase including testing of the improved renewal of registration tool. It is more attractively designed and so far, in testing, has proved much easier to use. The re-platformed websites should be going live in early December and we will then be able to start to further promote online registration as well as commence gathering data and feedback from registrants on use of the tool.</p> <p>c) What have been the outcomes of any audits undertaken in relation to the registration process or registration decisions? How have the findings of any audits been used?</p> <p>129. Our internal audit programme in 2013-14 has not included the registration process, although the registration team routinely carries out data quality reviews. However, we have two planned audits in relation to our registration processes. The first, relating to international routes to registration is due to be completed for presentation to the Audit Committee at its meeting in July 2015, the second, in relation to the return to practice process is due to be conducted in 2015-16.</p>

²² http://www.osteopathy.org.uk/uploads/public_item_8_registration_appeal_procedure_final.pdf

d) How does the GOsC's Council assure itself that the registrations process is managed efficiently and effectively by the executive and that it continuously improves (e.g. does the Council receive reports on the time taken to process registration applications?) (Only respond to this, if the answer has changed since 2013/14)

130. No change since 2013/14

e) How many data breaches have there been in 2014/15 so far? Can the GOsC provide information on the type of breach it suffered and the significance of the breach (i.e. was it reported to the ICO and if so, what was the outcome)? Can it also detail what action it has taken to reduce the risk of the breach recurring?

131. Please see paragraphs 241-247 below.

f) What plans are in place, if any, to improve the GOsC's performance in this area?

132. Alongside enhancements to our existing processes, we also have a large scoping exercise to undertake in relation to the review of our whole registration assessment. This is timely, as the new EU Directive 2013/55/EU was adopted at the end of 2013 and is currently being transposed into UK law. We will need to fully understand and scope the impact of the revised directive and the way that it is transposed into UK legislation, and develop a project plan for the review, working in partnership with all our stakeholders.

133. Our Head of Regulation, Head of Registration, Communications Manager and Professional Standards Manager are working together to analyse the implications of the Directive and to participate in discussions about its transposition to UK legislation and the implications for our own registration processes. These will include, for example, potential for initial parts of the registration process to take place with home regulators in certain circumstances, the opportunity for common principles and training to be developed, strengthened alert requirements, changes to requirements for temporary registration. All these matters need to be fully explored to understand the impact in our own context – particularly where there are limited numbers of competent authorities in some countries in Europe. In order to participate in wider discussions about transposition, we are currently involved in meetings hosted by the Department of Health, the Alliance of UK Regulators in Europe and the UK Inter-professional Group.

134. It is expected that the legislation transposing the Directive will be prepared during 2014 and it is anticipated that this should be laid before the end of the transposition period in early 2016. We therefore anticipate that our registration

	<p>processes should be reviewed during 2015.</p> <p>g) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>135. Nothing further to add.</p>
Third standard	Through the regulators' registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>136. No change since 2013/14.</p> <p>b) How long did the technical problems which affected the accuracy of the register (in terms of date of registration for osteopaths) on 29 April 2014 last? Did the issue raise any wider concerns about the accuracy of the register?</p> <p>137. The technical problems referred to do not affect the accuracy of the Register held by the GOsC. The problem that has arisen is that, in some circumstances, the date of initial registration does not display accurately following an online search. As soon as we became aware of this problem we immediately added text to the website to bring it to the attention of the website users and also to inform them that there was a telephone number that they could call if they required this information.</p> <p>138. Checks were made to ensure that other aspects of the Register data were affected and no other issues were identified. However, we took a pragmatic decision that, because of the instabilities that had arisen in the content management system and related software, which led to the decision to move to a new web platform, there was a greater risk to the integrity of the register posed by correcting the fault than there was in leaving it until the re-platforming had taken place.</p> <p>139. This problem will be resolved as soon as the new websites and online register go live, which is planned to take place in December 2014.</p>

	<p>c) What were the outcomes of the user surveys in relation to the usability of the register and the re-platformed website? (paragraphs 158-159 of the GOsC's evidence submission 2013/14)</p> <p>140. This survey is due to take place once the web re-platforming has been completed. We are planning to test and survey the usability of the Register in March 2015 and introduce a more general survey about the re-platformed website in February/March 2015.</p> <p>d) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>141. See paragraph 140 above.</p> <p>e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>142. Nothing further to add.</p>
Fourth standard	Employers are aware of the importance of checking a health professional's or social worker's registration. Patients, service users, and members of the public can find and check a health professional's or social worker's registration
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>143. To increase public/patient awareness that osteopaths are regulated health professionals and reinforce public confidence in the individual practitioner, in February this year we launched a series of new GOsC resources to support osteopaths in promoting their GOsC registration. This was also in response to feedback from patients/public who told us that they were reassured by the display of practitioner's registration/professional status.</p> <p>144. The new resources included:</p> <ul style="list-style-type: none"> a. An information guide for osteopaths: <i>'Promoting your status as a registered health professional: a guide for osteopaths</i> – setting out new and existing resources available; sent out to all osteopaths. b. A personalised 'I'm registered' Mark for individual osteopaths, including their unique GOsC registration number.

	<p>c. A 'We're registered' Mark for group osteopathic practices.</p> <p>d. New public information posters, promoting osteopaths' status as registered health professionals and highlighting the benefits for patients.</p> <p>145. Both Registration Marks are available to registrants on request via the GOSc registrant website, the o zone, subject to terms of use, and are provided in both English and Welsh.</p> <p>146. The 'Promoting Registration' campaign has been heavily and regularly promoted in the registrant media, and in GOSc face-to-face meetings with existing registrants and undergraduates.</p> <p>b) What is the GOSc's view on whether its campaign to encourage and equip osteopaths to actively promote public awareness (including among employers and service commissioners) of the professional status of osteopaths as regulated has been successful (paragraph 165 of the GOSc's evidence submission 2013/14)?</p> <p>147. As of 11 November, 853 osteopaths have been sent their new Registration Marks and ordered information posters. This is approximately 18% of the profession.</p> <p>148. We have received largely positive feedback from the profession and others on this initiative.</p> <p>c) What feedback has the GOSc received from employers about the accessibility of the register and their awareness of the importance of checking a health professional's registration? What action has been taken as a result of this?</p> <p>149. No change since 2013/14 (see paragraphs 164 and 166 of last year's submission).</p> <p>d) What plans are in place, if any, to improve the GOSc's performance in this area?</p> <p>150. We will be undertaking a national public survey in late 2014, conducted independently for the GOSc by YouGov, which will explore the understanding and attitudes of both osteopathic patients and the general public towards osteopathic practice and its regulation. The survey is designed to build on feedback gathered via a series of public focus groups conducted across the UK in 2014 (see paragraphs 59-61). This quantitative and qualitative data/information will help to inform GOSc public information and guidance to registrants.</p>
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	<p>e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>151. Nothing further to add.</p>
Fifth standard	Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner.
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>152. We have continued regular monitoring of breach of title and issued cease and desist notices as required. We have successfully prosecuted two individuals in the past year in the cases of Lesley Bailey (fined £7,500 plus £2,500 costs) and David Thunder (fined £500 plus £1,900 costs). In both cases we issued press releases on the GOsC website and direct to local media to raise awareness of prosecution/protection of title.</p> <p>153. An article in <i>the osteopath</i> magazine (June-July 2014: 'Protecting patients, protecting you'), promoted the importance of reporting illegal practice (and encouraging also feedback on the draft GOsC Enforcement Policy).</p> <p>154. The GOsC 'Promoting Registration' campaign reinforced messages around protection of title and importance checking osteopaths' registration.</p> <p>b) What progress has been made on the introduction of a formal enforcement and prosecution policy? (paragraph 171 of the GOsC's evidence submission 2013/14)?</p> <p>155. Consultation on draft policy concluded on 1 September 2014. The consultation response and final policy was agreed by Council on 6 November 2014²³.</p> <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>156. We will be operationalising the new enforcement policy once it has been approved by Council.</p>

²³ http://www.osteopathy.org.uk/uploads/public_item_8_protection_of_title_enforcement_policy_final.pdf

157. We are already taking a more proactive approach to identifying potential breach of title offences when osteopaths leave the Register. This process now takes place routinely within the registration team with checks that a former osteopath is no longer advertising on websites etc following their resignation or removal from the Register.

d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?

158. Nothing further to add.

Fitness to Practise

First standard	Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant																					
Regulator's evidence	a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?																					
	159. We have introduced a new policy in relation to whistle blowing in response to our new duties under the Public Interest Disclosure Act. The draft policy was published for consultation in June 2014 and the consultation response and final policy was agreed by Council on 6 November 2014 ²⁴ . We have set up a dedicated email address (whistleblowing@osteopathy.org.uk) which is already operational. We will be providing guidance on whistle blowing through our publications for osteopaths, osteopaths' duties where they are employers and also their broader duties in relation to raising concerns.																					
	b) Can the GOsC provide data about the different sources of fitness to practise concerns received/acted upon e.g. number/percentage received from employers, members of the public, registrants?																					
	160. Total number of formal complaints received 1/4/14 – 30/9/14 = 24																					
	<table><tr><th>Source</th><th>Number</th><th>Percentage</th></tr><tr><td>Patient</td><td>6</td><td>25%</td></tr><tr><td>Member of public</td><td>5</td><td>21%</td></tr><tr><td>Another osteopath</td><td>5</td><td>21%</td></tr><tr><td>Osteopath self-referral</td><td>5</td><td>21%</td></tr><tr><td>Registrar's allegation</td><td>3</td><td>12%</td></tr><tr><td>TOTAL</td><td>24</td><td>100%</td></tr></table>	Source	Number	Percentage	Patient	6	25%	Member of public	5	21%	Another osteopath	5	21%	Osteopath self-referral	5	21%	Registrar's allegation	3	12%	TOTAL	24	100%
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TOTAL	24	100%																				
	h) What plans are in place, if any, to improve the GOsC's performance in this area?																					
	161. We have brought to a close our previous patient and registrant research on fitness to practise and our proposed new																					

²⁴ http://www.osteopathy.org.uk/uploads/public_item_9_whistle_blowing_policy_november_final.pdf

	<p>approach to gathering information about complainants and registrants involved in the fitness to practise process was considered by the Osteopathic Practise Committee at its meeting on 2 October 2014²⁵. We intend to take this work forward in the course of 2015 and are keen to identify any potential barriers to making complaint and more information on the drivers for making a complaint.</p> <p>162. The data we are collecting from the use of the common classification system (see paragraphs 63 to 66 above) will also help inform our understanding of the type of concerns that do not always get referred to the regulator.</p> <p>i) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>163. Nothing further to add.</p>
Second standard	Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within the relevant legal frameworks
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>164. The new Notification of Outcomes Policy (approved in October 2013) has now been in operation for a year and appears to be operating successfully.</p> <p>165. As part of our Francis report Action Plan we have identified that nearly 100 of our registrants (just under 2%) of the total hold dual registration with one of five other regulators (GCC, GOC, GMC, HCPC, NMC). We have written to these regulators enquiring as to whether they hold equivalent information about dual registration and to seek their views on information sharing with regard to fitness to practise matters. We now expect this issue to be considered more broadly in the Chief Executive's Steering Group.</p> <p>166. Checking whether an osteopath is dual registered and seeking information from other regulators where appropriate will be incorporated into our investigation process and case review check list from 1 January 2015.</p> <p>167. We have agreed a Memorandum of Understanding with the Disclosure and Barring Service.</p>

²⁵ http://www.osteopathy.org.uk/uploads/item_4_complainant_data_final.pdf

b) Can the GOsC provide data about the number of cases where it has shared data in 2014/15 with employers and other (system and professional) regulatory bodies?

Employers

168. Once a complaint has been referred to the Investigating Committee (IC), the registrant is asked to provide details of any employers or persons with whom they have a contract to provide osteopathic services, as well any other healthcare regulator they are registered with. In the majority of cases, osteopaths are self-employed.
169. Between 1 April and 30 September 2014, 23 cases were referred to the IC. In 22 of the cases, the osteopaths advised that they were self-employed. No data was therefore needed to be shared with employers. One osteopath was employed full-time by a teaching body. The IC found there was no case to answer in that case and, therefore, no need to advise the osteopath's employer arose.

Other system and professional regulatory bodies

170. Between 1 April and 30 September 2014, we shared data with employers and other (system and professional) regulatory bodies in 12 cases. The data shared related to final sanctions imposed by the Professional Conduct Committee (PCC)/Health Committee (HC) or notification of an interim suspension order by the IC, or by PCC/HC as follows:
- 4 Interim Suspension orders
 - 2 Suspensions
 - 2 Conditions of Practice Orders
 - 2 Admonishments
 - 1 Revocation of a Condition of Practice Order
 - 1 Erasure of a registrant
171. This information was shared with the following organisations: all insurers of osteopaths the UK; regulators of osteopaths outside of the UK; and osteopathic educational institutions. All of the osteopaths involved in the above matters were self-employed.

	<p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>172. In the light of discussions with other regulators (see paragraph 165 above) we will consider whether it necessary to amend our 'notification of outcomes' policy to incorporate notification to other regulatory bodies.</p> <p>173. Although osteopathic practices are not required to be registered with the CQC or their equivalents in Northern Ireland, Scotland and Wales, we have written to the four UK system regulators seeking to develop more formal operational links with them, so that there are effective channels for communication should these be required. We have asked them if they would be willing to identify a named individual with whom we could establish such a link going forward.</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>174. Nothing further to add.</p>
Third standard	Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate, direct the person to another relevant organisation
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>175. We have developed new draft <i>Guidance on Threshold Criteria for Unacceptable Professional Conduct</i>. The context for this work was the view expressed in the case of <i>Spencer v. General Osteopathic Council [2012] EWHC 3147 (Admin)</i> that the threshold for whether or not a complaint or allegation is capable of amounting to Unacceptable Professional Conduct was 'Is the allegation worthy of the moral opprobrium and the publicity which flow from a finding of unacceptable professional conduct?'</p> <p>176. Development of the policy included:</p> <ul style="list-style-type: none"> a. Meetings with relevant external stakeholders b. Discussions with the fitness to practise users group c. A workshop with IC and PCC members d. Consideration by the Osteopathic Practice Committee and Council

177. The purpose of the new document is to provide guidance to complainants and registrants, and to the Screeners and the IC, about the sorts of matters that we will investigate under our fitness to practise processes. These fitness to practise processes are designed to protect the public and are not intended to serve as a general complaints resolution process, nor are they designed to resolve disputes between registrants and patients, or between registrants.
178. Investigating allegations properly is a resource-intensive process and the public interest requires that such resources should be used effectively to protect the public and should not be diverted towards investigating matters which do not raise cause for concern. We consider that this approach is both a proportionate response to the volume of complaints it receives, and is consistent with the principle of 'right touch regulation' promoted by the Professional Standards Authority.
179. The draft is currently subject to an extensive 12-week consultation²⁶ with all key stakeholders including registrants, osteopathic representative organisations, osteopathic educational institutions, other regulators, patient representative organisations, our Patient Partnership Group, legal representatives and professional indemnity insurers. The consultation includes a dedicated externally-facilitated patient focus group in December 2014.
180. Advice on the Guidance has also been sought from leading Counsel.
181. We have introduced *Standard Legal Advice as to the role of the Investigating Committee in UPC cases*²⁷ and we now include executive recommendations to the IC on the real prospect test. We believe that these two changes will improve the quality of IC decision making.
- b) What account has been taken of the findings of the individual audit reports published in 2013 and 2014 (including those which were not about your own regulator)?**
182. Findings of all individual audit reports published by PSA in 2013 and 2014 have been carefully considered. For example, we noted the concerns about understanding of the realistic prospect test and suggestions for drafting workshops in the September 2013 HCPC report.
183. In January 2014, we implemented standard legal advice for the IC which includes a section on the realistic prospect test. We arranged a session on evidence, decision making and giving reasons for the IC at its training day in May 2014 and we have arranged a joint drafting seminar for fitness to practise staff from GOsC, GOC and GPhC for November 2014.

²⁶ <http://www.osteopathy.org.uk/about/our-work/consultations-events/Draft-guidance-on-threshold-criteria/>

²⁷ http://www.osteopathy.org.uk/uploads/standard_legal_advice_for_ic_in_upc.pdf

	<p>184. We noted the PSA's reference to use of checklists as examples of good practice in the HCPC and GMC reports (September 2013 and December 2013). This has informed the development of our case review checklist to be introduced in January 2015.</p> <p>185. The key findings of the 2014 GOsC audit were:</p> <ul style="list-style-type: none"> the audit did not identify any decision to close cases at the initial stages of the fitness to practise process that posed a risk to patient safety and/or the maintenance of public confidence in the profession and the regulatory process the PSA's overall conclusion was that the GOsC's initial stages fitness to practise process protects the public and maintains public confidence in the profession the PSA had identified good practice in relation to the handling of personal and sensitive information in fitness to practise cases. <p>186. However, the audit identified a number of areas for improvement in relation to customer service issues and keeping the parties informed, recording of case work decisions and compliance with key performance indicators. These recommendations and learning points will be carefully considered as part of on-going quality assurance work.</p> <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>187. Subject to consultation and to the agreement of Council we will introduce the threshold criteria (see above).</p> <p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>188. Nothing further to add.</p>
Fourth standard	All fitness to practise complaints are reviewed on receipt and serious cases are prioritised and where appropriate referred to an interim orders panel
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>189. No change since 2013/14.</p>

	<p>b) How many interim orders have lapsed without a formal review? How many times has the GOsC had to apply to the Court for an extension to an interim order? How many times has such an application been refused and how had the GOsC managed the risks relating to this decision?</p> <p>190. No interim orders have lapsed without a formal review. The maximum period for an Interim Suspension Order at IC stage is two months. No applications have been made to the Court to extend interim orders.</p> <p>c) What account has been taken of the findings of individual audit reports published in 2013 and 2014 (including those which were not about your own regulator)?</p> <p>191. See paragraphs 182 to 186 above.</p> <p>d) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>192. The PSA noted the operation of our new formal risk assessment process as part of the initial stages audit in May 2014. At paragraph 2.11 of the audit report, the PSA made helpful comments on how the GOsC could improve the recording of reasons on whether or not to apply for an interim order, by referring to the statutory test. Staff have been reminded of this, and recording of reasons has been incorporated into the new case review checklist due to be introduced in January 2015.</p> <p>e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>193. In January 2015, the GOsC will introduce a case review checklist to standardise the format of case reviews. The checklist includes on-going risk assessment as an issue which must be addressed at each case review.</p>
Fifth standard	The fitness to practise process is transparent, fair, proportionate and focused on public protection
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>194. We have continued with a significant process of reform and improvement of our fitness to practise processes. This has</p>

included:

- a. Consulting, agreeing and implementing a new PCC Practice Note on Undertakings.²⁸
- b. Consulting, agreeing and implementing a new PCC Practice Note on Evidence (including special measures for vulnerable witnesses).²⁹
- c. Concluding the recruitment, training and induction of a pool of new medical assessors, including introducing new report templates and guidance.
- d. Initiating a recruitment campaign for a pool of new legal assessors (due to be appointed in February 2015) with external input from another regulator.

b) What progress has been made on implementing the GOsC's new quality assurance framework? What have been the outcomes of any quality assurance activities undertaken and how has the GOsC used the learning from such activities in its work? (paragraph 208 of the GOsC's evidence submission 2013/14)

195. A quarterly peer review of fitness to practise cases is now undertaken. The peer review has been undertaken by Professional Standards Department staff or by colleagues from other regulators.

196. In broad terms, the reviewer looks for evidence as follows:

- there is continuous activity on each case
- the parties were kept updated
- compliance with key performance indicators was being met
- risk is continually being assessed
- case management documentation was present on file and completed
- relevant policies, such as the Notification of Fitness to Practise Investigations and Outcomes are being complied with.

Headline findings from the review are presented to Council as part of quarterly fitness to practise report. Review findings are reviewed by the Regulation Department at team meetings, and have informed the development of the new case review checklist.

²⁸ http://www.osteopathy.org.uk/uploads/practice_note-undertakings_at_iso_hearings.pdf

²⁹ http://www.osteopathy.org.uk/uploads/practice_note_evidence.pdf

c) The GOsC said that it intended to explore, within the constraints of its legislation, the potential for the development of threshold criteria and more detailed guidance for screeners? What has been the outcome of this consideration (paragraph 207 of the GOsC's evidence submission 2013/14)?

197. See paragraphs 175 to 180 above.

d) What account has been taken of the findings of individual audit reports published in 2013 and 2014 (including those which were not about your own regulator)?

198. See paragraphs 182 to 186 above.

e) What reporting arrangements are in place to ensure that the GOsC's Council is assured that the executive is managing a fitness to practise process which is efficient and effective (e.g. does the Council receive reports on the time taken to process registration applications?) (Only respond to this, if the answer has changed since 2013/14)

199. In addition to the quarterly reports to Council on fitness to practise (see previous evidence submissions), in January 2014 we introduced a quarterly 'dashboard' report³⁰ for Council setting out key figures in relation to fitness to practise and other regulatory processes. The dashboard uses indicators of effectiveness, efficiency and economy, and includes comparisons for previous quarters and the same quarter the previous year, in order to allow Council to identify trends and to assess the organisation's performance over time, rather than merely since the last Council meeting.

200. The data is accompanied by a detailed narrative FTP quarterly report which highlights key issues and issues arising from the Data.

f) What plans are in place, if any, to improve the GOsC's performance in this area?

201. In April 2014, we began a new process of sending equality monitoring questionnaires to registrants when formally notifying them of fitness to practise complaints. The intention is that decisions (including referrals, findings by PCC and sanctions imposed) will be tracked over time against equality characteristics. Given the relatively low number of cases we receive, time will be needed before any trends can be identified from the data.

³⁰ http://www.osteopathy.org.uk/uploads/public_item_6ai_annex_a_dashboard_november_final.pdf

	<p>g) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>202. In November 2014, the GOsC convened a joint training session with fitness to practise staff from the GOC and the GPhC on drafting charges. The training was delivered by barristers with expertise in healthcare regulatory law.</p>
Sixth standard	<p>Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to patients or service users. Where necessary the regulator protects the public by means of interim orders</p>
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>203. As part of our Francis Report Action Plan we have reduced our target for the time taken from the initial receipt of a complaint to the final fitness to practise determination from a median time of 14 months to a median time of 12 months.</p> <p>b) Does the GOsC have concerns about the overall timeframe for the investigation stage of the fitness to practise process (from receipt of complaint to final Investigating Committee decision)? If it does, please could the GOsC provide its analysis of the reasons for these concerns e.g. the adjournment rate, over listing of cases at Committee meetings or case preparation?</p> <p>204. No, while the targets we set are challenging they have been met in Q1 and Q2 of 2014-15.</p> <p>c) Does the GOsC have concerns about the overall timeframe for the adjudication stage of the process (from final Investigating Committee decision to final fitness to practise hearing decision)? If it does, please could it provide its analysis of the reasons for these concerns e.g. the adjournment rate, historic backlog of cases, insufficient time listed for hearings or registrant actions?</p> <p>205. No, while the targets we set are challenging they have been met in Q1 and Q2 of 2014-15.</p>

	<p>d) What account has been taken of the findings of individual audit reports published in 2013 and 2014 (including those which were not about your own regulator)?</p> <p>206. The importance of ensuring that cases are continually progressed is emphasised by the PSA in all the reports published in 2013 and 2014. Case progression is monitored as part of the GOsC quality assurance peer review process and case management reviews.</p> <p>e) What reporting arrangements are in place to ensure that the GOsC's Council understands the time it is taking to progress fitness to practise cases and the impact any delays are having on the regulator's performance? (e.g. does the Council receive reports on the time taken for cases to progress through the fitness to practise process?) (Only respond to this, if the answer has changed since 2013/14)</p> <p>207. See paragraph 199 above.</p> <p>f) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>208. In 2015, we will be working with our FTP Users Forum to seek to agree improved case management procedures including the use of a listing questionnaire.</p> <p>g) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>209. Nothing further to add.</p>
Seventh standard	All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>210. See paragraphs 211 and 212 below.</p>

	<p>b) What progress has been made on the introduction of a standard that the GOsC will contact complainants and witnesses in every case each month to ensure that they are updated on the progress of their case and that registrants will be notified of the date on which the complaint against them will be considered by the Investigating Committee? How has the GOsC performed against this Standard? (paragraph 217 of the GOsC's evidence submission 2013/14)?</p> <p>211. Registrants are now routinely notified of date of Investigating Committee meetings.</p> <p>212. Contact with witnesses and complaints is monitored as part of quarterly peer reviews and case reviews.</p> <p>c) What account has been taken of the findings of individual audit reports published in 2013 and 2014 (including those which were not about your own regulator)?</p> <p>213. See paragraphs 182 to 186 above.</p> <p>d) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>214. We have commissioned advice from leading Council on our obligations in relation to disclosure, and from January 2015, will ensure that a disclosure log is part of the standard documentation on fitness to practise case files.</p> <p>e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>215. In October 2014, the Osteopathic Practice Committee considered draft proposals for obtaining better feedback from, and data on, complainants. The GOsC will work up these proposals in the latter part of 2015. The intention is to enable the collection of a data set that will support future research into why people complain, how they can be better supported, and how osteopaths may avoid complaints being made against them.</p>
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Eighth standard	All fitness to practise decisions made at the initial and final stages of the process are well reasoned, consistent, protect the public and maintain confidence in the profession
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>216. In December 2013, we commissioned an external audit of Investigating Committee decisions from Bevan Brittan LLP. The audit made a number of recommendations. The audit report and recommendations were considered by the IC Chair and members in January, and again by the full Committee at its training day in May 2014. All recommendations from the audit have now been fully implemented. Investigating Committee reasons now routinely refer to legal advice, the relevant standards and provide fuller reasons. A follow up audit has been commissioned for December 2014.</p> <p>217. In addition, standard legal advice for the Investigating Committee has now been implemented and executive recommendations on the real prospect test have now been introduced.</p> <p>218. The PSA initial stages audit in 2014 concluded that initial stages of our fitness to practise process protects the public and maintains public confidence in the profession.</p> <p>219. The PSA identified some weaknesses in customer care and case progression. The report has been considered by the Council³¹ and the helpful learning from the report has been considered in detail by the regulation team and will be addressed through ongoing quality assurance framework and monitored by the Audit Committee.</p> <p>b) We understand that the GOsC can only close fitness to practise cases at the Investigating Committee and Final Fitness to Practise hearing stage of the process. If this is not the case, please explain how else the GOsC and at what stage the GOsC can close cases and how many have been closed by these means (i.e. voluntary removal/erasure/ by consensual means/by allowing the registrant to lapse/by rescission or cancellation of the case). Please also inform us if these cases have been included in the dataset figures provided for this year's performance review.</p> <p>220. We are able to dispose of cases without a hearing under Rule 8 of the PCC procedure Rules. This is only if (a) the registrant admits the facts and the allegation, (b) the registrant agrees to waive their right to a hearing and (c) the case</p>

³¹ http://www.osteopathy.org.uk/uploads/public_item_6_fitness_to_practise_report_november_final.pdf

meets the published suitability criteria (see paragraph 203 of the 2013/14 evidence submission).

221. Rule 8 has been used on one occasion since its reintroduction and the case has been included in the dataset

c) What have been the outcomes of the GOsC's peer review arrangement with the GOC? What benefits has the GOsC seen as a result of the arrangement (paragraph 14.35-14.39 of the Performance Review report 2013/14)?

222. The outcome of the last peer review was considered in the 2013/14 Performance Review report. The next peer review is due to take place in December 2014.

d) What account has been taken of the Authority's learning points concerning investigations and case preparation as well as related to panel decision-making?

223. All PSA learning points are fed back to individual panellists. PSA learning points are included on the annual training day agenda for all Committee members and Chairs.

224. All PSA learning points are considered by the Head of Regulation and any relevant issues discussed at team meetings.

e) What reporting arrangements are in place to ensure that the GOsC's Council is assured that the fitness to practise panels are making well reasoned, consistent decisions that protect the public and maintain confidence in the profession? (i.e. does the Council receive reports on the outcomes of any internal quality assurance of decisions made by the panels?) (Only respond to this, if the answer has changed since 2013/14)

225. See paragraph 199 above.

f) What plans are in place, if any, to improve the GOsC's performance in this area?

226. We are currently recruiting a new pool of legal assessors. The PCC training day in November will include sessions on evidence, questioning techniques and note taking by committee members. We plan to hold a session on drafting determinations for all Committee Chairs in 2015.

	<p>g) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>227. We have some growing concern about the willingness of the police to cooperate with us in relation to fitness to practise matters. We plan to discuss this concern with other regulators to see if they are encountering similar problems and whether these might be addressed jointly.</p>
Ninth standard	All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>228. See paragraph 229 below.</p> <p>b) What key performance indicators are in place around communicating decisions to complainants, registrants and employers? How has the GOsc performed against these indicators in 2014/15?</p> <p>229. As part of our Quality Assurance Framework, we have established the following KPIs:</p> <ul style="list-style-type: none"> a. notify parties of IC decision within 10 working days b. notify parties of PCC/HC decision within two working days <p>Performance against these KPIs for audited cases was as follows:</p> <ul style="list-style-type: none"> a. IC – 70% (Q1), 100% (Q2) b. PCC/HC – 100% (Q1), 100% (Q2) <p>c) What plans are in place, if any, to improve the GOsC's performance in this area?</p> <p>230. Progress will continue to be monitored as part of peer review and case reviews.</p>

	<p>d) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?</p> <p>231. During the year we received a freedom of information request for transcripts of a PCC hearing in which disclosure had the potential to identify anonymous patients through jigsaw identification, i.e. although the patients were not named other information which was revealed during the course of the hearing could have led to their identification.</p> <p>232. We were pleased that following an appeal the Information Commissioner upheld our decision to redact the transcripts to prevent the individuals being identified.</p>
Tenth standard	Information about fitness to practise cases is securely retained
Regulator's evidence	<p>a) What, if anything, has changed in the GOsC's performance against this standard since its last evidence submission?</p> <p>233. We have completed the introduction of a new, comprehensive Information Governance Framework. The Framework was approved by the Audit Committee in June 2014.</p> <p>234. Prior to its introduction, the Framework was informally peer reviewed by staff at the GMC who described it as "very comprehensive and well structured".</p> <p>235. The Information Asset Register and the Information Asset Risk Register are now operational. The Risk Register and data breach log are periodically reviewed by the Audit Committee.</p> <p>236. Training was provided for all staff by Field Fisher Waterhouse LLP on Data Protection and Freedom of Information Law on 6 August 2014.</p> <p>237. A session on information governance was included in training days for the Professional Conduct Committee in November 2014 and the Investigating Committee in May 2014.</p> <p>238. All data incidents – regardless of severity – are logged centrally and reviewed periodically by the Senior Management Team.</p>

239. Periodic emails are sent to all staff with tips to avoid potential data breaches and reminders issued at every staff meeting that 'every day is information governance day'.
240. We now have signed contracts in place with all external legal suppliers. These contracts make specific provision for information governance matters and address the issues identified in the HCPC undertaking to the ICO.
- b) How many data breaches have there been in 2014/15 so far? Can the GOsC provide information on the type of breach it suffered and the significance of the breach (i.e. was it reported to the ICO and if so, what was the outcome)? Can it also detail what action it has taken to reduce the risk of the breach recurring?**
241. Our approach to information governance is that all incidents are recorded as 'minor', 'major' or 'critical'. Events that are considered to be 'minor' are those where the nature of the incident poses a low risk to GOsC information, for example where an email not containing any sensitive information has been sent to the wrong person. There have been eight minor incidents recorded since 1 April 2014 (n.b. these are across the whole organisation rather than solely related to fitness to practise).
242. One incident has occurred that was categorised as 'major'. In this case an un-redacted complaint form was sent to registrant which contained the complainant's details as follows:
- an address related to the complainant
 - the complainant's email address
 - the complainant's work and mobile telephone numbers.
243. The incident arose because, while the hard copy of complaint form was redacted, when the registrant subsequently asked for an electronic copy an unredacted electronic version of the document was sent out.
244. The complainant has been sent a formal letter of apology and confirmation was obtained from the registrant that the information had been deleted.
245. The breach was highlighted in subsequent staff training and separate electronic folders to store redacted and un-redacted information were introduced.

246. The Chief Executive considered a full report into the breach and assessed it according to the HSCIC guidance with a score of one and therefore it was not reported to the ICO.

247. No 'critical' incidents occurred.

c) What have been the benefits the GOsC has seen as result of its new information governance framework (paragraph 14.41 of the Performance Review report 2013/14)?

248. We believe that across the organisation there has been a considerable benefit from the introduction of the Information Governance Framework with a much higher level of staff awareness and compliance. Since the Framework and the formal logging of all incidents was introduced there has been a gradual decline in incidents of any sort. Of the nine incidents identified above six (including the 'major' incident) occurred in Q1 and the remaining three in Q2.

d) What plans are in place, if any, to improve the GOsC's performance in this area?

249. At the recommendation of the GMC we will consider, with the Audit Committee, what additional internal audit activity might take place in relation to our information governance activity.

250. We are exploring what additional online learning might be available that is suitable for members of our governance structure and other non-executives.

e) Is there anything further, relevant to the GOsC's role as a regulator, that it wishes to tell us about (this includes any good practice that it has or challenges that it is facing)?

251. We believe that our approach to information governance, including the very low threshold set for reportable incidents and the "Every day is Information Governance Day" awareness campaign are examples of good practice.

252. The PSA initial stages audit identified best practice by GOsC in the use of password protected documents and issuing individual passwords to complainant and registrant.