Evidence submission: General Osteopathic Council

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Performance Review
Evidence Template

Introduction

Please answer each of the questions below and then complete the evidence template.

Response to last year's performance review

- What consideration have you given to issues raised in the previous year's performance review report including the adoption of any good practice identified in that report?

1. Following discussion of the 2011/12 CHRE Performance Review by the Council, we produced a grid which set out all the identifiable best practice (and poor performance) across the regulators. There were a limited number of areas where we considered that we were not already actively pursuing programmes of work that matched these. New areas of work are now being incorporated into our Corporate Plan 2013-16[1] and will begin to be addressed in our annual business plans. These areas include:

    a. Research into effectiveness of regulation – see first standard, guidance and standards below.
    b. Development of guidance on pre-registration education – see first standard, education and training below.
    c. Student/stakeholder input to quality assurance (QA) visits – see draft GOsC Corporate Plan 2013-16.
    d. Pre-hearing case management – see draft GOsC Corporate Plan 2013-16.
    e. Quality assurance of ftp decisions – see fifth standard, fitness to practise below.
    f. Alternative dispute resolution – see draft GOsC Corporate Plan 2013-16.

- How have you addressed the areas for improvement identified in your individual performance review report?

2. No areas for improvement were specifically identified in last year's GOsC Performance Review report.

- Where has your performance improved since last year (in addition to the points raised above)?

3. We consider the programme of activity to roll-out the new *Osteopathic Practice Standards* to have been a very effective piece of work and a useful learning experience on how we might introduce new standards in future. The work in this area is outlined in some detail below.

[1] http://www.osteopathy.org.uk/uploads/draft_gosc_corporate_plan_2013-16%20pdf.pdf

4. Working closely with the QAA, Department of Health, Privy Council, and our own Education Committee and Council, we managed to streamline the approval process for Recognised Qualifications (RQs) and dramatically improve the time taken from review to approval. This has reduced RQ approval times down from as much as 11 months to as little as 4 weeks.

5. We have initiated a project looking at professional behaviours among osteopathic students. Working with Sue Roff of the University of Dundee, we have developed a tool to support students to learn professional behaviours including appropriate knowledge, skills, attitudes and values. The project, over time, will allow comparisons of professional understanding between students, institutions and professions. A poster presentation on this work was given at the 2012 Association for Medical Education in Europe conference.

6. We successfully completed our year-long revalidation pilot. A total of 264 pilot participants completed revalidation portfolios and returned them to the GOsC – one in eighteen of all UK registered osteopaths. Analysis of the pilot findings is taking place over the autumn/winter of 2012-13.

7. Our CPD Discussion Document generated 440 responses from a wide range of individuals and organisations. Considerable interest in our work in this area has been shown by other regulatory and professional bodies.

8. With the involvement of all our staff, we have introduced new customer service standards and a customer service statement which is now published on our website.[2]

9. In collaboration with the main osteopathic organisations – the British Osteopathic Association, the Council of Osteopathic Educational Institutions and the Osteopathic Alliance – we initiated a debate about the future development of the osteopathic profession and, in particular, how this development can be self-sustaining with less input from the regulator. Through this ongoing dialogue, we aim to drive up standards of safety, quality and professionalism within UK osteopathy, taking a right-touch approach to the role of the regulator in such matters.

10. We have sought to develop a low-cost, proportionate and right-touch approach to the appointment of Council members and other non-executives, creating a new Remuneration and Appointments Committee to support this work.

11. We completed a review of our governance structure which we hope will provide more coherence to our policy making with a new pre-registration Education and Registration Standards Committee and a post-registration Osteopathic Practice Committee. We have sought permission from the Department of Health to introduce a new Constitution Order which will reduce the size of Council from 14 to 10 members.[3]

12. We have established new funding and governance arrangements for the National Council for Osteopathic Research (NCOR), which has placed the organisation on a more stable footing for a three-year period, with a new Director implementing a new strategic plan for osteopathic research development. GOsC is now just one of four funders contributing approximately one quarter of the costs of NCOR.

[2] www.osteopathy.org.uk/about/our-work/Customer-service/
[3] http://www.osteopathy.org.uk/uploads/public_item_8_governance_review.pdf

13. We have continued to make major savings in our operating costs across all areas of our work. This allowed us to make a reduction in the main rate of registration fee from £750 to £675 in 2012, which will be followed by a similar reduction in 2013. Further savings are being identified for subsequent years.

14. Our survey of registrants[4] attracted a very high response (30% of the profession) and showed positive results relating to confidence in the regulator as well as its operational effectiveness. The results of this survey are informing a number of areas of our policy-making, operations and communications.

15. Over 800 registrants attended our programme of annual regional conferences around the UK, which focused on the new *Osteopathic Practice Standards*, understanding and communicating risk, as well as debating the future development of the osteopathic profession.

- What areas for concern have you identified in each of the four functions and how have these been addressed?

16. We identified minor weaknesses in relation to aspects of our registration process and improvements have been implemented. See first standard, registration, below.

17. The CHRE's initial stages audit identified minor weaknesses that are now being addressed. See third standard, fitness to practise, below.

- What areas of good practice have you identified in each of the four functions?

18. Details of our work in these areas can be found throughout the document but we consider the following areas to demonstrate innovative or good practice:

19. *Guidance and standards*

    a. Completion of the adverse events research projects and dissemination of the findings to the profession.
    b. Development of supporting materials for the *Osteopathic Practice Standards* and their dissemination, including the regional conference programme.
    c. The creation of the new Patient and Public Partnership Group and its use to support policy development.

20. *Education and training*

    a. Successful completion of the revalidation pilot.
    b. Wide-ranging and productive responses to the CPD Discussion document consultation.

[4] http://www.osteopathy.org.uk/about/our-work/consultations-events/Osteopaths-opinion-survey-2012/

21. *Registration*

    a. Review of the GOsC registration assessments against the requirements of the new *Osteopathic Practice Standards.*
    b. Completion of an internal audit of registration data to ensure the continued integrity of the online Register

22. *Fitness to practise*

    a. We continue to maintain high standards of timeliness across most CHRE measures of fitness to practise performance.

23. *Other*

    a. Effective engagement with registrants on regulatory development and compliance as shown by the results of our registrants' survey.
    b. Creation of an effective partnership with other organisations to support the development of the osteopathic profession.
    c. Development and implementation of a common classification system for recording complaints/claims against osteopaths, in collaboration with the professional association and all providers of professional indemnity insurance
    d. Cost-savings, customer service initiative and governance reforms.

Responding to change, learning and information

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

  – other areas of your work (such as fitness to practise, policy development or quality assurance of educational institutions)

24. Our Education Committee receives an annual report about our fitness to practise cases. This year, the report identified that the complaints in relation to record keeping are higher than expected (recognising that our number of cases is small). Our *Osteopathic Practice Standards* feature more detailed information about notes. The British Osteopathic Association has also provided more detailed guidance to its members this year about notes. Also, the National Council for Osteopathic Research has provided sample audits to support the quality of notes of osteopaths. These tools were available for osteopaths during the revalidation pilot. We will use this finding to develop further our consultation on continuing fitness to practise. We will also feed these findings into our work on guidance for pre-registration education which we have commenced this year.

25. In terms of the quality assurance of educational institutions, this year our focus has been on implementation of the *Osteopathic Practice Standards* and we have been active to promote awareness of the standards throughout the osteopathic educational institutions. Our revised quality assurance processes also contain more explicit mapping to the curriculum.

  – organisational complaints

26. We received one complaint under our corporate complaints procedure, which was from the partner of an individual successfully prosecuted under Section 32 of the Osteopaths Act who objected to our use of the words 'bogus practitioner' in a press release. The complaint was rejected.

27. This year we have developed and are implementing new customer service standards to ensure we deal with public and registrant contact and concerns quickly and efficiently, and to a consistently high standard, which can be measured and monitored. This has been underpinned by staff training. Work has involved all staff, at all levels across the organisation, to maximise staff commitment to good customer service. Service standards are published on the GOsC websites and will be kept under review.

- the outcomes of CHRE's/the Authority's work such as the cost efficiency and effectiveness review of health professional regulation project and the appointments to regulators' councils project

28. The review of cost efficiency and effectiveness was useful in contributing to our own internal review of costs which has led to a reduction in registration fees of approximately 20% over a two-year period. However, we felt that the report was limited in its analysis because there was little exploration of the underlying reasons for variations in costs between regulators and the impact of these in terms of effectiveness. We are very interested in exploring further the nature of efficient and effective regulation in context, and the value of different approaches in different circumstances. We intend to undertake work to help us to explore whether the active approach we take to regulation is appropriate for the osteopathic profession.

29. The guidance produced for appointments has been useful in developing our own policies for appointments, although due to the timings involved we needed to commence the appointment process prior to its final publication. We hope that it will be possible to fine tune the guidance in order that smaller regulators will be able to carry out appointments without incurring excessive external costs.

- feedback from stakeholders from the four UK countries

30. As we explain in the body of this report, we have obtained a great deal of feedback from registrants and others in a variety of ways. This has included: specific consultations, e.g. CPD; surveys, e.g. registrants' opinion survey; meetings, e.g. regional conferences and other events; and focus groups, e.g. Patient and Public Partnership Group.

31. The number of GOsC registrants (and hence patients) outside of England continues to be low and our engagement in these countries is limited. Nevertheless, in 2012-13 we have undertaken the following activities:

a. Organised a regional conference in Edinburgh attended by over half of Scotland's registrants.
b. Held a meeting with the Welsh Assembly Government to coincide with the recognition of the new osteopathy degree course at Swansea University.
c. The Chief Executive spoke at a Northern Ireland Osteopathic Society meeting.
d. The Chair of Council spoke at the Scottish Osteopathic Society Annual Conference.
e. GOsC representatives attended the Scottish Government's annual regulatory event.

- public policy programme reports from the four UK countries

32. We are mindful of the forthcoming Francis report and the findings of our recent registrants' survey about the high number of osteopaths who may not take action if they had concerns about a colleague. We are considering how best we might respond to these issues while also ensuring that we are bringing the finding to discussions with stakeholders including the osteopathic educational institutions and the British Osteopathic Association,

33. We have already committed ourselves to the 'Speaking Up Charter' initiated by NHS Employers and we have also encouraged the British Osteopathic Association and the osteopathic educational institutions to become signatories to the Charter. We have initiated discussions with the Council of Osteopathic Educational Institutions about the importance of training students to give and receive feedback. This is an area which we are considering in seminar form with the osteopathic educational institutions in November and as an issue to take forward in our proposals for demonstrating continuing fitness to practise and our proposed guidance on osteopathic pre-registration education. Separately we are also testing responses to this issue as part of the professionalism project that we are undertaking (see first standard, education and training, below).

- How have you addressed information, (other than formal fitness to practise complaints), which you may have received from other sources on possible failures in performance of organisations or individuals?

34. We have been dealing with a complex complaint from an individual registrant who has raised concerns in a number of ways about an osteopathic education institution and one or more individuals associated with that institution. The strands of this complaint have been dealt with through the QAA procedure for considering issues as part of a recognised qualification review, as well as through the fitness to practise procedures, and may also result in one or more complaints about members of the GOsC staff. We are endeavouring to handle all of these matters sensitively while also minimising the risks of conflicts of interest arising in their consideration. The Chair of Council has been kept informed of this matter, particularly as the complaints have the potential to involve senior staff.

- How have you responded to changes in regulation or forthcoming changes in regulation for example those imposed by the Health and Social Care Act 2012?

35. With the exception of those matters related to CHRE, the Health and Social Care Act 2012 has had little impact on the work of the GOsC. We have engaged with Monitor in relation to the new licensing process and how this might apply to osteopaths and also responded to the Department of Health consultation on the proposed exemption regime in relation to Monitor licensing.

36. In England we have worked with the British Osteopathic Association to support the development of clinical governance in osteopathy to enable osteopaths to demonstrate that they meet standards for the NHS (England) Any Qualified Provider scheme. We have also been working closely with colleagues in other regulators and Health Education England to ensure appropriate outcomes for both the NHS and independent sector education to ensure parity of expectations and appropriate standards.

37. We gave a detailed and considered response to the Law Commissions' review and subsequently met with the Law Commission to discuss our submission.

Liaison with other bodies

- How have you worked with service regulators, other regulatory bodies or other bodies with shared interests to:
  - ensure that relevant intelligence is shared (within legislative requirements) on individuals or organisations
  - ensure that cross regulatory learning is shared?

38. We regularly meet with colleagues across the health and social care continuum and more widely outside the health sector to continually enhance our policy development.

39. Through CHRE, we have discussed our thinking on the development of research in the effectiveness of regulation, sharing different theoretical approaches to the exploration of this question and different hypotheses. We have also shared our draft paper, through CHRE, with other regulators for feedback on our approach to exploring an active approach to regulation.

40. We chaired a meeting of the Revalidation Inter-regulatory group in June 2012 which discussed the GMC's PPI guidance in education. Since then we have held a seminar about the different ways of involving patients and the public in education delivery and quality assurance. While we currently look at patient feedback in quality assurance visits, the purpose of the seminar was to explore the involvement of patients in a broader role in osteopathic education.

41. We have also examined the recently published HEFCE Key Information Set data for information that could be fed into our quality assurance. Although only four of our 11 osteopathic educational institutions (OEIs) are currently publishing the data, we are exploring how they might build on this data in their Annual Reports which are designed to enable the OEIs to refer to any relevant data in the form that it is published.

42. We are members of the UKIPG group and recently held a seminar with them to explore the options in our CPD Discussion Document and to gain a perspective outside health. It was reassuring to know that our consultation feedback was broadly in step with views from outside the health sector. We have now been invited to chair this group which will help to ensure an outward focus to our thinking in this area and particularly to share issues around largely isolated professions which are more prevalent outside the health sector.

43. We also contribute to (and learn from) a number of other UK groups, including the Customer Service Network Group, Inter-regulatory Public and Patient Engagement Group, and the Alliance for UK Healthcare Regulators in Europe (AURE).

44. At an international level, we continue to work closely with European organisations through the Forum on Osteopathic Regulation in Europe (FORE). Through FORE and with the European Federation of Osteopaths we are working towards the establishment of a CEN standard for osteopathic education

and care. We assisted with the organisation of the second annual osteopathic regulation forum under the auspices of the Osteopathic International Alliance. This year's forum in Paris was attended by 40 representatives from fifteen countries plus a representative of the World Health Organization.

45. We have developed a new governance and funding structure for the National Council for Osteopathic Research in which the GOsC is no longer the dominant player. A new Director has been appointed and work is progressing on a range of areas including the development of data collection tools around osteopathic treatment (including patient recorded outcome measures or PROMs).

46. We are collaborating with the British Osteopathic Association (BOA), and professional indemnity insurers to collect, share and analyse data relating to complaints and claims against osteopaths, to identify trends and potential educational programmes to address weaknesses in practice, improve education and guidance.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 47. We completed the revision of the *Osteopathic Practice Standards* in 2010-11 and the new standards came into force on 1 September 2012. The main focus of the year has been to raise awareness of the standards and embed them in practice (see below). 48. We have also produced draft supplementary guidance focusing on the legal aspects of consent (see below) which is currently subject to public consultation. **b) What progress has been made on:** • **Providing, by the end of 2012, a summary of the key implications for osteopathic practice and training that emerged from the findings and recommendations of the GOsC's four 'adverse events' research projects?** 49. The completion in 2012 of the fourth, final and most extensive project exploring adverse events associated with osteopathic practice, has equipped the GOsC to initiate several strands of work that together have the aim of improving the quality and safety of osteopathic care[5]: 50. A collaborative initiative involving the adverse events research leads, the GOsC, NCOR and the BOA, has begun the development of a single online repository for data/information on risks relating to osteopathic care. The key finding of the four adverse events projects form the basis of this important information resource, but its structure aims to be organic, drawing in and building on new evidence as this emerges in the future, and as osteopathic training and practice evolves and changes. This online database will be accessible to both the public and practitioners. The risks associated with osteopathic practice are not well understood and this important work aims to better equip both clinicians and the public/patients with information that is essential clinical safety, joint decision-making, and properly-informed consent. 'Housed' on the NCOR website, but jointly maintained/informed by all stakeholders, this is recognised as an essential resource for osteopathic training and continuing professional development. 51. Extensive work to disseminate key findings and learning arising from the adverse events projects – over 800 osteopaths attended six regional conferences across the UK between April and July which had as their focus risks associated with osteopathic practice and communicating risk to patients. For registrants unable to attend, filmed presentations are available on the GOsC registrants' website, (and You Tube[6]) along with PowerPoint presentations, guidance and information. Full findings and summaries of the adverse events

[5] http://www.osteopathy.org.uk/uploads/croam_summary_report_final.pdf
[6] www.youtube.com/user/GenOstCouncil

projects are published on the GOsC public and registrant websites. Key findings are repeatedly highlighted in reports and guidance published in the GOsC registrant media – *The Osteopath* magazine, e-bulletins, fitness to practise bulletins. We also held a best practice seminar for the OEIs on adverse events, and the findings have been presented at national conferences and to regional osteopathic CPD groups.

52. Working with NCOR and the Editors of the International Journal of Osteopathic Medicine (IJOM) we have established a reference group to link findings of/learning from the adverse events projects to other relevant research that will helpfully supplement guidance for registrants, for example the September 2012 issue of IJOM present a series of papers relating to consent. All GOsC registrants and final year osteopathy students are given free access to IJOM and a suite of other relevant healthcare research journals.

53. Development of a common complaints classification system – one of the adverse events projects explored, trialled and recommended the development of a common system of classification for claims and complaints about osteopaths made to the regulator, the BOA or to professional indemnity insurance providers. The GOsC has established a working group in collaboration with the BOA and insurers to take this work forward. We already have in principle agreement for a common classification system, to be adopted and applied by all from 1 January 2013. In February 2014 we hope to be in a position to pool complaints/claims data for the first time. This will be analysed to establish a clearer picture of the circumstances that give rise to patient claims/complaints. We will also be able to annually measure trends against the adverse events project baseline data. The primary outcome is intended to be the development of education programme for practitioners to address weak areas of osteopathic practice.

54. Serious incident reporting system – findings of the adverse events projects have encouraged early discussion of the potential for profession-led collaborative development of a critical incident reporting system for osteopaths. While not GOsC-led, we aim to encourage and support this initiative as an important learning resource that promotes patient safety.

55. Communicating risk – considerable amount of support material has been generated from the adverse events project entitled *Communicating risks of treatment and informed consent in osteopathic practice*. Based on study findings, we have this year produced, disseminated to osteopaths via regional conferences, and made available on line via our registrants' website, a series of short factsheets:

    a. Communicating risks and benefits of osteopathic care
    b. Lay perceptions of risk
    c. Effective communication of risk
    d. Informed consent and shared decision making
    e. Cultural competence in communicating risk
    f. Feedback from patient focus groups.

	c) What plans are in place, if any, to improve your performance in this area? 56. Alongside our year-long implementation strategy for the *Osteopathic Practice Standards*, in April 2012 we tested awareness of the new standards through our registrants' opinion survey. At the mid-point in the year, 72% of respondents were aware of the new *Osteopathic Practice Standards.* 57. As a follow-up to the introduction of the new *Osteopathic Practise Standards*, we are considering ways to evaluate the effectiveness of the implementation strategy. An initial paper on this thinking was presented to our Education Committee on 27 November 2012[7]. 58. We are also considering commissioning some further research into the effectiveness of osteopathic regulation, which will consider the question of what outcomes osteopathic regulation seeks to achieve alongside what regulatory interventions and other activities best support osteopaths to deliver those professional regulatory outcomes. We have shared these papers informally with the PSA and with other regulators for feedback. **Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 59. One of the key learning points for the GOsC from the development and implementation of new standards is that simply publishing or launching new standards is insufficient to embed them in practice. To develop real understanding within the profession of the significance of individual aspects of standards and how they relate to practice requires a range of communication and other activity. This is doubly important in the context of a profession where the majority of individuals work outside managed environments.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 60. We consider that 'additional guidance' takes two different forms: formal supplementary guidance (see response to question b below) and best practice guidance aimed at supporting osteopaths to apply the standards in their work. 61. In support of the new *Osteopathic Practice Standards* we have undertaken a major programme of implementation work. Some of this is detailed in this section and some in the fourth standard below. 62. We have established a section on the **o** zone to support osteopaths' knowledge and understanding of the *Osteopathic Practice Standards.* There is a direct, easily accessible link to the *Osteopathic Practice Standards* support section of the site from the home

[7] http://www.osteopathy.org.uk/uploads/part_i_item_7b_-_ops_implementation_evaluation.pdf

page of this dedicated registrant website. These pages are split into the four themes of the *Osteopathic Practice Standards* and contain materials and learning resources both from the GOsC and from other regulators and organisations linked to each theme. The pages include an online test of registrants' knowledge of the standards, developed using Articulate e-learning software. These pages will be added to over time and will include GOsC advice and guidance, links to learning resources from other healthcare regulators/organisations and GOsC-developed learning resources.

63. We have been working with an external consultant to develop a more complex interactive learning tool which will be based on case scenarios linked to previous GOsC fitness to practice (FtP) panel findings and the relevant sections of the *Osteopathic Practice Standards*. This will help close the loop between the identification of profession-wide issues in FtP and feeding these into development/educational activities for osteopaths.

64. This support material is promoted to registrants in the bi-monthly magazine *The Osteopath* and in monthly electronic news bulletins. The online *Osteopathic Practice Standards* support section includes interactive e-resources and reproduces other guidance previously published in the magazine. Recent articles in *The Osteopath* have covered:

    a. June/July 2012 – equality and diversity and maintaining your health[8].
    b. August/September 2012 – putting the OPS into action – information on the *Osteopathic Practice Standards* coming into force and what to do now[9].
    c. October/November 2012 – information on the proposed consultation to develop supporting guidance on consent[10].

65. The programme of six regional conferences referred to above focused on aspects of the *Osteopathic Practice Standards* as follows:

    a. *An Introduction to the OPS* – overview of the *Osteopathic Practice Standards* and GOsC implementation work given by Head of Regulation/Regulation Manager.
    b. *Risks and benefits – adverse events and outcomes in UK osteopathy* – a presentation of the findings of one of the GOsC-funded research projects looking at risks, given by the research lead Steve Vogel (Vice Principal, Research and Quality at the British School of Osteopathy).
    c. *Communicating benefits and risks effectively to patients* – presentation on practical ways in which osteopaths can communicate benefits and risks to patients led by Pippa Bark, Principal Research Fellow at University College London.

    Videos of all of these presentations are available through our website and YouTube account.

[8] http://www.osteopathy.org.uk/uploads/the_osteopath_junejuly2012.pdf
[9] http://www.osteopathy.org.uk/uploads/the%20osteopath%20-%20august%20september%202012.pdf
[10] http://www.osteopathy.org.uk/uploads/the_osteopath_octnov_2012.pdf

b) What progress has been made on:

- **The development of supplementary guidance to complement the new Osteopathic Practice Standards (OPS) that became effective from 1 September 2012?**

66. We have drafted supplementary guidance on *Obtaining Consent*[11] that expands on existing guidance given at Standard A4 of the *Osteopathic Practice Standards*. It explains the law relating to patients' capacity to give consent, as it stands in each of the four UK countries. The draft was approved by Council for consultation at its meeting in October and is open for comments from 1 November 2012 until 16 January 2013. The draft guidance focuses on the legal requirements and the purpose of the consultation, therefore, is not to seek views about the law, but to find out how accessible and useful the guidance is to readers.

67. The consultation is being aimed at registrants, osteopathic educational institutions, postgraduates training and continuing professional development (CPD) providers, and students and faculty via intranet sites. The Public and Patient Partnership Group is also being used to provide a patient perspective on the guidance.

- **The development and issuing of a clinical audit handbook to all existing registrants and all new registrants as they join the register?**

68. The clinical audit handbook is available to all registrants (and final year osteopathy students) on the GOsC registrants' website the **o** zone. The handbook has been used and evaluated by a number of the participants on this year's revalidation pilot and will be revised in the light of any feedback received. We do not plan to issue the handbook in printed form to registrants but we will continue to promote its availability as a download to new and existing registrants. Guidance on clinical audit for osteopaths is made available on the NCOR website[12].

c) What plans are in place, if any, to improve your performance in this area?

69. As indicated above, as a follow-up to the introduction of the new *Osteopathic Practise Standards*, we are considering ways to evaluate the effectiveness of the implementation strategy including reviewing the usefulness of online learning resources and how these can be developed further.

70. We have been working on a project looking at professional behaviours and norms, focusing in the first instance on osteopathy students (see also first standard, education and training below). Depending on the success of this work, we consider launching a more complex online learning tool which can be used to evaluate the ethical norms within the profession and other key stakeholder groups such as

[11] Draft consent guidance
[12] http://www.brighton.ac.uk/ncor/clinical_audit/index.htm

	GOsC staff and fitness to practise panel members. This is at the same time a training tool and a research tool and the findings will help to inform the GOsC's approach and focus to online learning in the future and the areas of the *Osteopathic Practise Standards* where resources should be concentrated. **d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 71. This year, as part of the revalidation pilot, the GOsC has spent a considerable amount of time supporting osteopaths to demonstrate the meeting of standards by explaining the meaning of some of those standards. Among the issues which have been prevalent requiring additional discussion with the GOsC include: a. Understanding of the concept of patient partnership and the different models of decision making as opposed to the osteopath providing recommendations about what treatment the patient needs. b. Understanding of legislation relating to equality and diversity. c. Issues of consent, in particular ways of explaining risk and demonstrating this appropriately in notes. d. The importance of analysing significant events, particularly in collaboration with others. 72. This suggests to us the need, in a profession where there is considerable practitioner isolation, to support the continued development of local networks and for osteopaths to be able to obtain personal guidance on matters relating to standards. These issues are will be considered as part of our discussions with the osteopathic profession on its development and also as part of costs and benefits analysis of the revalidation pilot.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 73. Our extensive engagement with registrants through regional conferences and local meetings, the revalidation pilot and the registrants' survey, has given us valuable additional insight into registrants' views and experiences. We will use this to continue to develop our ongoing work to embed high standards of patient care in osteopathy. 74. A principal concern in the development of the supplementary guidance on consent has been to ensure that it reflected the different legal requirements in relation to capacity across the constituent parts of the United Kingdom.

b) What progress has been made on/what are the outcomes of:

- **The GOsC's survey to assess its effectiveness in engaging osteopaths in regulation development and compliance? What have the results of this survey taught the GOsC about how such engagement might enhance registrant's understanding of their regulatory obligations?**

75. There were a number of key findings in the registrants survey[13], which included:

    a. An extremely high response rate for a survey of this nature – 30% of all registered osteopaths responded to the survey.
    b. A high level of understanding of the purpose of the GOsC – more than 92% understood our registration function, more than 80% were clear about our functions with regard to standards, protection of title and complaint handling. These figures are comparable to or higher than in similar surveys in other professions.
    c. Confidence levels that osteopaths are well regulated by the GOsC were above 80%.
    d. In terms of engagement with osteopaths, 72% believe that the GOsC communicates effectively with osteopaths and 69% believe that the GOsC consults osteopaths well.
    e. Nearly 58% of osteopaths had taken part in a GOsC consultation in the past five years (over 18% in the past year).
    f. After six months or promotion of the new *Osteopathic Practice Standards* some 72% of registrants were aware of the standards, compared with 55% awareness of our CPD consultation, reflecting the additional resources put into the standards work.

76. The GOsC uses a wide range of means to consult registrants, and this fits with a broad spread of registrant preferences including written and online consultations, along with consultation events and focus groups. With respect to the GOsC regional conferences hosted periodically around the UK to engage with and consult registrants, roughly half of the profession have at some time attended these events.

77. The survey and other work over the past year suggests a number of conclusions about engaging osteopaths in regulation development and compliance (and which would probably apply to other professions also):

    a. Simply launching a new standards document and expecting that it will be understood and implemented, is not sufficient.
    b. Multiple channels/methods of communication/engagement that meet registrants' needs are necessary to drive up levels of awareness.
    c. Messages need to be simple and repeated often.
    d. Additional material is necessary to 'bring the standards to life' and make them meaningful in practice.
    e. Messages from third parties, e.g. other members of the profession, outside experts and others support buy-in to specific aspects of standards.

[13] http://www.osteopathy.org.uk/about/our-work/consultations-events/Osteopaths-opinion-survey-2012/

- **The development of the Patient and Public Partnership Group and what impact has this had on stakeholder engagement?**

78. We have established a small but functioning Patient and Public Partnership Group, members of which are making an invaluable impact on our work, including the development of our new public information leaflets, the revalidation pilot, CPD review and our work to develop pre-registration education guidance. They have also given feedback on our draft Corporate Plan 2013-16, and our draft guidance on consent, currently out for consultation. Some examples about how the group's feedback is being used are set out below.

79. Revalidation pilot – KPMG facilitated a focus group on our behalf to explore osteopathic patient attitudes to providing feedback. We managed to secure the attendance of 10 people with a diverse experience of osteopathic patient experience, a variety of ages and backgrounds. The view from the group suggested that on the whole they were keen to provide feedback about their experiences, but not on the day of their visit to an osteopath as it was important to them to get rid of the pain first and then to reflect on their findings. They also recognised that any system of revalidation should be proportionate and they were keen that osteopaths were not overburdened by their regulatory requirements. It is likely that these findings will feature in our revised scheme for continuing fitness to practise and that these will also feature in the independent evaluation and impact assessment due by 31 December 2012.

80. Guidance for Pre-registration Osteopathic Education Working Group – through our efforts above to target patients in our virtual reference group we were able to identify two patients with experience in education but who are also osteopathic patients and lay people. While we have only held one meeting to date the dynamic of the group has been very constructive. The patient input has helped to consider the issues both from a patient perspective and also a broader non-osteopathic perspective, and this has been important to help the group to avoid an insular osteopathic perspective.

81. We also aim to use a patient focus group to explore what registration of osteopaths means to patients, what expectations they have of osteopaths who are in practice and what reassurances they are looking for in terms of their continuing fitness to practise after qualification.

82. We have recognised the need to use a variety of engagement methods with this group to suit their different individual needs including focus groups, phone contact, written and online communication.

83. In order to ensure that this group remains 'active', we communicate with members on a regular basis and conduct an ongoing recruitment drive to extend the representation of the group. Recruitment mechanisms include posters/information displayed in osteopathic practices, via GOsC public website and GOsC Facebook page[14], in online surveys targeting patients and signposting via other organisations.

[14] www.facebook.com/goscnews

	• **Any further co-operation with the BOA to promote professionalism and to address patient-perceived weaknesses in osteopathy?** 84. We have continued to raise issues around professionalism within osteopathic practice in our regular meetings with the BOA. However, a more important strand to this work has been the in establishment of a wider dialogue about the future development of the profession not just involving the BOA but other key stakeholders also. 85. In April 2012 the GOsC published a document – *UK osteopathy: ten questions for the next ten years*[15] – in order to stimulate debate within the profession. One of the ten questions was 'what needs to be done within the osteopathic profession to promote the highest standards of professionalism?' As part of the programme of regional conferences in 2012, presentations were made by the BOA, the Council of Osteopathic Educational Institutions, the GOsC and the Osteopathic Alliance (an umbrella group of specialist societies and postgraduate training providers). These were followed by extensive debate among attendees on all the issues raised. 86. Following these conferences a steering group has been formed from these organisations (with the addition of NCOR) to consider how to take forward some of the key issues arising in relation to developing and maintaining high standards of practice that promote professional standards and values across the osteopathic profession. It is not the aim of the GOsC to lead this work but to work in partnership with the profession and to play a facilitative role in moving this agenda forward. • **The FORE project on formalising European osteopathic standards through collaboration with the European Committee for Standardisation?** 87. Through our membership of the Forum for Osteopathic Regulation in Europe (FORE), we are contributing to the development of pan-European standards through collaboration with the European Committee for Standardisation (CEN). The GOsC's Chief Executive is a member of the drafting group for the standards and the BOA, COEI and the GOsC are members of the technical committee which will approve the initial draft. The standard is at stage two of the CEN drafting process and is on target to be launched for public consultation in 2013. We hope that this CEN Standard will be approved, ready for publication in 2015, providing a benchmark of the minimum standards of osteopathic education and care patients should expect across Europe. **c) How does the Council of the regulator 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 you answer has changed since 2011/12)** 88. No change since 2011/12.

[15] http://www.osteopathy.org.uk/about/our-work/consultations-events/Ten-questions-for-the-next-ten-years/

	d) What plans are in place, if any, to improve your performance in this area? 89. Learning from the development and implementation of new guidance, our registrants' survey and the debates on the development of the profession have informed our thinking on the draft GOsC Corporate Plan for 2013-2016[16], which is due to be agreed by Council in December 2012. This plan reflects the need not just for proportionate, targeted and effective regulatory activity but also the need to encourage and facilitate continuous improvement in the quality of osteopathic healthcare, working in partnership with others – where appropriate – to achieve this. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 90. The osteopathic profession continues to lack a number of components that are common to other healthcare professions, including clinical governance, quality and specialty standards. Their absence can be explained in part, but not wholly, by resource constraints. While the key osteopathic organisations are beginning to understand the importance of such matters – not just in relation to NHS care but also in the private sector – this understanding is not yet reflected across the whole profession. We believe that it is in the interest of patients and the public that we continue to encourage the osteopathic profession to evolve to meet patient expectations of 21st century healthcare.
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	**a. What, if anything, has changed in your performance against this standard since your last evidence submission?** 91. As part of our new *Osteopathic Practice Standards* implementation plan we produced a range of new materials. These included: a. Tailored letters to osteopaths, osteopathic educational institutions, postgraduate training providers/specialist organisations and the BOA. b. Development and distribution of an information leaflet explaining the changes to the GOsC documentation from 1 September 2012. c. Development and distribution of a pocket guide to the *Osteopathic Practice Standards* listing all 37 standards. This refers the reader back to the website and contains our first use of QR code technology allowing those users with a smart phone to scan the code and access the standards online directly. Copies of these have also been produced to promote awareness of the standards for other stakeholders. d. An A4 version of the summary guide for display in clinics. e. A poster for OEIs to display in student and staff areas, patient clinics and intranet sites to raise awareness of the standards with

[16] http://www.osteopathy.org.uk/uploads/draft_gosc_corporate_plan_2013-16%20pdf.pdf

students and staff.

f. Changes to the folder of information that is provided to all new registrants.

92. See also:

a. Second standard (above) – online materials.
b. Education and training (below) – work with OEIs on curriculum mapping
c. Registration (below) – changes to registration assessments.

b. What progress has been made on:

- **Ensuring that the new OPS and any complementary and/or additional guidance are accessible, and that stakeholders can find out about action that can be taken if they are not followed?**

93. Having produced last year two new information leaflets for patients and the public – *What to expect from an osteopath*[17] and *Standards of osteopathic care*[18] – we updated these further to reflect the new *Osteopathic Practice Standards* from 1 September 2012. These leaflets are designed to raise awareness and understanding of osteopathic practice, but also to further emphasise to osteopaths the expectations of patients, the public and the GOsC regarding the standards of care they should be providing, including how to raise any concerns. The leaflets have been distributed widely among stakeholders and to date have been well received by osteopaths and patients. Along with the *Osteopathic Practice Standards* pocket guide referred to above, these leaflets also include QR codes linking through to the GOsC's website for further information. They are available in hard copy and in both English and Welsh online.

94. The *Osteopathic Practice Standards* and the public information leaflets are available on our registrant and public websites. The *Osteopathic Practice Standards* document has been highlighted with news items on the websites and on Facebook and is also available in Welsh.

95. An important part of our communication strategy this year has been the use of Facebook, YouTube and Twitter[19], extending our interactions with patients, the public and registrants, including in relation to our standards work. Our Facebook page was launched in autumn 2011 and currently has over 350 'likes'; our Twitter account was started in October 2012 and already has over 130 followers. We seek feedback and encourage interaction through these channels and patients are already using the Facebook page to communicate with us.

[17] http://www.osteopathy.org.uk/uploads/what_to_expect_from_your_osteopath_leaflet.pdf
[18] http://www.osteopathy.org.uk/uploads/standards_of_osteopathic_care_leaflet.pdf
[19] https://twitter.com/gosc_uk

	96. We also monitor the wider social networks for any comments or queries relating to our work and respond to these where appropriate. **c. What plans are in place, if any, to improve your performance in this area?** 97. Our draft Corporate Plan 2013-16, which will be supported by a new communications strategy, envisages a programme of work to increase understanding of both the register and the *Osteopathic Practice Standards* not only with patients and the public but also within the wider healthcare community including health insurers, service commissioners, systems regulators and other professional regulators. **d. Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 98. The majority of osteopathic patients consult an osteopath on the basis of 'word-of-mouth' personal recommendations. With limited resources, we are often reliant on registrants to inform patients about the existence of registration and standards. Therefore, a key goal for us to is to continue to ensure that registrants understand the important role they play in maintaining the confidence of patients not just in the care they provide but that provided by the whole osteopathic profession.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 99. We introduced a new GOsC/QAA review process on 1 September 2012 to coincide with the new *Osteopathic Practice Standards* coming into effect. This work was mentioned this in the 2011/12 Performance Review as it had been published but it has now been implemented. 100. We published our student fitness to practise guidance which emphasised the importance of prioritising patient safety in student fitness to practise as well as the importance of teaching and learning professional behaviours. This work has been followed up with the development of professionalism in osteopathy tools.[20] There are two web-based inventories that we are testing: one for academic education and one for those embarking on clinical education. The tools pose ethical scenarios for student participants and elicit their views on the seriousness of the case and what action they would take in situations such as fellow students discussing a patient in a public place. The student is able to compare their responses to those of other participants so that they can evaluate where their view

[20] http://www.osteopathy.org.uk/practice/becoming-an-osteopath/Student-fitness-to-practise/Professionalism-in-osteopathy-research-project/

fits within their student cohort or population. Preliminary results are being written up into an article for publication and we would be content to share emerging findings – albeit at an early stage of development. The work is potentially interesting as it allows us to explore ways of sharing norms within a traditionally autonomous, independent yet isolated profession. It also allows us to identify areas of potential concern within cohorts and OEIs before fitness to practise issues in individuals are identified enabling us to better target interventions (either those of the osteopathic educational institutions or of the GOsC) to address areas of identified concern.

b) What progress has been made in:

- **Ensuring that the standards for education and training and any complementary guidance are linked to the new OPS?**

101. All OEIs were asked to ensure that they had mapped their curricula and learning outcomes to the new *Osteopathic Practice Standards* by 1 September 2012 and they have been asked to provide us with information on this work as part of their Annual Reports. This work was supported by visits to institutions to speak to staff about the new standards.

102. All GOsC review Visitors received training in autumn 2011 and refresher training prior to review visits taking place during 2012. Further annual training was delivered to all review Visitors in 2012. The training emphasised the new standards and how these apply to all areas of educational delivery.

103. The Recognised Qualification reviews for the British School of Osteopathy and the College of Osteopaths took place prior to 1 September 2012 and permission was sought from them to have the reviews conducted using new the review method and against the *Osteopathic Practice Standards*.

104. The first part of the revised visit reports are now explicitly structured against the *Osteopathic Practice Standards*, mapping the curriculum against the standards for registration, incorporating for the first time both the competence standards but also the conduct and ethics standards.

105. We have commenced developing guidance for pre-registration osteopathic education with a representative working group to enable us to better support the alignment of learning outcomes with the *Osteopathic Practice Standards* to help us to drill down and provide more support to OEIs where these outcomes are hard to assess – but also to support horizon scanning – exploring the context that students need to be prepared for in 4 or 5 years time.

c) How does the Council of the regulator 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 you answer has changed since 2011/12)

106. No change since 2011/12.

	d) What plans are in place, if any, to improve your performance in this area? 107. We plan to conduct a more fundamental review of quality assurance (QA) during 2013 drawing on feedback from our own review process and researching external QA systems. The review will consider whether our process remains fit for purpose in terms of quality, effectiveness, and cost/resource efficiency and that it embodies the aims of 'right-touch regulation' and those of the Higher Education Better Regulation Group on streamlining data resources. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 108. As a small regulator it is a challenge keeping up with the massive changes in the education sector and how these may affect provision and standards in education. We keep in touch with the QAA on these issues and are considering them actively within our review of QA.
Second standard	Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 109. We have improved our targeting of CPD Record Folder audits, with the 2% audit focused on those osteopaths who have not previously been sampled in the CPD Annual Summary form review and CPD Record Folder audit from 2009 onwards (coinciding with the transfer to our new data management system). This allows us to focus our resources on helping and advising those who are unlikely to have previously been reviewed. This feedback will help to improve the implementation of the scheme and ensure that these registrants are following the CPD guidance provided. We will look to develop targeting further during 2013 to move from a manual system to an automated one if possible. 110. We used our findings from the reviews during 2012 to inform an article in the December/January edition of *The Osteopath* magazine[21] about the sorts of issues that come up in the audit to feed this back to registrants. However, it is difficult to discern a trend in this information yet and whether the actions we are taking are enhancing compliance or not because this is the first year that we have collected such detailed data. **b) What are the outcomes of /what further progress has been made on:**

[21] http://www.osteopathy.org.uk/uploads/the_osteopath_dec11jan12.pdf

- **The pilot study of the GOsC's proposed continuing fitness to practise scheme since the progress report to Council of July 2012?**

111. The revalidation pilot study completed in September 2012 with 264 participants submitting portfolios for assessment. All portfolios have been reviewed and all assessors (bar one) have participated in regional moderation meetings to enhance consistency and constructiveness of feedback to participants. Feedback will be sent back to participants during November and December.

112. KPMG has continued to collect and analyse costs and benefits data from the pilot including:

    a. Focus groups with participants, assessors, insurers, non-participants, patients, BOA, GOsC staff etc.
    b. Collection of data about costs and benefits from participants in January, April, July and October 2012.
    c. Collection of data about costs and benefits from leavers.
    d. Collection of data about costs and benefits from assessors.
    e. Collection of data about costs and benefits from GOsC staff.

113. A final report on the pilot is due in December 2012 which will provide an independent evaluation and impact assessment.

114. Consultation on the current osteopathy CPD scheme has been conducted in tandem with the year-long revalidation pilot. A CPD Discussion Document had been available and highlighted on the GOsC website since autumn 2011, but the 2012 GOsC Regional Conferences (April to July 2012) launched the six-month campaign to generate further discussion and feedback.

115. The campaign to engage osteopaths in a review of the CPD scheme, and elicit recommendations for improvement, was then reinforced over the summer through a programme of consultation with the BOA, the OEIs, osteopathic special interest groups and post-graduate education providers. By the close of the consultation at the end of September 2012, the GOsC had received approximately 440 responses.

116. Considerable efforts were undertaken to ensure that the CPD Discussion Document consultation involved other stakeholders and not just osteopaths. For example, a patient focus group was held In June 2012 to explore patients' perspectives in providing feedback in practice and one will be held in December 2012 to explore osteopathic patient expectations of registration. We also conducted group facilitated sessions with the Revalidation Inter-Regulatory Group and also the UKIPG CPD Group which enabled us to explore some of the issues faced by an isolated profession with similarly structured groups outside the health sector. We also secured responses to our consultation from a lifelong learning educationalist due to it being flagged to a broader sector via the Health Education Academy. We have also had an article about our thinking and the challenges posed by regulation to CPD published in the *On reflection* journal which is published by the Centre for Recording Achievement. This too will help to ensure a broader perspective on the development of our policy. We have also shared our thinking with policy leads in the Health Departments in England and Wales as well as organisations internationally.

117. The report and analysis of the responses to our CPD Discussion Document will be produced during winter/spring 2012/13 with further proposals about regulating the continuing fitness to practise of osteopaths published for consultation in 2013.

- **Evaluating the outcomes of GOsC's research on preparedness for practice, particularly with regard to training and any implications for specific CPD to support new graduates?**

118. We published the preparedness to practise research in August 2012. The research had some excellent findings in terms of reinforcing the safety of osteopaths with update to date clinical knowledge and evidence based practice. There were also some emerging themes that will feed into our future work. Themes that pervaded all aspects of the report included: safe but not always effective; diversity; variability and uncertainty; and autonomy and isolation. We are feeding these aspects of the research into our Guidance for Osteopathic Pre-registration Education Working Group but also into wider work with the OEIs and our thinking about the development of CPD and revalidation as many of these issues are not simply about education but more about the professional community. Thus we are sharing the research findings as part of our discussions about development of the profession and, as part of this, the BOA is interested in developing a mentoring scheme.

119. Other issues that will demand further work over the next year or two will be the finding about preparing graduates for practice in terms of consolidating clinical skills and interpersonal skills in challenging situations. These are issues that we can support OEIs to share good practice through seminars (for example in May 2012 and November 2012) and also through our Guidance for Osteopathic Pre-registration Working Group. Business skills were also an area that challenges both OEIs and students. This is important because if graduates are unable to develop sufficient clinical contact in the early years in practice, it becomes more difficult to consolidate clinical skills effectively. Already in relation to this finding, the OEIs themselves are running more clinics employing more graduates to help to support them as they take their first steps into practice – good practice is being shared in this area. They are also developing additional and targeted CPD to support graduates.

120. However, we are still working through the rich findings of the research. The research itself is now published[22] and available on our website and has been shared with the BOA and key CPD providers.

121. Our draft Corporate Plan 2013-16 anticipates that we will develop and consult on proposals to support new graduates' clinical practice in partnership with other organisations including OEIs, the BOA and special interest groups.

122. In relation to core CPD for new graduates, this will be an option that we will be exploring further as we develop our proposals for continuing fitness to practise for publication in 2013.

[22] www.osteopathy.org.uk/uploads/new_graduates_preparedness_to_practise_report_2012.pdf

c) What account has been taken of:

- **The Authority's policy paper on continuing fitness to practise?**

123. While we welcome the recently published paper and believe that the thinking in it broadly mirrors our own, we have not yet had the opportunity to consider it in any detail. However, we do welcome the explicit reference to the broader context of risk and environment which is relevant in osteopathy. We intend that our own proposals for continuing fitness to practise, planned for development in 2013, will draw on the framework outlined in this paper.

124. We have put together some initial thoughts for discussion with our Education Committee. However, we are awaiting further data from the results of our revalidation pilot and our CPD Discussion Document analysis before undertaking further development on this issue. These thoughts are outlined below.

125. We will need to carefully review the context and activity risk factors identified in the CHRE report and the impact on osteopathic practice in terms of the ways in which registrants should demonstrate that they meet our standards.

126. That said, the CHRE Report does allow us to critique our original four stage revalidation model proposed and consulted on in 2009 which could be regarded as highly reliable (i.e. it would produce a consistent result in terms of passing and failing) should an osteopath proceed to stage four, Assessment of Clinical Performance. The paper encourages us to pose the question about whether such reliability is necessary if, following our analysis of the additional data, the assessment of osteopathic activities remains 'low risk'.

127. On the other hand, the CHRE Report also gives us space to look at our input based CPD scheme and to explore whether the current scheme is really sufficient to enable us to confirm with confidence that registrants are indeed meeting our minimum standards – particularly when we consider the findings in our CPD Discussion Document about the lack of breadth in recorded CPD because most CPD is concentrated in the area of knowledge, skills and performance.

128. The CHRE Report also encourages us to think more broadly about ways in which we might build on activities at local level to support continuing fitness to practise, for example, if osteopaths were involved in considerable data collection and analysis in a local group, for example for patient reported outcome measures (PROMs), then the approach taken to these groups could be different than to those who are not so involved.

129. Given that the CHRE Report also indicates that high reliability is appropriate for high risk professions and that low reliability is appropriate for low risk professions, this could support us to perhaps to consider a single scheme, based on our CPD scheme, which is formative in nature and builds on identified benefits of the revalidation pilot.

130. Clearly we are unable to fully elaborate an appropriate position until we have received the KPMG report and we have published the

analysis of our CPD Discussion Document responses, however, the CHRE Report provides some useful signposts for the ways in which we might further develop proposals in 2013.

d) If you are a regulator that intends to adopt an enhanced version of their current continuing professional development arrangements in place of a revalidation scheme, please explain how the Council of the regulator has assured itself and the public that their proposals will deliver the objectives of revalidation (i.e. that registrants remain up to date and fit to practise).

131. We have not finalised our proposals for a continuing fitness to practise scheme as we are still analysing data from our revalidation pilot and our CPD Discussion Document consultation. However, the pilot and CPD Discussion Document are both premised on the need for registrants to be able to demonstrate that they are up-to-date and fit to practise.

e) What plans are in place, if any, to improve your performance in this area?

132. We anticipate that a major part of our work for 2013-14 will be policy analysis and development, consultation and implementation of a continuing fitness to practise scheme.

133. We also intend to build on our pilot which enabled 1 in 18 of registrants to explicitly demonstrate that they were meeting our core standards for registration which we hope will support us to continue to raise awareness of the *Osteopathic Practice Standards* among registrants through our programme of engagement.

f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

134. All information about the development of our revalidation scheme, including progress and decision making is accessible to the public, available via a dedicated section of the public website[23].

135. On the **o** zone, our dedicated website for registrants, we provide a package of research resources called IJOM Plus (a range of research journals, including the *International Journal of Osteopathic Medicine*, published by Elsevier) that we encourage registrants to use for CPD with a view to promoting evidence-based practice and a greater understanding of the wider healthcare arena. We have been proactive in providing the package and continue to be so in promoting the resources, increasing awareness of them and improving the package's accessibility. As part of this we carried out a readership survey this year, to test awareness and usability and have effected improvements to the package including additional resources. We have instigated regular meetings between the GOsC, the publisher and the IJOM editors to develop and maintain stronger links between the journal and osteopaths' development needs.

[23] www.osteopathy.org.uk/practice/Revalidation/

	136. We promote awareness of research journals and the importance of understanding research to osteopathy students in the talks to them at their institutions and to final year students, who have access to the **o** zone, and to new registrants.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 137. Major changes to our QA process were described in our 2011/12 Performance Review submission. 138. The new QA process has for the first time introduced a requirement for action plans to be developed in relation to any conditions on recognition of a qualification. So far, this approach seems to be working effectively. **b) What plans are in place, if any, to improve your performance in this area?** 139. Conducting a more fundamental review of QA during 2013 drawing on feedback from our own review process and researching external QA systems. The review will consider whether our process remains fit for purpose in terms of quality, effectiveness, and cost/resource efficiency and that it embodies the aims of 'light-touch regulation' and the Higher Education Better Regulation Group on streamlining data resources. 140. Feedback from the first two QA visits undertaken using the new process has yet to be collated and provided to us by the QAA; informal feedback has been positive. **c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 141. We find it interesting that although we have a robust quality assurance process in place, it was not picking up the issues that we have picked up in our preparedness to practise research, for example, challenges in role modelling in clinical tutors. We are interested in exploring further alternative models of quality assurance which can better allow the QA model to be based on an effective quality management system rather than on the quite interventionist and adversarial approach that we have currently. We have drawn on the GMC's excellent quality assurance paper to develop a discussion paper exploring some different ways of quality assuring education which we hope would support the development of more effective quality management systems within institutions. We are also undertaking considerable engagement with the OEIs to encourage the development of partnership working as we move into our next Corporate Plan – a core theme of which is partnership.

	142. We have also introduced a new quality assurance process at the same time as our new *Osteopathic Practice Standards* came into force. Two changes particularly seem to have impacted very positively in terms of OEIs taking positive steps to identify issues and address them: a. Unsolicited information protocol: our new quality assurance review requires OEIs to display posters about the review and the independent contact details of the QAA to send in any relevant feedback to be considered as part of the review. This process is generating more developmental feedback during the reviews than has previously been the case. The most recent reviews generated concerns from one person in relation to the first review and four people in relation to the second. The extract of the second report stated 'visitors investigated student complaints raised through the unsolicited information process. The College responded by investigating each case in considerable detail and decided to make changes where the complaints were considered justified. These include staff development to improve clinic practice, changes to induction processes, and uploading of material to the virtual learning environment. The visitors consider that issues raised by students are, in general, listened to and addressed effectively.' This suggests that our new framework is more robust than the framework in place previously. b. Actions plans to respond to conditions: we have also recently had a very reflective response to conditions from one OEI which clearly identifies its own developmental feedback about constructive feedback to tutors which it has been piloting. This suggests that the small changes that we have made within our current framework have gone some way to enhancing the robustness of the scheme. However, we think there Is still further work to do and we would like to explore the collection of live data and continue to share good practice to encourage more independent evidence and verification within the process which is useful to us but also to the OEI itself. **Dataset (data to be provided should be that collected for the regulators' most recent reporting period)** • **How many education institutions are you responsible for quality assuring?** 143. We are responsible for quality assuring 11 institutions offering 24 separate qualifications. One additional institution (Swansea University) has been added to the list since last year.
Fourth standard	Action is taken if the quality assurance process identifies concerns about education and training establishments
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 144. Complaints against educational institutions are fed into the quality assurance reviews. This is a new process which publicises the

review in advance on the GOsC website and via posters in the osteopathic education institution (clinic for patients and student/staff notice boards and intranets) and seeks feedback through an unsolicited information process[24]. If complaints are received outside of the review period, then the GOsC will write to the institution directly for a response to the complaint and then consider and make recommendations for further action accordingly, through our Education Committee.

145. Each year the OEIs are required to provide a standard Annual Report to us which include financial statements. As part of the review of the Annual Reports, this financial data is now being reviewed by the GOsC's Head of Finance (a qualified accountant) to give greater understanding and assurance to the Education Committee.

b) What plans are in place, if any, to improve your performance in this area?

146. The standard we currently quality assure against is the QAA *Benchmark Statement for Osteopathy* which is an academically focussed document. However, in legislative terms, the relevant standards are our *Osteopathic Practice Standards*. This year there has been some confusion about some of the guidance in the Benchmark statement which relates to minimum clinical hours and minimum numbers of new patients. This discussion has led us to review the status of the Benchmark statement and to clarify the primacy of the *Osteopathic Practice Standards* and to issue a statement to this effect which confirms that the Benchmark Statement represents a consensus about how the *Osteopathic Practice Standards* might be met. But if part of the guidance is not met, the OEIs must explain how they ensure that the breadth and depth of the OPS are met.

147. We have also fed this learning into our Guidance for Osteopathic Pre-registration Education Working Group. We are currently the only regulator which does not issue separate pre-registration guidance; we have simply adopted the QAA Benchmark Statement. We have now put together a working group including patients, educational institutions and students to help us to develop some dedicated guidance to support the OPS. This guidance will also enable a broader approach to osteopathic education.

c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

148. Oxford Brookes University has notified us that they intend not to recruit any new students to their osteopathy degree programme and thus the course will cease to be provided from 2016. We will work closely with the University and with other education providers as appropriate, to ensure there is continuity in the quality of education and patient care until the courses closes and beyond.

[24] http://www.qaa.ac.uk/Publications/InformationAndGuidance/Documents/GOsC-protocol-unsolicited-information.pdf

Fifth standard	Information on approved programmes and the approval process is publicly available.
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 149. All quality assurance reports for currently approved courses are available on the GOsC website[25], as is the approval order from Privy Council. The GOsC also publishes when any conditions attached to the recognition have been fulfilled. 150. The QAA report on the newly recognised Swansea University course is available in English and Welsh. **b) What plans are in place, if any, to improve your performance in this area?** 151. We are in the process of compiling an historic list of RQs from the point when the first course was recognised by the GOsC. This list will be placed on our website and will provide a resource for patients as well as for international regulatory bodies on UK recognised qualifications. **c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 152. As providers of independent education, commercial confidentiality and a culture of not publishing information about courses had traditionally prevailed. We are working closely with OEIs to enhance relationships collectively and to publish more. We now intend to publish Council papers relating to recognition to enhance transparency.

Registration

First standard	Only those who meet the regulator's requirements are registered
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 153. We have continued to enhance our administrative procedures to ensure that registration applications are assessed/processed within set service standards. These administrative changes have focused on ensuring the robustness of processes so that only those who meet the regulator's requirements are registered. Changes include revisions to the application for registration checklist to ensure it is clear whether the Regulation department have concerns about an individual before they are signed onto the Register. In addition the checklist ensures the Registrar (or Acting Head of Registration with delegated authority) positively demonstrates they have reviewed

[25] www.osteopathy.org.uk/practice/becoming-an-osteopath/training-courses/

	the full application paperwork. 154. Within our CRM system we have increased the number of descriptors against which an activity (e.g. application checklist printed) can be logged. The result of this change is that it is clearer to track where a registration application is in the registration process, improving efficiency. 155. We continue to provide an online renewal of registration tool for osteopaths and we intend to take steps to boost the number of registrants who renew their registration via this route. As part of the renewal of registration process registrants are required to demonstrate they have an up-to-date insurance policy and we now receive an electronic update from the largest insurance provider of those registrants who have renewed their policy. This verification from an external source helps to provide a greater degree of robustness to the renewal of registration process. **b) What progress has been made on:** • **The FtP Committee's further consideration of the issue of registrants being allowed to self- declare regarding their health?** 156. In September 2012, the Fitness to Practise Policy Committee considered whether applicants for registration should continue to supply a health reference declaration form signed by a general practitioner or whether to replace this approach with a self-declaration. The Committee endorsed an approach where registrants would be asked to declare that they were fit to practise, reporting only those health issues which might affect their ability to practise safely. However, implementation will require a change in legislation which is unlikely to be forthcoming in the near future. Therefore, our position remains that that applicants for registration can self-declare health conditions, but only where they are unable to provide a health reference signed by a general practitioner, as detailed in the Application for Registration and Fees Rules 2000[26], section 4(b). **c) How does the Council of the regulator 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 you answer has changed since 2011/12)** 157. The Council is aware that all applicants are assessed against a set of required criteria for registration with the GOsC which acts as the checklist for a consistent approach to registration. We now provide to the Council a bi-annual report which provides information on the registration process and our performance against service targets. 158. In October 2012 we conducted an internal audit of the quality of registration data with the findings, and management response, reported to the Audit Committee. The audit highlighted some areas for process improvement – further information is provided in

[26] www.legislation.gov.uk/uksi/2000/1038/contents/made

response to question d (below).

d) What plans are in place, if any, to improve your performance in this area?

159. We are undertaking a review of all registration processes and procedures to ensure that they are robust, effective and streamlined. This review will also help to highlight any areas of inefficiency which cannot be redressed without changes to legislation. In addition, we are planning to review all aspects of registration literature for clarity and conciseness. This work is supported by the results of the GOsC registrants' survey where registrants indicated their preference for shorter more focused communications.

160. An applicant to the Register currently is only required to provide information about their intended insurer (n.b. they cannot obtain insurance until after registration is granted). We have introduced a new mechanism to ensure recently registered applicants provide the GOsC with a copy of their insurance policy so that we can be assured patients are protected. Without this mechanism we may not know whether a newly registered applicant has insurance until they renew their registration one year on. We do not consider that to be a sustainable or acceptable position.

161. The internal audit of registration data highlighted the need for tighter data cleansing mechanisms to ensure that when a registrant updates their details online and these details are downloaded directly into the CRM system, they do not affect the overall quality of the data held by GOsC (for example by ensuring there is a full rather than incomplete practice address). These tighter data cleansing mechanisms are being introduced and will be monitored over the coming months to ensure that the quality of registration data held by the GOsC remains at a high level.

162. Over the coming year we intend to bring a paper to the new Education and Registration Standards Committee on the subject of temporary registration. The purpose will be to consider our position in relation to temporary registrations and whether we have sufficient guidance in place on what constitutes temporary or occasional work within the UK. Although important, we do not consider this to be a major area of concern; over the last twelve months we had two temporary registrants, one that converted to full registration at the point of their registration renewal and the second who remains registered as a temporary registrant.

163. Our Education and Registration Standards Committee will also be considering some internal guidance that will be developed to help aid objective decision making in the case of applicants to the Register who reveal convictions to us via their Criminal Record Bureau check at the point of registration.

164. We intend to continue to work with providers of professional indemnity insurance to obtain electronic updates on whether or not registrants maintain their cover.

	e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)? 165. As part of our ongoing work on efficiency savings we are looking at how to integrate finance and registration functions with the GOsC. The Head of Finance and Administration is currently Acting Head of Registration and aims to complete this work within 2013.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 166. In March 2012, following a tender process, the QAA was appointed to conduct the review GOsC registration assessments (Review of Equivalence of Non-UK qualifications, Further Evidence of Practice Questionnaire and Assessments of Clinical Performance as well as our return to practice process) against the new *Osteopathic Practice Standards* from 1 September 2012. This review was completed by experts in education and assessment taking into account feedback from registration assessors and GOsC staff. New guidance and criteria are available on the GOsC website[27]. All registration assessors were trained on the new processes in September 2012. 167. In October 2012, Council reconsidered its position in relation to those registrants who are listed as non-practising on the Register. Council reaffirmed the view that to be non-practising means that a registrant has no patient contact. Council also agreed that non-practising should no longer automatically be given to registrants who pay a reduced fee in accordance with the Fee Rules, and those registrants who are entitled to a reduced fee, but who intend to practise for up to nine months of the year will be classified as practising. Council concluded that this position would not discriminate against any group with protected characteristics under the Equality Act 2010. Following the Council meeting we have written to those registrants we consider being non-practising in order to explain the position. We have also updated all relevant pieces of literature, including the registrant website, to make the position clear for registrants and patients. **b) What progress has been made on:** • **The GOsC's review of its approach to registration appeals?** 168. We received useful feedback from Council members involved in the two appeals and a start has been made on reviewing the existing, old policy, drawing on that feedback. We will be presenting our initial recommendations to Council for any changes in the existing procedure in December 2012 with a view to approving the new procedure in 2013. The review is likely to focus on how to tailor the procedure for current circumstances (the previous procedure having been geared to appeals against refusals of registration during the

[27] www.osteopathy.org.uk/practice/How-to-register-with-the-GOsC/

transitional period).

c) How does the Council of the regulator 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 you answer has changed since 2011/12)

169. Council receives a bi-yearly report which sets out the performance of the Registration team in processing registration applications against set service standards. The October 2012 report[28] was enhanced to provide Council with the reasons why registrants had chosen to resign from the Register. This additional information provides Council with a degree of insight into the profession and ensures that any trends/patterns can be identified.

d) What plans are in place, if any, to improve your performance in this area?

170. We are currently undertaking a review of professional indemnity insurance policies available to osteopaths to ensure that the policies meet all the requirements of the GOsC PII Rules 1998[29].

171. Our review of GOsC registration assessments (see above) led to recommendations for future development to make the assessments more flexible, robust and fit for purpose – we will consider the recommendations through 2013. We also anticipate recruitment of more registration assessors to bring new skills to the existing pool. An appraisal scheme is being developed and will be piloted during early 2013.

172. We plan to consult in early 2013 on a data retention policy[30]. While this has been driven primarily by requirements around fitness to practise, it will extend to the retention and disposal of registration information.

173. We will continue to seek to increase the proportion of online renewals and are looking at whether this may be supported through improvements in usability of the online renewal system.

e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

174. We are considering whether it might be appropriate to review the levels of insurance cover required in our professional indemnity insurance rules which date back to 1998. This will, in part, depend on progress made by the Department of Health with its plans to

[28] http://www.osteopathy.org.uk/uploads/public_item_9_registration_six_month_report_final.pdf
[29] www.legislation.gov.uk/uksi/1998/1329/contents/made
[30] http://www.osteopathy.org.uk/uploads/public_item_12_data_retention.pdf

introduce new legislation in this area.

Dataset (data to be provided should be that collected for the regulators' most recent reporting period)

- **What is the total number of registrants on the register?**

175. 4681 (as at 4/4/2013)

- **How many new initial registration applications did you receive?**

176. 194 (1/4/12 – 31/3/2013)

- **How many registration appeals did you receive and conclude? What were the outcomes?**

177. One appeal received – not yet heard.

- **What is the median time taken to process initial registration applications for UK graduates, international non-EU applicants and EU applicants?**

178.

	Service standard	Median	No of applications
UK graduates	2 days	2 days	188
International non-EU applicants	4 months	54 days	3
EU applicants	4 months	57 days	3

- **What is your annual retention fee?**

179. From 9 May 2012

Year 1 (entry)	£375
Year 2 UK	£500
Year 2 overseas/not practising	£250
Year 3(+) UK	£675
Year 3(+)overseas/not practising	£375

180. From 1 May 2013 to:

Year 1 (entry)	£340
Year 2 UK	£455
Year 2 overseas/not practising	£230
Year 3(+) UK	£610
Year 3(+)overseas/not practising	£340

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

a) What, if anything, has changed in your performance against this standard since your last evidence submission?

181. In October 2012 we conducted an internal audit of the registration data quality which underpins the accuracy and validity of the online Register. The results of the internal audit – reviewed by our Audit Committee – were broadly very positive. The audit did highlight the need for tighter controls around data cleansing mechanisms, specifically as registrants can change their own address details online and these are downloaded directly into the CRM system. Steps have been taken by the Registration team to address this specific point.

b) What progress has been made on:

- **The GOsC's review of the functionality and appearance of its online register?**

182. We have carried out the review of the functionality and appearance of the online register and, as a result, will be making improvements to the quality of the information provided, including adding the sex of registrants and the full date of their registration (at present only the year is shown) and we are also adding the facility to search by registration number. Other aspects of functionality have been improved but not in ways that are obvious to the user.

183. We continue to review the functionality and appearance of the online register and to make further improvements as we see necessary.

- **Any GOsC action to mitigate an unintended consequence of the HPC's on-line referral campaign, which appears to have fed into a misunderstanding by GPs and others that they cannot use osteopaths as they are not registered with the HPC?**

184. When we discussed this issue with the CHRE in early 2012 we postulated that concerns that had been raised with us that osteopaths were, in some circumstances, not considered to be 'healthcare professionals' was as a consequence of this HPC campaign. We have not raised this matter with the HCPC but continue to seek to raise awareness of the regulation of osteopathy not least through the

	production of the leaflet *Standards of osteopathic care* aimed at GPs among others. We have also taken steps to liaise with the Department of Health and the Chief Professional Officer for the Allied Health Professions to provide them with a greater understanding of the work of the GOsC and osteopaths, particularly those working in the NHS. **c) What feedback do you collect about the accessibility of registers? What changes have been made as a result of this feedback in 2012?** 185. We know that the online Register is by far the most used facility on the GOsC website. Although we do not systematically collect feedback about the online Register, the feedback we do receive is noted and where improvements can be made, we will do so. 186. We invite and encourage feedback from visitors to both of our websites – public and registrant – throughout all of the key pages and via the 'Contact us' pages. Feedback is collected and regularly reviewed to enable us to effect improvements. As a result of feedback from patients, the public and registrants, in 2012 we are in the process of improving the order in which osteopaths' practices are listed (e.g. displaying the main practice first); we are also planning to introduce the facility to display both a practice email address and a practitioner email address. **d) What plans are in place, if any, to improve your performance in this area?** 187. We are exploring options for designing and conducting a dedicated public survey to test the usability and accessibility of the Register and other key aspects of the public website. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 188. Nothing further to add.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 189. We have this year surveyed registrants to better understand how they display evidence of their professional registration, and how they provide information regarding the standard of care patients can expect. The survey results have indicated how and where the GOsC could further encourage osteopaths to promote awareness of their registration and standards. 190. We already actively encourage osteopaths to promote their status as regulated health professionals through use of the 'Safe in our Hands' certification mark, administered by the GOsC, on practice stationery and patient information, to highlight their GOsC registration. In the Osteopaths' Opinion Survey we offered the option of using instead an adaptation of the GOsC logo to signify registration, 90% of respondents said that they were likely to use this. As a result we are looking at developing a new certification mark, based on the GOsC logo, for use by osteopaths to increase public awareness of osteopathic registration requirements. 191. New GOsC public information leaflets emphasise to patients, public and employers the importance of checking the registration status of the osteopath they are seeing/employing. We encourage osteopaths to display these leaflets in practice, to help reinforce this important message. **b) What feedback have you 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?** 192. None. The overwhelming majority of osteopaths are self-employed and there are very few employers who are not themselves osteopaths. **c) What plans are in place, if any, to improve your performance in this area?** 193. See response to question (a) above. **d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 194. It continues to be a challenge to explain the interrelationship between osteopathy and other healthcare professions, particularly as growing numbers of osteopaths are engaged in NHS commissioned work. We have been working closely with the Department of Health around 'Any Qualified Provider' and have met with the Chief Allied Health Professions Officer to discuss this issue.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 195. We have added more information on our public website regarding the risks to patients of unlawful practice[31]. We are planning additions to our website that will link a Register search to advice on what to do in the event of discovering that an unregistered practitioner passing themselves off as an osteopath. 196. We prosecuted two individuals since the last Performance Review and secured a conviction in both cases[32]. On one occasion the magistrates noted that it was good regulatory practice to send a cease and desist letter to the individual, as we had done, before prosecution. **b) What progress has been made on:** • **The GOsC's survey exploring registrants' attitudes and actions on becoming aware of unregistered practice, and the development of any advice to support osteopaths in reporting any concerns about unregistered practitioners?** 197. Responses to the registrant survey 2012 suggest most osteopaths are likely to take some form of action if they are aware of an unregistered practitioner claiming falsely to be an osteopath, with only 4% indicating that they would take no action. While 84% would report the practitioner to the GOsC, other courses of action included reporting to the British Osteopathic Association (21%), to Trading Standards (16%), or to the police, while 15% said that they would talk to the person directly about the issue, and some would spread the word locally. 198. Feedback has highlighted to us that the GOsC could do more to ensure it provides appropriate feedback to osteopaths (and others) who report to us incidences of illegal practice. This would include letting those who report such incidences to us know what action we have taken, but equally managing expectations (particularly amongst osteopaths) about what the law provides, i.e. that the offence is that an individual has described themselves as an osteopath. **c) What plans are in place, if any, to improve your performance in this area?** 199. In terms of providing feedback, we are taking more active steps to ensure that those who let us know of their concerns are informed of

[31] www.osteopathy.org.uk/information/about-osteopathy/Protection-of-title/
[32] www.osteopathy.org.uk/uploads/julia_spivack_convicted_of_falsely_claiming_to_be_osteopath.pdf and www.osteopathy.org.uk/uploads/darren_tilley_convicted_of_falsely_claiming_to_be_an_osteopath.pdf

	the action we have taken. We are considering whether there is more general learning we can provide to the profession about the limits of our powers under section 32 of the Osteopaths Act, and about the purpose of that section, which is patient protection rather than safeguarding their market. **d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 200. The issue of Google search results – where a search for an osteopath can result in paid for results appearing from physiotherapists, chiropractors and others – continues to vex osteopaths, but it is difficult to identify an offence under the terms of the legislation.

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 your performance against this standard since your last evidence submission?** 201. We see slight variations from year to year on the source of concerns raised about osteopaths' fitness to practise, but with such small numbers overall, we are always cautious about drawing any conclusions. Data about the current year is given in response to question d (below) and we are pleased that notifications from police forces under the Notifiable Occupations Scheme still seem to be working well (although of course there may be other convictions or cautions that we do not know about). **b) What developments have there been on:** • **Clarification on whether the GOsC can take FtP action against registrants who do not provide their CPD record folder, as discussed at last year's Performance Review meeting?** 202. The issue in relation to registrants' CPD record folders was not a matter of whether the GOsC could take FtP action against registrants who do not provide the folder, but whether they can be administratively removed from the register. Counsel's opinion was sought about the interpretation of the phrase 'or otherwise' in Section 10 (2) of the CPD rules[33] and this confirmed that we could take such action. Our CPD audit processes have been adjusted accordingly.

[33] www.legislation.gov.uk/uksi/2006/3511/contents/made

c) What account has been taken of:

- **Chapter 6 of CHRE's modern and efficient fitness to practise adjudication report?**

203. Chapter 6 deals with the experience of complainants and witnesses for the Council. As CHRE knows from previous Performance Review submissions, the GOsC has been undertaking its own research into the parties' experience of proceedings, with findings very similar to those of the CHRE's research.

204. From our own research, we noted that some complainants considered the time taken from start to finish of the procedure lengthy and some were not satisfied with the location. We have been working on managing expectations of complainants as to the length of the proceedings (without putting them off altogether) and making the accommodation more welcoming.

d) Can you 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, service users and registrants

205. Sources of complaints (figures take from the cases considered by the Investigating Committee for the reported period)

Patients	20	71%
Colleagues/other members of the public	1	4%
Convictions	3	11%
Registrar	4	14%

e) What plans are in place, if any, to improve your performance in this area?

206. We received a very low number of complaints last year (17 over the whole year) which ran against the trend at other regulators. We reviewed both the formal complaints made and informal complaints received (e.g. those where the patient decided not to formalise their concern) but found nothing which explained the dip in numbers. However, this year the number of complaints received is back up to usual levels (30 complaints – average is 25 to 30 a year) so we assume last year was an aberration.

f) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?

207. Nothing further to add.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 208. No change: the majority of osteopaths are self employed and the circumstances in which it is necessary to share information continue to be rare. **b) What progress has been made on:** • **The extension of the EC's IMI to include osteopathy?** 209. Concerted lobbying of the Department for Business, Innovation and Skills has finally resulted in the extension of the European Commission's Internal Market Information system to now also include osteopathy. We hope that this will further improve the level of information exchange we have with other competent authorities. **c) Can you provide data about the number of cases where you have shared data in 2012 with employers and other (system and professional) regulatory bodies?** 210. We have shared information with a PCT who had contracted the registrant to provide osteopathic services to NHS patients. **d) What plans are in place, if any, to improve your performance in this area?** 211. Our draft Corporate Plan 2013-16 includes activity to increase the awareness of health insurers, service commissioners, systems regulators and other professional regulators of our activities. This is in part a response to new initiatives such as *Any Qualified Provider* in the NHS in England which is expected to result in more osteopaths engaged in publicly funded healthcare provision. 212. As mentioned in relation to the first standard – guidance and standards (above) we plan to develop a common complaints classification system which will support a greater understanding of fitness to practise concerns. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 213. Nothing further to add.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 214. The CHRE's initial stages audit of September 2012 suggested in particular that the Investigating Committee's reasons when it closed cases could be improved and that there were some delays in the very early stages of complaints handling. In relation to the second of these issues, since our last evidence submission, we have developed a new system for recording complaints at the early stages of the FtP process. This is accompanied by new template follow up letters that are sent out to the complainant if we do not hear back from them, at intervals of five to six weeks after initial contact then another four weeks later. If we still do not hear from the complainant, we will send a third letter explaining that they may contact us at any time in the future. 215. In relation to the IC's reasons, training was provided to the Committee at their first meeting after the audit was received, and letters are now providing fuller reasons, and seeking to address each of the complainant's concerns. We will of course continue to monitor both matters. **b) What progress has been made on:** • **The consideration by the GOsC's FtP Committee of whether or not to introduce mandatory health assessments in cases involving a conviction or caution for drug and/or alcohol related offences?** 216. The FtP Policy Committee has been considering this issue in detail over the past year. It is currently considering a policy under which any conviction or caution where drugs or alcohol are involved in the commission of the offence would raise a presumption that it will be dealt with as a health case. This will allow the GOsC to act in accordance with the relevant Rules; the presumption might however be rebutted where certain factors were present. This proposal is due to be considered by Council in December 2012. • **Undertaking an internal audit to ensure that PCC hearings are conducted in accordance with the GOsC's rules, policies and accepted good practice in hearings management?** 217. The audit was completed earlier in the year, and was considered in detail by the Audit Committee at its November meeting. The audit's conclusions included: that hearings were conducted appropriately and well managed by the Chairs; that questioning by the panels was appropriate; and that determinations were well set out and reasoned in all cases. **c) What plans are in place, if any, to improve your performance in this area?** 218. We have collected the items of best practice identified by the CHRE in the previous Performance Review report and are in the

	process of determining which of those relevant to fitness to practise should be incorporated into our future work programme. **d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 219. We recently received judgment in the appeal by Dr Spencer v GOsC. The judgment provided the first judicial interpretation of 'unacceptable professional conduct' and found that the term carried the same level of gravity and opprobrium as a finding of 'serious professional misconduct' would, for example, for doctors. We are currently planning how best to address this with all interested parties (particularly our FtP committees) and as a starting point have put in place training for our Investigating Committee when it next meets on 3 December. Although at first sight the judgment may appear to shift the boundary for a finding significantly upwards, we believe that in practice the impact may not be very great. A copy of the judgment was sent to the CHRE when it was received.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 220. Serious cases continue to be prioritised with referrals to an interim suspension order hearing where appropriate. See response to question (a) of the third standard (above) for information about a change to how we monitor cases in their very early stages. **b) What plans are in place, if any, to improve your performance in this area?** 221. We are monitoring this new system to make sure it is being operated effectively by staff, and that initial contacts get tracked more closely. **c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 222. Nothing further to add.
Fifth standard	The fitness to practise process is transparent, fair, proportionate and focused on public protection
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 223. See response to question b (below).

b) What progress has been made on:

- **The GOsC's revision of its Indicative Sanctions Guidance and development of PCC guidance relating to the imposition of COP Orders?**

224. Good progress has been made, with consideration by our FtP Policy Committee of the redrafted Interim Suspension Orders guidance and a new draft of Conditions of Practice Orders guidance which has been worked on by staff. The PCC in particular has also had an opportunity to comment in detail on the drafts and we plan to take the documents to Council in December 2012, to seek agreement for public consultation.

- **The FtP Policy Committee's consideration of the proposed reintroduction of Rule 8 on 18 September 2012, to allow disposal of cases by the PCC without a full hearing, where the PCC considers admonishment is appropriate and where the registrant admits the facts and that these amount to UPC?**

225. The FtP Policy Committee considered all responses to the targeted consultation previously notified to the CHRE, including the CHRE's own response, and as a result of those, concluded that a wider public consultation would be appropriate. That consultation has now commenced and a final decision about the reintroduction of Rule 8 will be taken in 2013.

c) What reporting arrangements are in place to ensure that the Council of the regulator 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 fitness to practise applications?) (Only respond to this, if you answer has changed since 2011/12)

226. No change since 2011/12.

d) What plans are in place, if any, improve your performance in this area?

227. We plan to undertake an internal review of the accountability relationship between fitness to practise committees and Council. At present the Chairs of the Investigating Committee and Professional Conduct Committee report annually to Council and are appraised by the Chair of Council. While there is no question that the independence of the fitness to practise committees has been compromised, we are considering whether this approach is appropriate. If the nature of the relationship is to change, we will need to consider further how Council can assure itself of the effective operation of committees for whom it is responsible but over which it is inappropriate to exert influence. As part of this process we will consider how to improve quality assurance of FtP decisions and whether it might be appropriate to have an internal case review process.

	e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)? 228. Nothing further to add.
Sixth standard	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
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 229. No change since 2011/12. **b) What reporting arrangements are in place to ensure that the Council of the regulator 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 you answer has changed since 2011/12)** 230. No change since 2011/12. **c) What plans are in place, if any, to improve your performance in this area?** 231. As part of our work to reduce costs of hearings, we have moved towards a standard practice of having jointly agreed expert statements which will help reduce hearing lengths and potential for delays. We are also reviewing the way in which panellists are paid in the event of a cancellation which may rebalance the cost to be fair in compensating for loss of earning opportunity with fairness to the GOsC and its registrants. The potential use of Rule 8 (see fifth standard above) may remove the need for some hearings and allow cases to be disposed of more quickly. **d) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 232. Nothing further to add.

Dataset (data to be provided should be that collected for the regulators' most recent reporting period)

- **How many cases were considered by an investigating committee (and/or case examiners)?**

233. 28

- **How many cases were concluded by an investigating committee (and/or case examiners)?**

234. 28

- **How many cases were considered by a final fitness to practise committee?**

235. 9

- **How many cases were concluded by a final fitness to practise committee?**

236. 9

- **What is the median time taken from receipt of initial complaint to final fitness to practise hearing determination? (Please provide in 'weeks')**

237. 45 weeks

- **What was the longest time taken to conclude a case? (Please provide in 'weeks')**

238. 154 weeks [n.b. this was a health case and the proceedings were suspended for 43 weeks in accordance with Rule 37 of the GOsC (Health Committee) (Procedure) Rules 2000]

- **What was the shortest time taken to conclude a case? (Please provide in 'weeks')**

239. 37 weeks

	• **What is the median time taken from receipt of initial complaint to the final investigating committee decision? (Please provide in 'weeks')** 240. 18 weeks • **What was the longest time taken to conclude a case? (Please provide in 'weeks')** 241. 39 weeks [n.b. adjournments to allow for further evidence to be sought from social services] • **What was the shortest time taken to conclude a case? (Please provide in 'weeks')** 242. 6 weeks • **What is the median time taken from final investigating committee decision to final fitness to practise hearing decision? (Please provide in weeks)** 243. 28 weeks • **What is the median time taken from initial receipt of complaint to interim order decision? (Please provide in weeks)** 244. 6 weeks • **What is the median time taken from receipt of information indicating the need for an interim order and an interim order decision? (Please provide in weeks)** 245. 6 weeks • **How many open fitness to practise cases are there; how many have been open for more than 52 weeks, how many have been open for more than 104 weeks and how many have been open for more than 156 weeks?** 246. 26 open cases [i.e. cases that have been screened in for investigation but where a final fitness to practise determination has not been made] 3 cases open more than 52 weeks 1 open more than 104 None open more than 156 weeks

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 247. See response to question (b) below. **b) How has the GOsC measured the impact of its work to improve registrant's understanding of the regulator's role in the FtP process, as detailed in paragraph 271 of last year's performance review submission?** 248. A series of questions in our 2012 Osteopaths' Opinion survey sought to assess registrants' broad understanding of the fitness to practise processes common to all regulated health practice, to gauge osteopaths' confidence in the fairness and efficiency of the GOsC complaints handling process, and to explore what osteopaths consider to be their role, as a professional, in preserving standards of practice. 249. Roughly 48% of respondents believed they understood the GOsC's complaints procedures, the majority lacking a clear understanding of the process. A question around confidence in whether the fitness to practise processes produce fair outcomes produced a ratio nearer to 60:40 – both findings suggesting to us that more work needs to be done in explaining how these processes work. Although the GOsC supplements the annual Fitness to Practise Report with a dedicated Fitness to Practise e-bulletin and related articles in our bi-monthly magazine, *The Osteopath*, highlighting areas of concern and offering guidance to registrants, feedback suggests the GOsC will need to explore more effective ways of engaging our registrants in sharing and learning lessons from the concerns raised by patients and others. The importance of providing feedback to osteopaths, professional representative bodies and educators, is well-recognised and the GOsC already conducts activities with this aim. 250. Nevertheless, we are encouraged that the survey also indicated that the GOsC Fitness to Practise e-bulletin is read by three-quarters of osteopaths, the majority rating the content quality 'good' or 'very good', and no more than 3% rating the content and relevance 'poor'. We have noted that respondents indicated that more, and clearer, case studies, highlighting weaknesses in practice, would be welcomed. As a mechanism for drawing to registrants' attention a range of issues relating to fitness to practise, we will continue to seek improvements to the bulletins content, presentation and language. Linked to this we are expanding our learning resources for osteopaths on the **o** zone website, with a view to retesting registrant knowledge and confidence in due course. Collaboration with the British Osteopathic Association (e.g. GOsC training of BOA staff; co-authoring articles for publication in the BOA Osteopathy Today) and facilitation of Osteopathic Educational Institution seminars (along the lines of the current Good Practice seminars), are other potentially helpful mechanisms for sharing learning points arising from the fitness to practise process. The current GOsC practice of presentations to undergraduate students, focusing on standards of practice, is valued and wider take-up across all education providers should be encouraged.

	c) What account has been taken of: • **Chapter 6 and the recommendations of the Modern and Efficient Fitness to Practise Adjudication report?** 251. See first standard above. **d) What plans are in place, if any, to improve your performance in this area?** 252. We are continuing to collate and analyse feedback from participants in all our fitness to practise cases to improve performance wherever possible. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 253. One of the findings from our survey of parties to the fitness to practise process was that complainants did not like the location of the hearing venue. It is of course difficult to change the location (scheduling hearings elsewhere involves additional costs) but we have been thinking about what we can do to make the experience of attending hearings less intimidating for witnesses. We already pay for witnesses' supporters to attend with our witnesses. We also make a point of exploring whether they have any particular needs we can assist them with. In a recent case, we invited a witness with learning difficulties and mental health problems to come and visit the venue with his carer so that he could familiarise himself with the Council chamber where the hearing took place.
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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 254. The CHRE initial stages audit of September 2012 concluded that none of the decisions by the IC to close the cases audited were unreasonable or premature. 255. Our own internal audit of PCC cases concluded that hearings were conducted appropriately and well managed by the Chairs; that questioning by the panels was appropriate; and that determinations were well set out and reasoned in all cases. **b) What account has been taken of:** • **CHRE's report on Modern and Efficient Fitness to Practise Adjudication and its recommendations?** 256. See 2011/12 Performance Review evidence submission

	• **CHRE's/The Authority's learning points?** 257. One feedback letter was received during the reporting period. **c) What reporting arrangements are in place to ensure that the Council of the regulator is assured that the fitness to practise panels are making well reasoned, consistent decisions that protect the public and maintain confidence in the profession? (ie does the Council receive reports on the outcomes of any internal quality assurance of decisions made by the panels?) (Only respond to this, if you answer has changed since 2011/12)** 258. No change since 2011/12. **d) What plans are in place, if any, to improve your performance in this area?** 259. See response relating to the fifth standard above. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 260. Nothing further to add. **Dataset (data to be provided should be that collected for the regulators' most recent reporting period)** • **How many registrant appeals against final fitness to practise decisions have there been? Please summarise the findings of each appeal.** 261. There was one appeal of a final fitness to practise decision which was lodged in the previous year. Details of this appeal outcome has been reported separately to CHRE (see also above). • **How many appeals were successful?** 262. One.

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	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 263. See response to question b (below). **b) What will the publication arrangements be for any Rule 8 decisions made by the PCC?** 264. It is proposed that Rule 8 decisions will be final determinations by the PCC and will therefore be published in the same way as all other determinations which result in a finding of UPC (whether admitted or otherwise) with a sanction of admonishment, i.e. published on our website for 28 days and reported in the annual Fitness to Practise Report. **c) What key performance indicators are in place around communicating decisions to complainants, registrants and employers?** 265. Investigating Committee decision letters are sent to the parties within seven days of the relevant IC meeting; this allows the reasons to be drafted and agreed. 266. Professional Conduct Committee decisions are usually heard by the registrant when delivered as they remain for the reading of the determination. Regulation department staff telephone the complainant within 24 hours to inform them of the decision. Copies of the determination are then sent out to the parties. **d) What plans are in place, if any, to improve your performance in this area?** 267. None. **e) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 268. Nothing further to add.

Tenth standard	Information about fitness to practise cases is securely retained
Regulator's evidence	**a) What, if anything, has changed in your performance against this standard since your last evidence submission?** 269. See response to question b (below). **b) What plans are in place, if any, to improve your performance in this area?** 270. We will be consulting, before the end of March 2013, on a new data retention policy to include information obtained during the FtP process. 271. Although this policy will not cover the way in which information is retained, it will deal with the length of time for which it is retained. 272. We are also exploring ways of increasing the security of information which goes outside the office, e.g. by e-mail and in hard copy. This is likely to include the wider use of password protected correspondence and possibly the use of encrypted memory sticks for individuals who have to receive and use information outside the office. **c) Is there anything further, relevant to your role as a regulator, that you wish to tell us about (this includes any good practice that you have or challenges that you are facing)?** 273. Nothing further to add.