



**Osteopathic Practice Committee
19 September 2013
PSA Performance Review 2013**

Classification	Public
Purpose	For noting
Issue	The paper notes the findings of the Professional Standards Authority 2013 Performance Review, summarises the best practice identified in the report and how the GOsC might approach any new issues identified.
Recommendation	To note the content of the report.
Financial and resourcing implications	None at present. Any new activities identified will need to be incorporated into the current or future budgets.
Equality and diversity implications	None identified at present.
Communications implications	None identified at present.
Annex	Executive Summary (pages 2-8), summary statistics (pages 22-26) and GOsC section (pages 61-66) of the CHRE Performance Review 2012-13. The complete report can be downloaded from http://www.professionalstandards.org.uk/docs/scrutiny-quality/performance-review-report-2012-13.pdf?sfvrsn=0
Author	Tim Walker

Background

1. The Professional Standards Authority (formerly the Council for Healthcare Regulatory Excellence) publishes an annual Performance Review of all the healthcare professional regulators.
2. Written evidence from the GOsC was presented to the CHRE in November 2012, with a follow-up visit from the PSA in February 2013. The final report for 2012-13 was published on 27 June 2013. The GOsC's evidence to the PSA is published on the GOsC website at: http://www.osteopathy.org.uk/uploads/gosc_evidence_submission.pdf

Discussion

The GOsC's Performance

3. The PSA's overall assessment of the GOsC was that 'The GOsC has maintained its effectiveness as a regulator and is meeting all the Standards of Good Regulation across its regulatory functions'.
4. Last year the GOsC was the only regulator that met all of the Standards of Good Regulation. This year it was one of four to do so.
5. The Performance Review contains a comparative data table (pages 22-26) which shows that in many areas of activity around registration and fitness to practise the GOsC compares favourably with other healthcare professional regulators.
6. In its assessment of the GOsC (pages 61-66), the PSA has highlighted a number of aspects of our work. These are:
 - a. Raising awareness of the new *Osteopathic Practice Standards* and surveying registrants to test awareness.
 - b. Establishing a Patient and Public Partnership Group.
 - c. Establishing the Osteopathic Development Group to plan the future development of the profession.
 - d. Working with National Council for Osteopathic Research and the British Osteopathic Association to continue to develop resources around risk.
 - e. Publishing the final adverse events study report.
 - f. Developing of a common classification system for claims and complaints.
 - g. Publishing research into 'Preparedness to Practice'.
 - h. Successfully concluding the revalidation pilot.
 - i. Making improvements to the online Register.

- j. Adopting a new policy relating to convictions and cautions involving drugs or alcohol.
 - k. Conducting an audit of hearings management.
 - l. Developing new guidance on Conditions of Practice Orders and Indicative Sanctions.
 - m. Reintroducing the use of Ryle 8 of the Professional Conduct Committee rules (consensual disposal).
7. The PSA identified one area of concern in the review, highlighting the length of time between reviews of GOsC procedures. This related to both the Registration Appeals Procedure (which was last reviewed in 1998) and the Indicative Sanctions Guidance (last reviewed in 2007). We accept the PSA's view that these and other procedures should be regularly reviewed on a more frequent basis.
8. The PSA has highlighted a number of areas where it would like to follow up in next year's Performance Review. These are:
- a. Progress with research into the effectiveness of regulation.
 - b. Any outcomes from the analysis of data from the common classification of complaints project.
 - c. Progress with the development agenda.
 - d. Progress with the development of guidance on osteopathic pre-registration education.
 - e. The design of a revised continuing fitness to practise scheme.
 - f. The outcome of work to develop 'professionalism in osteopathy tools'.
 - g. Results of the public survey planned for the autumn.
 - h. The outcomes of work relating to illegal practice.
 - i. Changes to the Indicative Sanctions Guidance and Guidance on Conditions of Practice Orders.
 - j. Outcomes from the reintroduction of Rule 8
 - k. Improvements in registrants' confidence in fitness to practise processes.
9. All of the items listed in paragraph 8 are identified within the current Business Plan and will be taken forward over the course of 2013-14

Best practice from other regulators

10. The PSA recommends that regulators review the Performance Review as a whole and consider whether they can learn and improve from the practices of other regulators.
11. The table below sets out a number of identified areas of best practice and provides comments in relation to each of them.

Area of best practice	Response
Development of guidance relating to the use of students as models (GCC)	Suggested that this is discussed at a future GOSc/OEI meeting
Consultation with stakeholders prior to policy development (GDC and GPhC)	Existing GOSc practice
Distribution of public information leaflets to community groups and local authorities (GDC)	Similar work already planned in relation to 'promoting the Register' campaign
Use of an expert advisory group for development of new outcomes-based educational standards (GDC and GPhC)	Similar approach being used in development of guidance on osteopathic pre-registration education
Audits of quality of IC decisions (GDC)	May not be appropriate for the GOSc but to be considered by Regulation team
Introduction of electronic case bundles for IC (GDC)	May not be appropriate for the GOSc but to be considered by Regulation team
Development of guidance, including content, accessibility and methods of engagement (GMC) Focus on outcomes in new standards (GPhC)	Approach will be reviewed at the point when the <i>Osteopathic Practice Standards</i> are due to be revised
Establishment of Health and Disability in Medical Education Group (GMC)	Approach will be reviewed as part of the GOSc's review of its own guidance in this area

Work to help medical schools identify concerns around student mental health (GMC)	Suggested that this is discussed at a future GOsC/OEI meeting
Launch of pilot induction programme for doctors new to UK medical practice (GMC)	Suggested area for consideration in future Business Plan
Data sharing with others when a doctor has moved address (GMC)	Relevance unclear but to be reviewed by Registration team
Launch of mobile website (GOC)	Suggested area for consideration in future Business Plan
Use of peer review in continuing fitness to practise scheme (GOC)	Under consideration as part of the GOsC's own work
Fitness to practise case studies for use in undergraduate programmes (GOC)	Existing practice in GOsC presentations to undergraduates
Communication of changes in standards to social workers (HCPC)	Existing GOsC practice
Use of education providers' pass lists to speed up applications for registration (HCPC)	
Support for witnesses at hearings (HCPC)	Some areas of work already existing practice with the GOsC but overall approach to be considered by Regulation team

Recommendation: to consider the content of the report.