



General  
Osteopathic  
Council

**Equality, Diversity and Inclusion Pilot:  
a report on the findings and recommendations**

**March 2023**

## **Contents**

Executive summary	3
Introduction	6
Section 1 of survey: Thinking about diversity, inclusion and equity	7
Section 2 of survey: About you	11
Section 3 of survey: Views on attributable data	15
Section 4 of survey: Any other comments made by respondents	15
Recommendations	16
Annex A	18
Annex B	25

## Executive summary

The GOsC's Equality, Diversity and Inclusion Framework 2021-24<sup>1</sup> explains how GOsC plans to promote equity, value diversity and embrace inclusivity. This includes improving the systematic monitoring of diversity data across the organisation, completing a profession wide equality, diversity and inclusion (EDI) survey and analysing the data we received in response.

This report examines the findings of the EDI pilot survey launched in February 2022 as well as feedback received during online focus groups with members of the osteopathic profession held in January and February 2022, followed up by further online focus groups in March and April 2022.

The aim of the first set of focus groups held on 27 January and 1 February 2022 was to gather views on the messaging we hope to use when asking for data from osteopaths on their protected characteristics. We asked osteopaths for their views on the EDI survey and accompanying information sheet. We ran further online focus groups with members of the osteopathic profession on 28 March and 26 April 2022.

A total of 56 osteopaths completed the EDI pilot survey from 15 February to 30 April 2022. The 9 protected characteristics explored in the pilot were as follows:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Throughout this report, discrimination is referred to as unfair, negative or adverse treatment based on one or more of the protected characteristics listed above.

## Key findings

- The EDI pilot sample was broadly representative of the UK population, particularly in relation to disability, ethnicity and race, religion and sexual orientation. However, our sample was slightly under-represented with male and non-binary osteopaths, and osteopaths who were pregnant or on maternity leave, compared to Office of National Statistics population data sources 2016-2020 and recently released Census 2021 data.
- Through the EDI pilot we have been able to capture more views of osteopaths with minority protected characteristics than in our previous engagement and research work.

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<sup>1</sup> [osteopathy.org.uk/about-us/our-work/equality-and-diversity/](https://osteopathy.org.uk/about-us/our-work/equality-and-diversity/)

- The majority of respondents felt respected by their colleagues (67%), just over half felt a sense of belonging within the profession (53%) and just below half that the profession valued diversity (46%).
- The majority of respondents did not feel that people from all protected characteristics had equitable opportunities to advance their careers within osteopathy.
- Osteopaths tended to report a slightly higher proportion of experiences of unwelcome comments or conduct in training (43%) than in their past 12 months of practice (23.5%). Experiences of discrimination, either individual experiences or known experiences of colleagues, were reported by 37-39% of the pilot sample.
- Respondents' colleagues were mentioned in relation to unwelcome comments and conduct while in practice in relation to two protected characteristics: pregnancy and disability. Experiences tended to concern colleagues providing this personal information to patients without prior consent or knowledge.
- The majority of respondents (78%) were not prepared to put their name and/or registration number (attributable data) to the demographic information they provided. The following reasons for not feeling comfortable to do so (most to least frequent) were:
  - Don't agree with this data being kept on everyone (eg sensitive/personal information that the GOsC shouldn't know, identity privacy, confirmation bias).
  - Don't trust GOsC with the use of such information.
  - Fear of reprisal if details got back to education providers.
  - Matter of choice, providing two options means I can opt for this and be more honest.
  - Prefer not to say why I don't feel comfortable with providing this information.
- Some osteopaths reported anxiety about what the GOsC will do with this data and questioned what happens if registrants disclose a disability in terms of their registration with us. This illustrates why the collection of EDI data can be challenging, as the regulatory legislation within which GOsC operates includes requirements such as those relating to 'good health' for new applicants to the Register.

## **Recommendations**

The findings from our EDI pilot indicate that our work in this area needs to focus on supporting inclusivity in the following ways:

- 1) **Collection of EDI data:** the findings of the pilot survey show that the voices of osteopaths with minority protected characteristics are often unheard. We must therefore continue to seek out and amplify inclusion and the voices of a diverse range of osteopaths in our work.
- 2) **Through our work with osteopathic education providers to ensure high quality education for students:** to strengthen equality, diversity and inclusion and speaking up provisions in educational standards and guidance and to begin a series of collaborative discussions with osteopathic education providers, people with disabilities and other stakeholders to support ongoing sharing of learning and the facilitation of reasonable adjustments.
- 3) **Ensuring our communications and engagement with the osteopathic profession is open and inclusive:** this work is ongoing and part of the GOsC Communications and Engagement Strategy<sup>2</sup>. To continue to promote inclusivity within the osteopathic profession through the celebration on our channels of a range of annual cultural and religious events, more diversity represented in our communications and ensuring that we continue to seek expert advice and feedback to reach diverse audiences in our communications and engagement, recruitment and other activities.
- 4) **To provide additional resources on equality and diversity to support CPD:** we hope to begin this work by collating and sharing online resources from other regulators, such as resources from the General Medical Council (GMC) on topics such as how to tackle racism in the workplace, trans healthcare and sexual misconduct. We aim to reach out to external interest groups such as CPD providers to encourage them to incorporate inclusion, diversity and equality components into their existing training courses or to develop some bespoke EDI training, to increase knowledge and understanding of inclusion, diversity and equality for patients and colleagues.

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<sup>2</sup> Further details on the Communications and Engagement Strategy can be viewed here: [osteopathy.org.uk/comms-strategy](https://osteopathy.org.uk/comms-strategy)

## Introduction

1. This report shares the findings of our Equality, Diversity and Inclusion (EDI) pilot survey, which sought feedback from osteopaths on our approach to monitoring EDI data across the osteopathic profession. The survey consisted of questions we want to ask as part of the annual registration renewal process in order to collect data from osteopaths that can help us to understand how our processes affect those with protected characteristics.
2. This work supports the aims and actions set out in our Equality, Diversity and Inclusion Framework 2021-24 and sits alongside a series of focus groups held in January – April 2022 with osteopaths with the aim of gathering views on our EDI pilot survey and their experiences in training and practice. The findings from these focus groups and how this feedback was used to develop the EDI Pilot survey is provided in Annex A of the report.
3. The Equality, Diversity and Inclusion Pilot survey consisted of four sections including:
  - An information sheet explaining why we want to update the Equality, Diversity and Inclusion information we hold about osteopaths.
  - Thinking about diversity, inclusion and equity in relation to the osteopathic profession: Five questions to get osteopaths thinking about diversity, inclusion and equity issues in terms of their experiences as a practising osteopath or training to become an osteopath. The five questions attempted to gauge whether respondents felt a) the osteopathic profession valued diversity, b) that unique differences were valued within the profession, c) a sense of belonging in the osteopathic profession d) respected by colleagues and e) people from all protected characteristics have equitable opportunities to advance their careers within osteopathy.
  - About You: this section sought to find out whether the respondent identified with any of the nine protected characteristics, and the nature of their working pattern (a non-protected characteristic attribute).
  - Attributable data: this section sought to find out how respondents felt about putting their name and registration number to the demographic information they had provided and their reasons for their answer.
4. The survey was promoted to osteopaths on the GOsC public website, in three monthly email bulletins and on social media. The survey was also promoted directly to stakeholders including regional osteopathic group leads. A total of 56 registrants completed the EDI pilot survey from 15 February to 30 April 2022.

## Section 1 of survey: Thinking about diversity, inclusion and equity in relation to the osteopathic profession

5. We found that the majority of respondents felt respected by their colleagues (67%), a sense of belonging within the profession (53%) and that the profession valued diversity (46%). There was no strong view in the majority of responses, as to whether unique differences were valued within the profession (38%). In contrast, the majority of respondents did not feel that people from all protected characteristics had equitable opportunities to advance their careers within osteopathy (see Table 1).

**Table 1: Thinking about diversity, inclusion and equity**

Statement	Strongly Disagree/ Disagree (-)	No Strong view	Strongly agree/ Agree (+)	Total responded to question
The osteopathic profession values diversity	14 (26%)	15 (28%)	25 (46%)	54
I feel my unique differences are valued within the osteopathic profession <sup>3</sup>	16 (31%)	20 (38%)	16 (31%)	52
I feel a sense of belonging within the osteopathic profession	15 (30%)	9 (17%)	29 (53%)	54
I feel respected by my colleagues	6 (11%)	12 (22%)	36 (67%)	54
People from all protected characteristics have equitable opportunities to advance their careers within osteopathy <sup>4</sup>	23 (43%)	14 (26%)	16 (30%)	53

6. When we look more closely at the demographics in relation to these 5 statements in Table 1, we can see that respondents from minority protected characteristics (in terms of ethnicity and race, disability, sexual orientation, religion and marital status) were **less likely** to feel that:

- the profession values diversity
- my unique differences are valued within the osteopathic profession
- respondents from all protected characteristics have equitable opportunities to advance their careers within osteopathy

<sup>3</sup> e.g. differences based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic

<sup>4</sup> e.g. protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation)

- there was also a greater tendency for osteopaths identifying in these protected groups to not feel a sense of belonging within the profession, compared to the overall survey sample.
7. When osteopaths were asked about their experiences of unwelcome comments or conduct, respondents tended to report this slightly more in their training to become an osteopath (43%) than in the last 12 months of practice (23.5%). Experiences of discrimination either individual experiences or known experiences of colleagues were reported by between 37-39%, just under half the pilot sample (see Table 2).

**Table 2: Experiences of unwelcome comments, conduct and discrimination**

Question	Yes	No	Total responded to question
Have you ever experienced unwelcome comments or conduct while training to be an osteopath that you considered were offensive, or hurtful (e.g. inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours)?	25 (43%)	29 (54%)	54
In the last year, have you ever experienced unwelcome comments or conduct while in practice as an osteopath that you considered were offensive, or hurtful <sup>5</sup>	12 (23.5%)	39 (76.5%)	51
Have you ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity <sup>6</sup> ?	21 (39%)	33 (61%)	54
Has a colleague ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of their background or identity <sup>7</sup> ?	20 (37%)	34 (63%)	54

8. Some of the respondents that had experienced unwelcome comments or conduct while training to become an osteopath shared examples with us (76% or 19 osteopaths), which involved tutors, students and/or patients in the teaching clinics. These broadly focussed on:

- Inappropriate and / or unacceptable sexual remarks or conduct or sexual discrimination (5)
- Inappropriate and / or unacceptable remarks or conduct relating to sexual orientation e.g., homophobia (3)

<sup>5</sup> e.g. inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours?

<sup>6</sup> e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic

<sup>7</sup> e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic



- Failure to make reasonable adjustments for students with known disabilities to the osteopathic education institutions (3)
  - Inappropriate and / or unacceptable remarks relating to either ethnicity and/or religion e.g., racist remarks, bullying (2)
  - Inappropriate and / or unacceptable remarks about accent (2)
  - Other (5) These ranged from 'too many to list', ageism, inappropriate remarks concerning body image / physical characteristics when performing role of model in technique classes, and reluctance to question consent in these settings.
9. Nearly all the respondents that had experienced unwelcome comments or conduct while in practice during the last 12 months shared examples with us (92% or 11 osteopaths). These broadly focussed on the following and primarily concerned patients:
- Inappropriate and / or unacceptable comments or lack of understanding shown about LGBT+ issues (3)
  - Inappropriate and / or unacceptable sexual remarks or conduct (2)
  - Inappropriate and / or unacceptable comments about physical appearance e.g., young, too small, perceived level of strength (2)
  - Inappropriate and / or unacceptable remarks relating to ethnicity e.g., racist remarks (1)
  - Inappropriate and / or unacceptable remarks or conduct relating to religion e.g., antisemitic or not type of patient practice sees (2)
10. Colleagues were mentioned in relation to unwelcome comments and conduct while in practice in relation to two protected characteristics: pregnancy and disability. Experiences tended to concern colleagues providing this personal information to patients without prior consent or knowledge.
11. Nearly all the respondents (95% or 20 osteopaths) that had experienced discrimination (ie unfair, negative or adverse treatment as an osteopath or student based on one or more protected characteristics) shared examples with us. These broadly focused on the following protected characteristics (see Table 3).

**Table 3: Experiences of discrimination**

<b>Protected Characteristic</b>	<b>Some illustrative examples of discrimination</b>
Sex and gender identity (5)	<ul style="list-style-type: none"> <li>• Perception by patients that males provide stronger treatments</li> <li>• Online job adverts for women only with argument given that this is what patients want</li> </ul>
Disability (5)	<ul style="list-style-type: none"> <li>• Reasonable adjustments not made by practice principals</li> <li>• Reasonable adjustments being seen as special treatment rather than as a necessity</li> </ul>

<b>Protected Characteristic</b>	<b>Some illustrative examples of discrimination</b>
	<ul style="list-style-type: none"> <li>• Divulging information to patients about practitioner's disability</li> </ul>
Sexual orientation (3)	<ul style="list-style-type: none"> <li>• Males not wanting to practice with homosexual/ gay practitioner</li> <li>• Belief that a person failed an exam due to sexuality</li> </ul>
Ethnicity and/ or Religion (3)	<ul style="list-style-type: none"> <li>• Disbelief by patient that a practitioner was an osteopath due to their race</li> <li>• Remarks about religious garments worn</li> </ul>
Pregnancy and maternity (2)	<ul style="list-style-type: none"> <li>• Reduced income and hours on return to practice</li> <li>• Divulging information to patients that practitioner was pregnant</li> </ul>
Age (2)	<ul style="list-style-type: none"> <li>• Too young to be an osteopath</li> </ul>
Other (3)	<ul style="list-style-type: none"> <li>○ Too many to mention</li> <li>○ Class structure of osteopathy</li> <li>○ Too small to be an osteopath, perceived youth and lack of strength to give a strong treatment</li> </ul>

12. Some of the respondents (75% or 15 osteopaths) knew of colleagues that had experienced discrimination and shared examples with us. These broadly focused on the following protected characteristics (see Table 4).

**Table 4: Colleagues experiences of discrimination**

<b>Protected Characteristic</b>	<b>Some illustrative examples of discrimination</b>
Ethnicity (also encompassing nationality and religion) (9)	<ul style="list-style-type: none"> <li>• Prejudices concerning ethnicity which resulted in not being given advancement opportunities or receiving lower oral grades</li> <li>• Non-attendance of patients for appointment due to surname</li> <li>• Unfavourable comments made by patients to principal and receptionist based on ethnicity</li> </ul>
Sex and gender identity (4)	<ul style="list-style-type: none"> <li>• Females not being seen as good at practical skills by both patients and tutors</li> <li>• Patients feeling more comfortable being treated by a female practitioner</li> </ul>
Religion (3)	<ul style="list-style-type: none"> <li>• Inappropriate comments about clothes associated with religious faith</li> <li>• Assumptions made rather than asking questions</li> </ul>
Disability (2)	<ul style="list-style-type: none"> <li>• Additional support not provided to students with disabilities</li> <li>• Disabilities not respected by osteopathic schools</li> </ul>
Sexual orientation (2)	<ul style="list-style-type: none"> <li>• Patient asked osteopath to leave treatment room due to their sexuality</li> </ul>
Other (3)	<ul style="list-style-type: none"> <li>○ Maternity leave challenges</li> </ul>

## Section 2 of survey: About you

13. Responses to the section entitled 'About you' are detailed in Annex B. These questions asked respondents whether they identified with any of the nine protected characteristics and about the nature of their working pattern.
14. Broadly, these responses show that the survey is fairly representative, and through the EDI pilot we have been able to capture more views than we have previously in our engagement/ research work of osteopaths with minority protected characteristics, particularly in relation to disability, ethnicity and race, religion and sexual orientation. However, we are slightly under-represented with male and non-binary osteopaths, and osteopaths who are pregnant or on maternity leave, compared to Office of National Statistics data (see Table 5)

**Table 5: Representativeness of EDI pilot when compared with profession wide and population data**

Characteristic	How representative was our pilot?	EDI Pilot (2022)	KPMG (2011) <sup>8</sup>	ONS <sup>9</sup> / Other UK population data sources (2016-2020)	Census 2021
Sex and gender identity	Slightly under-represented Male and Non-binary	53% Female 42% Male 5% Prefer not to say 0% Non-binary 0% Prefer to self-describe Gender identity the same as the sex you were	48% Female 52% Male	51% Female 49% Male	51% Female 49% Male Gender identity the same as the sex you were assigned at birth Yes 93.5% No 0.5% Did not answer 6%

<sup>8</sup> KPMG (2011) How do osteopaths practise?

<sup>9</sup> Please note Census 2021 data on equality and diversity demographics is being released at different rates, household characteristics data was released in the Summer 2022 which included sex, age and married or civil partnership data. Provisional ONS release dates for the remaining protected characteristics are provided in Table 5.

Characteristic	How representative was our pilot?	EDI Pilot (2022)	KPMG (2011) <sup>8</sup>	ONS <sup>9</sup> / Other UK population data sources (2016-2020)	Census 2021
		assigned at birth Yes 93% No 2% Did not answer 5.5%			
Age	Broadly representative with population figures under 50 but over representative of over 50 age group	42% under 50 58% over 50	76% under 50 23% over 50	<u>Percentages here are based on UK Population age (18+):</u> 44% under 50 35% over 50	21% aged 1-17 41% under 50 (aged 18-49) 38% 50 and over (aged 50-100)
Disability	Increased representation from those with disabilities	16%	3%	19% working age population	18%
Ethnicity and race	Increased representation from non-White/White British backgrounds	80% White or white British 9% Asian or Asian British 2% Black or Black British 2% Mixed Ethnic Background 2% Other Ethnic Group	82% White 5% Asian or Asian British 1% Black or Black British 1% Mixed Ethnic Background 1% Other Ethnic Group	86% White or White British 8% Asian or Asian British 3% Black or Black British 2% Mixed Ethnic Background 1% Other Ethnic Group <sup>10</sup>	82% White, White British or White Welsh 9% Asian, Asian British or Asian Welsh 4% Black, Black British, Black Welsh, Caribbean or African 3% Mixed or Multiple Ethnic Group

<sup>10</sup> These figures are based on 2011 Census of working age population

Characteristic	How representative was our pilot?	EDI Pilot (2022)	KPMG (2011) <sup>8</sup>	ONS <sup>9</sup> / Other UK population data sources (2016-2020)	Census 2021
		6% Prefer not to say	8% Prefer not to say		2% Other Ethnic Group
Religion	Increased representation from non-Christian or no religious beliefs/Atheist	28% Christian 18.5% Atheist 39% Religion or belief that is not Christian/Atheist or no religious beliefs <sup>11</sup> 17% Prefer not to say	50.5% Christian 41% No religion 9% Religion or belief that is not Christian/Atheist or no religious beliefs <sup>12</sup> 10% Prefer not to say	41% Christian 53% No Religion <sup>13</sup> 6% Religion or belief not Christian/Atheist <sup>14</sup>	46% Christian 37% No Religion 11% Religion or belief that is not Christian or No religion <sup>15</sup> 6% Not answered
Sexual orientation	Increased representation from diverse sexual orientations	78% Heterosexual/Straight 4% Bi/Bisexual	86% Heterosexual / Straight 0.5% Bi/Bisexual	94% Heterosexual / Straight 1% Bi/Bisexual	89% Heterosexual/Straight 1% Bi/Bisexual 1.5% Gay/Lesbian

<sup>11</sup> This encompasses the following religious beliefs: Buddhist (2%), Hindu (2%), Humanism (6%), Muslim (4%), Pagan (2%), Sikh (4%), Spiritual (13%) and any other religion or belief (6%)

<sup>12</sup> This encompasses the following religious beliefs: Buddhist (1%), Hindu (2%), Jewish (1%), Muslim (2%), any other religion or belief (3%)

<sup>13</sup> British Social Attitudes (2016)

<sup>14</sup> British Social Attitudes (2016)

<sup>15</sup> This encompasses the following religious beliefs: Buddhist (0.5%), Hindu (1.7%), Jewish (0.5%), Muslim (6.5%), Sikh (0.9%), Other (0.6%)

<b>Characteristic</b>	<b>How representative was our pilot?</b>	<b>EDI Pilot (2022)</b>	<b>KPMG (2011)<sup>8</sup></b>	<b>ONS<sup>9</sup>/ Other UK population data sources (2016-2020)</b>	<b>Census 2021</b>
		11% Gay/Lesbian 2% Pansexual  5.5% Prefer not to say	3% Homosexual 0.5% Other  10% Prefer not to say	2% Gay/Lesbian 0.7% Other  3% Do not know or refuse	0.3% Other  7% Not answered
Marriage and Civil Partnership	Over representative of those living in a couple <sup>16</sup>	81.5% living in a couple	63% living in a couple <sup>17</sup>	61% living in a couple	45% married or Civil Partnership
Pregnancy and Maternity	Under-represented of those who are pregnant or on maternity leave, as population data has to be higher than 2% <sup>18</sup>	2%	Not recorded	Not suitable statistic to supply here <sup>19</sup>	N/A - Labour Force Survey, Annual Population Survey and Time Use Survey draw on this theme, but don't directly record number on maternity leave for example.

<sup>16</sup> Living in a couple refers to marriage, civil partnership or cohabiting

<sup>17</sup> KPMG (2011) refers to living in a couple as married or civil partnership

<sup>18</sup> This is being looked at further following publication of the equality and diversity Census 2021 data.

<sup>19</sup>

### Section 3 of survey: Views on attributable data

15. The purpose of this section was to collect personal information, such as a person’s name or registration number, to help us better understand the impact that our regulatory procedures may have on individuals with protected characteristics.
16. 58% of respondents (32 osteopaths) were prepared to put their name and/or registration number to the demographic information they had provided to us, with 42% (or 23, osteopaths) not prepared to do so.
17. 18/23 (or 78%) of those that were not prepared to put their name and/or registration number to the demographic information provided the following reasons for not feeling comfortable to do so (most to least frequent) were:
  - Don’t agree with this data being kept on everyone (e.g. sensitive/personal information that the GOsC shouldn’t know, identity privacy, confirmation bias)
  - Don’t trust GOsC with the use of such information
  - Fear of reprisal if details got back to education providers
  - Matter of choice, providing two options means I can opt for this and be more honest
  - Prefer not to say why I don’t feel comfortable with providing this information
18. This demonstrated the lack of trust and the fear around this topic area within the osteopathic profession and that this is clearly something we need to prioritise and highlight within our communications and engagement going forward.

### Section 4 of survey: Any other comments made by respondents

19. The final section of the EDI pilot survey allowed respondents to provide any other comments or suggestions. These tended to focus on three themes:
  - a. the impact of the pilot on our work and our organisation
  - b. acknowledging the need for change
  - c. the format and language of the survey

**Table 6: Other comments respondents made about the EDI pilot**

Comments about impact	Comments on the need for change	Format and language of the survey
'Need to explain what difference this will make to how GOsC will operate?'	'It's time we change our attitudes and support people to reach their full potential'	'What is meant by equality, diversity, equity – these terms need explaining'
'Look forward to seeing work being put into practice'	'There should be a longer period to lodge a complaint'	'It may be valuable to have a free text space for respondents to make

Comments about impact	Comments on the need for change	Format and language of the survey
	at the education institutions.'	suggestions on positive changes/improvements'
'How transparent will you be about the results from this feedback?'	'There should be a complaint pathway through GOsC if the schools aren't following the disability guidelines that you summarise in one of your documents.'	'Some of the questions should have had a "don't know" option'
'I would ask you to look at the GOsC. How many of the people working there come from my background? How many Osteopaths from my background hold key GOsC positions? Please ask yourself these questions.... Inclusion is just a word that is being used by the profession.'	'The demographic remains limited because voices such as mine are misunderstood and often made to feel unwelcome.'	'I found the first questions difficult to answer since there is variance based on context.'
		'Questions here are too general. E.g., has anyone ever said anything hurtful as a student - of course, people always say stuff. But that doesn't mean student life was discriminatory. The questioning is so general.'

## Recommendations

20. The findings from our EDI pilot demonstrate that our work in this area going forward needs to focus on supporting inclusivity in the following four ways:

- 1) **Collection of EDI data:** the findings of the pilot survey show that the voices of osteopaths with minority protected characteristics are often unheard. We must therefore continue to seek out and amplify inclusion and the voices of a diverse range of osteopaths in our work, for example through the collection of data as part of our registration processes. This can help us to understand the diversity of the profession and subsequently, our role in supporting inclusion and equity. At an appropriate time, we will also run another survey similar to that of this pilot, so as to offer both attributable and non-attributable options when submitting EDI data to our registrants and to measure whether



experiences of diversity, inclusion and equity issues (see Questions 1-5 of the pilot), as a practising osteopath or training to become an osteopath change over time.

- 2) **Through our work with osteopathic education providers to ensure high quality education for students:** to strengthen equality, diversity and inclusion and speaking up provisions in educational standards and guidance and to begin a series of collaborative discussions with osteopathic education providers, people with disabilities and other stakeholders to support ongoing sharing of learning and the facilitation of reasonable adjustments. We must also monitor the implementation of the updated Graduate Outcomes and Standards for Education and training, specifically the requirements relating to inclusion, diversity and equality, and speaking up.
- 3) **Ensuring our communications and engagement with the osteopathic profession is open and inclusive:** this work is ongoing and part of the GOsC Communications and Engagement Strategy.<sup>20</sup> To continue to promote inclusivity within the osteopathic profession through the celebration on our channels of a range of annual cultural and religious events, more diversity represented in our communications and ensuring that we continue to seek expert advice and feedback to reach diverse audiences in our communications and engagement, recruitment and other activities. We must also provide the profession with regular updates on EDI issues by sharing findings, actions and the impact of our work where relevant.
- 4) **To provide additional resources on equality and diversity to support CPD:** we hope to begin this work by collating and sharing online resources from other regulators, such as resources from the General Medical Council (GMC) on topics such as how to tackle racism in the workplace, trans healthcare and sexual misconduct. We aim to reach out to external interest groups such as CPD providers to encourage them to incorporate inclusion, diversity and equality components into their existing training courses or to develop some bespoke EDI training, to increase knowledge and understanding of inclusion, diversity and equality for patients and colleagues.

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<sup>20</sup> Further details on the Communications and Engagement Strategy can be viewed here: [osteopathy.org.uk/comms-strategy](https://osteopathy.org.uk/comms-strategy)

## **Annex A: Focus group findings and how this feedback was used to develop the EDI Pilot survey**

### **Initial focus group findings**

21. On 27 January and 1 February 2022, we tested messaging, the information sheet and pilot survey via focus groups with members of the profession. The key findings from these focus groups were as follows:

### **Overall messaging (including information sheet)**

22. Participants felt we needed to:

- make clear that whether osteopaths take part in the survey or not, neither course of action will have an impact on their professional standing
- highlight that there is a want/wish/intention to change, so as to ensure that this doesn't come across as a tick box exercise
- specify what changes GOsC will make as a result of collecting this data
- convey with more emphasis that the data will be used to benefit/educate the profession
- make clear how GOsC will use the data – this is sensitive data and the profession will need reassurance that this data will be handled with care
- include text that will encourage osteopaths who have experienced discrimination to respond and demonstrate to them that this is an opportunity to share their experience to make a difference
- mention that other professions have shared their EDI data, so if osteopaths take the same approach, they will align better with other health professionals
- say that GOsC is 'receiving your EDI information with gratitude'
- highlight why we are interested in this information and use this as an opportunity to dispel myths. For example, issues participants raised included:
  - Registration declarations will cause an osteopath to be investigated
  - Students are unlikely to disclose disabilities because of negative perceptions of GOsC and fear that they will be removed from the Register due to the requirements around 'good health' for new applicants to the Register.

### **Thinking about diversity, inclusion and equity in relation to the osteopathic profession**

23. Participants felt that these direct questions needed to be asked and the inclusion of such questions in the pilot demonstrated that GOsC is taking EDI seriously.

24. Question 1: On a scale from 1 to 5, where 1 is Strongly disagree and 5 is Strongly agree, how would you rate the following statements? This included the use of 5 statements

- Statements 2<sup>21</sup> and 5<sup>22</sup> were seen as problematic in terms of measurements as background and identity are two separate constructs.
- Some of the statements were thought to be asking multiple things which could make it hard to answer.

25. Question 2: Have you or a colleague ever experienced unwelcome comments or conduct while in practice as an osteopath or while training to be an osteopath that you considered were offensive, embarrassing, or hurtful (e.g., inappropriate jokes, comments, slurs, rumours, hurtful gossip, isolating behaviours)?

- There was a suggestion that everyone is likely to answer 'yes' to this question because at one time or another it is likely that a person/their colleague will have experienced unwelcome comments/conduct.
- Alternatively, a person with protected characteristics who has experienced this type of behaviour consistently may not even answer the question because they may feel frustrated at being asked a question when the answer is an 'obvious yes'.
- A suggestion was made to split the question into 'in training' and 'in practice'.
- Participants were not sure that 'embarrassing' fits within the constructs in the question.
- A suggestion was made to make the question time contingent 'In the last year have you experienced...'
- A suggestion was made to make it clear that this question is being asked because this data will be used to effect positive change.

26. Question 3: Have you or a colleague ever experienced discrimination (i.e., unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

- It was suggested this question could be split into 'have you experienced' and then a separate question 'has a colleague experienced.'

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<sup>21</sup> I feel my unique background and identity (i.e. my differences) are valued within the osteopathic profession

<sup>22</sup> People from all backgrounds and with a range of identities have equitable opportunities to advance their careers within osteopathy.

## Protected characteristic questions

27. Participants felt the following needed to be included concerning the nine protected characteristics:

- **Religion** - Add in the option 'Atheist' rather than just 'No religion or belief' and add 'Humanism/Humanist' as an option
- **Marriage/Civil Partnership status** – Add 'cohabiting' as an option
- **Sex and gender identity** – pronouns and neo pronouns should be included
- **Sexual orientation** – Provide a text box for people who choose the 'prefer to self-describe' option
- **Current working pattern** – Add 'unpaid carer' as an option and there will be osteopaths who work full time as educators, but are non-practising osteopaths, so a distinction is required i.e. convert this to a multi answer question

## Attributable and non-attributable data

28. It was expressed by participants that:

- osteopaths are likely to feel uncomfortable in disclosing their data because
  - GOsC might use this data for Fitness to Practise action in the future
  - Could be perceived as a fishing expedition 'GOsC getting data on them'
- at present the contextual information/text isn't inspiring in this section
- we need to make it clearer why we are asking for attributable data – give examples of what the data would be used for
- include a statement regarding what we will do with the data and who has access to the data
- explain our role as a regulator in this process – what we can and can't do
- we need to communicate how we will use this data to improve osteopathic education
- we need to clarify why we are asking for this data to identify patterns and use examples e.g., CPD scheme prejudicing people with particular characteristics.

## General comments from the focus groups

29. Comments included:

- Share the grey when communicating – be honest about uncertainties, this would be reflective of the OPS and practitioner values
- Participants welcomed the celebration of diversity on GOsC's social media channels over the past year
- Recommended that there is a continuous narrative about EDI in our communications – regular updates on EDI related issues across GOsC work and projects

- Students are fearful of GOsC. For example, students think GOsC will look at social media profiles and if they see something they don't like they will be struck off.
- Students who experience discrimination in Osteopathic Education Institutions (OEIs) are unlikely to complain until they have completed their studies for fear of prejudice
- GOsC is perceived as rigid/inflexible/punitive
- Historic issues between GOsC and osteopaths still exist in the collective memory of the profession – those who went through Fitness to Practise process in previous decades say the hurt doesn't go away

30. During January to February 2022, we took all this feedback into account integrating examples, understanding the why questions and reworking text, sections of the survey and messaging material based on focus group feedback.

### **Additional focus groups**

31. We ran a further online qualitative focus groups (non-survey ways to capture experiences and thoughts) on 28 March and 26 April 2022

32. Key findings from these focus groups included the following:

### **Overall messaging (including information sheet)**

33. Participants commented that:

- Some found the explanation at the beginning of the survey and blog helpful.
- Some found it helpful that the information sheet said this information would not be used in Fitness to Practise investigations.
- Some found it helpful that details on what this data was being used for was provided in both the survey and key communications about it.
- Others felt that most osteopaths were likely to feel anxious about what GOsC would do with the data - largely because the average osteopath is not involved with workforce planning.
- What difference does GOsC hope to achieve still needed to be more explicit. For example, the statement around making changes in current processes for the benefit of the profession was thought to mean very little to most in the profession. Public benefit, what exactly will change as a result, what will be the benefits, and what will the outcomes be, needed to be more explicit. Here it was explained that it is a challenge to say what will change at the moment, because we simply need to learn more about the profession first to know what we need to change, which is why the first section of the pilot survey examines experiences in education and practice.

## Thinking about diversity, inclusion and equity in relation to osteopathic practice

34. There were differing views concerning the statement in Question 1: People from all protected characteristics have equitable opportunities to advance their careers within osteopathy (e.g., protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation), some felt it absolutely important to include and shared experiences relating to this statement. Others did not see its relevance outside of osteopathic education providers or the NHS i.e., the osteopath in a small practice.
35. It was considered that osteopaths perhaps don't think about diversity, inclusion and equity so much or why EDI data matters and may need more education on equality issues and explanations of what these terms mean, because in small practices osteopaths' exposure to such issues are limited.
36. It was also mentioned that CPD providers have become good at looking at how courses map to the OPS, but perhaps don't take into account elements of EDI.
37. Questions 4<sup>23</sup> and 5<sup>24</sup> make use of the term 'adverse' and a participant wasn't sure what adverse might look like.
38. Question 4: Have you ever experienced discrimination (i.e., unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g., age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)? It was raised by some participants that some osteopaths completing the survey who felt they had been discriminated against as a student may have been a very long time ago and may even teach at the osteopathic education institution now and questioned what could be done with this information now. Here we discussed knowing little about the profile of osteopathy and unpacking the experiences in education and practice would help to know what and where impact should be focussed going forward.

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<sup>23</sup> Have you ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of your background or identity (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

<sup>24</sup> Has a colleague ever experienced discrimination (i.e. unfair, negative, or adverse treatment) as an osteopath or osteopathic student based on one or more aspects of their background or identity (e.g. age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation or any other characteristic)?

## **Protected characteristics**

39. What happens if I disclose a disability was a concern among some participants and they were worried that they would be labelled as Fitness to Practise cases as a result and removed from the Register.
40. It was commented that anticipatory disability requirements at some osteopathic education institutions could be strengthened.
41. It was also commented here that it would be good to be able to standardise EDI monitoring of protected characteristics across health regulators, so as to aid comparisons.

## **Attributable and non-attributable data**

42. Some participants felt that offering a safe space like the focus group, which involved attributable data, could open up discussions and identify issues between registrants and the regulator.
43. There was some concern that if respondents provided their name/registration number that their protected characteristics would be displayed on the GOsC Register for patients to see. Reassurance on this was provided that this wasn't the case and that this was stated in the information sheet.
44. It was considered helpful that a choice was offered as to whether respondents wanted to attribute their data or not. Having the option to non-attribute data made some participants feel that they could 'safeguard themselves,' from how this information might be used both now and in the future.
45. Some suggestions were offered about softening the introductory text under the attributable data section, which included:
  - You are not obliged to give us your name/registration number, but it would be helpful and then explain why.
  - As an osteopath you can make a difference if you provide this because...
  - Include year of qualification as well as name/registration number, as if respondents don't give registration number or name, year of qualification will give an indication of recency of experience.
  - Also signposting to organisational support afterwards.
46. General comments from participants included:
  - There was a consensus that this work on EDI needs to be done and that these focus groups were useful as opening sessions.
  - There was a general perception that osteopathy needs to catch up with other healthcare professions in terms of EDI, so as to keep up with changes in society.

- There was some appetite to see a package of CPD resources developed for the website on equality of opportunity and value of difference in terms of how osteopaths see themselves as practitioners and/or how they approach or work with patients with particular protected characteristics.

47. We used this feedback that we received to inform a blog which was published. From these focus groups we have a better understanding now of the enablers and barriers, and we have tried to reflect this within the most recent blog too, by for example, explaining what difference we hope to achieve by collecting a complete set of EDI monitoring data. This blog was published on 13 April 2022 and was entitled: How osteopaths are responding to our EDI pilot so far. This blog can be viewed here: <https://www.osteopathy.org.uk/news-and-resources/blogs/how-osteopaths-are-responding-to-our-edi-pilot-so-far/>



## Annex B: EDI Pilot Survey: Responses to protected characteristics questions (About you section)

EDI Information	Number	Percentage	
<b>Sex and Gender identity</b>			
Male	23	42%	
Female	29	53%	
Non-binary	0	0	
Prefer to self- describe	0	0	
Prefer not to say	3	5.5%	
Total	55		
Which pronouns or neopronouns do you currently use?			
She, her, hers, herself	30	59%	
He, him, his, himself	23	45%	
They, them, their, theirs, themself	0	0	
Ze, zir, zirs, zirsself	0	0	
Hir, hirs, hirself	0	0	
Xe, xem, xyr, xyrs, xemself	0	0	
Ve, ver, vis, verself	0	0	
Something else	3	6%	
Total	56		
Gender Reassignment - Is your gender identity the same as the sex you were assigned at birth			
Yes	51	93%	
No	1	2%	
Prefer not to say	3	5.5%	

Total	55		
<b>Age</b>			
20-24	0	0	
25-29	4	7%	
30-34	3	5.5%	
35-39	3	5.5%	
40-44	8	14.5%	
45-49	5	9%	
50-54	8	14.5%	
55-59	14	25.5%	
60-64	6	11%	
65+	2	4%	
Prefer not to say	2	4%	
Total	55		
<b>Disability</b>			
Taking this into account <sup>25</sup> , do you consider yourself to be a person with a disability?			
Yes	9	16%	
No	43	78%	
Prefer not to say	3	5.5%	
Total	55		
Do you have any of the following disabilities, long term conditions or impairments?			

<sup>25</sup> Equalities legislation defines disability as a physical or mental impairment which is substantial and long-term (i.e. has lasted or is expected to last at least 12 months) adverse effects on their ability to carry out day-to-day activities.

I do not have a disability, long-term condition or impairment	29	59%	
Dyslexia, dyscalculia, dyspraxia	9	18%	
Neurodiverse (e.g. autism, ADHD, Asperger's etc)	3	6%	
Long term/chronic physical health condition	6	12%	
Mobility impairment or musculoskeletal condition	2	4%	
Hearing impairment	2	4%	
Visual impairment	1	2%	
Speech impairment	1	2%	
Mental health condition	2	4%	
Receiving reasonable adjustment	1	2%	
I have an impairment, health condition or learning difficulty that is not listed above (Please specify if you wish)	0	0	
Total	56		
<b>Ethnicity and race</b>			
Asian and Asian British	5	9%	
Black and Black British	1	2%	
Mixed Ethnic Background	1	2%	

White or White British	43	80%	
Other Ethnic Background	1	2%	
Prefer not to say	3	6%	
Total	54		
<b>Asian and Asian British</b>			
Bangladeshi	0	0	
Indian	3	60%	
Pakistani	1	20%	
Chinese	0	0	
Any other Asian or Asian British background	1	20%	
Total	5		
<b>Black or Black British</b>			
African	0		
Caribbean	1	100%	
Any other Black or Black British, African or Caribbean background	0		
Total	1		
<b>Mixed Ethnic Background</b>			
White and Asian	0	0	
White and Black African	0	0	
White and Black Caribbean	0	0	
White and Chinese	0	0	

Any other mixed or multiple ethnic background	1	100%	
Total	1		
<b>White or White British</b>			
British	20	46.5%	
English	10	23%	
Irish	3	7%	
Northern Irish	0	0	
Scottish	2	5%	
Welsh	0	0	
Gypsy/Traveller	0	0	
Polish	0	0	
Roma	0	0	
Any other White or White British background	8	19%	
Total	43		
<b>Other Ethnic Group</b>			
Arab	0	0	
Filipino	0	0	
Any other ethnic group	1	100%	
Total	1		
<b>Religion</b>			
Atheist	10	18.5%	
Buddhist	1	2%	
Christian	15	28%	

Hindu	1	2%	
Humanism/Humanist	3	6%	
Jewish	0	0	
Muslim	2	4%	
Pagan	1	2%	
Sikh	2	4%	
Spiritual	7	13%	
Any other religion or belief (all Agnostic)	3	6%	
Prefer not to say	9	17%	
Total	54		
<b>Sexual Orientation</b>			
Asexual	0	0	
Bi/Bisexual	2	4%	
Gay/Lesbian	6	11%	
Heterosexual/straight	43	78%	
Pansexual	1	2%	
Queer	0	0	
Prefer to self- describe	0	0	
Prefer not to say	3	5.5%	
Total	55		
<b>Marriage and Civil Partnership</b>			
Married	32	58%	
Civil partnership	5	9%	
Single	5	9%	

Divorced	2	4%	
Widowed	1	2%	
Cohabiting	8	14.5%	
Prefer not to say	2	4%	
Other	0	0	
Total	55		
<b>Pregnancy and Maternity</b>			
Do you consider yourself to fall under the protected characteristic of 'pregnancy and maternity'? <sup>26</sup>			
Yes	1	2%	
No	52	94.5%	
Prefer not to say	2	4%	
Total	55		
<b>Current working pattern</b>			
Full time	31	56%	
Part time	20	36%	
Maternity leave, paternity leave, parental leave, adoption leave due to caring responsibilities	0	0	
Unpaid carer	2	4%	
Non- practising	1	2%	

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<sup>26</sup> 'Pregnancy' refers to the condition of being pregnant or expecting a baby, and 'maternity' refers to the period of 26 weeks after birth or miscarriage.

Prefer not to say	2	4%	
Other	1	2%	
Total	57		