

# General Osteopathic Council

Performance Review  
Periodic review 2023/24

# General Osteopathic Council

## Performance review report 2023/24

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## Our performance review process

We have a statutory duty to report annually to Parliament on the performance of the 10 regulators we oversee. We do this by reviewing each regulator's performance against our Standards of Good Regulation and reporting what we find. The judgements we make against each Standard incorporate a range of evidence to form an overall picture of performance. Meeting a Standard means that we are satisfied, from the evidence we have seen, that a regulator is performing well in that area. It does not mean there is no room for improvement. Where we identify areas for improvement, we pay particular attention to them as we continue to monitor the performance of the regulator. Similarly, finding that a regulator has met all of the Standards does not mean perfection. Rather, it signifies good performance in the 18 areas we assess.

Our performance reviews are carried out on a three-year cycle; every three years, we carry out a more intensive 'periodic review' and in the other two years we monitor performance and produce shorter monitoring reports. Find out more about our review process [here](#). We welcome hearing from people and organisations who have experience of the regulators' work. We take this information into account alongside other evidence as we review the performance of each regulator.

This is a periodic review report on the General Osteopathic Council (GOsC) and covers 1 April 2023 to 31 March 2024.

## About the GOsC

The GOsC regulates the practice of osteopaths in the United Kingdom. It has **5,519 osteopaths** on its register (as at 31 March 2024).

## About the GOsC's performance for 2023/24

For this review, the GOsC met 18 out of 18 of our Standards of Good Regulation. These Standards provide the benchmark against which we review performance. Meeting or not meeting a Standard is not the full story about how a regulator is performing. Our report provides more detail about the GOsC's performance this year.

Standards of Good Regulation met 2023/24		
	General Standards	5 out of 5
	Guidance and Standards	2 out of 2
	Education and Training	2 out of 2
	Registration	4 out of 4
	Fitness to Practise	5 out of 5
	<b>Total met</b>	<b>18 out of 18</b>
	<b>Standards met 2021-23</b>	
	2022/23	18 out of 18
	2021/22	18 out of 18

## Key findings

### Equality, Diversity and Inclusion (EDI)

This year, we have used a new approach to assessing regulators against this Standard. In order to meet the Standard, regulators must assure us they are delivering the four high-level outcomes supported by our new evidence matrix. The GOsC has met the Standard and has demonstrated good practice in taking action to secure external input into its policy work and in the clear EDI focus of the standards required for registrants, students and Osteopathic Education Institutions (OEs).

The GOsC has plans in place to increase the amount of EDI data it holds on registrants and to review its fitness to practise guidance to ensure that it addresses allegations of racist and discriminatory behaviour. We will monitor the GOsC's activities and progress in these areas.

### Early-stage decision making in fitness to practise

This year we reviewed a sample of the GOsC's fitness to practise cases to evaluate the quality of its early-stage decision-making. We reviewed a high proportion of the GOsC's early-stages closures and considered that a reasonable decision had been reached in the great majority of those cases. Overall, our audit provided assurance that the GOsC has processes and controls in place to ensure robust decision-making at the earlier stages of its fitness to practise process and that those controls are generally working effectively.

### Fitness to practise publication policy

In this review period the GOsC held a public consultation on its revised fitness to practise publication policy. In our response to the consultation, we suggested that the GOsC should include a link to admonishments on the Register to improve the contribution of the published register to public protection. The GOsC decided to make this change as a result of our feedback and published the revised policy in June 2023.

### Patient and public engagement in osteopathic education

Patient and public involvement in osteopathic education is part of the GOsC's educational requirements outlined in its Graduate Outcomes for Osteopathic Pre-registration Education (Graduate Outcomes) and Standards for Education and Training (SET). The GOsC has been working with OEs on a thematic review since 2019 to identify good practice in the sector and to explore barriers and enablers to patient involvement in osteopathic education. This year it published the report of the thematic review, intended as a user-friendly report for osteopathic stakeholders to encourage greater engagement with the findings and to highlight some next steps.

# General Standards

## 1

**The regulator provides accurate, fully accessible information about its registrants, regulatory requirements, guidance, processes and decisions.**

- 1.1 The GOsC continues to publish information about its role and activities. It has dedicated sections of its website and separate websites for different areas of its work. The GOsC's register is on the main website and is accurate and easy to search. The GOsC's website meets a recognised accessibility rating.<sup>1</sup>
- 1.2 In this review period the GOsC has undertaken an accessibility audit of its general public and specific websites, including those for Continuing Professional Development (CPD) and Osteopathic Practice Standards (OPS). The GOsC has made changes to its website to make it clearer for members of the public to find information about raising a concern, including the creation of a separate Raise a Concern tab.
- 1.3 We carried out an audit of the GOsC's early-stage fitness to practise decision-making in this review period. As part of our feedback to the GOsC we suggested that it could consider how to make it clearer to people raising a concern what it means to formalise a complaint. The GOsC said it would consider this feedback as part of its ongoing work to update the information available to the public about submitting concerns.

## Conclusion

The GOsC continues to publish accurate and accessible information on its websites. We are satisfied that this Standard is met.

## 2

**The regulator is clear about its purpose and ensures that its policies are applied appropriately across all its functions and that relevant learning from one area is applied to others.**

### Patient voice in governance

- 2.1 In this review period the GOsC has actively considered how the patient voice might be embedded in its governance. It carried out a horizon-scanning exercise to identify possible effective models and decided to proceed with the first 18-month phase of a two-phase pilot to run in 2025-26, which will involve the recruitment of two patient representatives who would inform the Council's decisions but would not have decision-making rights. The GOsC sees this phase as a period of learning which would be evaluated prior to consideration of a move to a second

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<sup>1</sup> Level 2 of the W3C (World Wide Web Consortium) accessibility rating.

phase of recruitment to a permanent patient-representative Lay Council Member. We will continue to monitor the GOsC's work in this area.

## New Corporate Values

- 2.2 The GOsC agreed new corporate values<sup>2</sup> this year. The GOsC has not had publicly stated values before, and an internal assessment of its performance activity identified this as a gap. The development of the values formed part of the Council's consideration of its strategic direction.

## Conclusion

The GOsC continues to be clear about its purpose. We are satisfied that this Standard is met.

# 3

**The regulator understands the diversity of its registrants and their patients and service users and of others who interact with the regulator and ensures that its processes do not impose inappropriate barriers or otherwise disadvantage people with protected characteristics.**

- 3.1 This year, we have used a new approach to assessing regulators against this Standard<sup>3</sup>. As part of our new approach, we have broken down the Standard into four separate outcomes. For a regulator to meet the Standard, we would need to be assured that the regulator has met all four of the outcomes. Our assessment of the GOsC's performance against the four outcomes is set out below.

### Outcome 1: The regulator has appropriate governance, structures and processes in place to embed EDI across its regulatory activities

- 3.2 The GOsC is a small organisation and its governance structure in relation to EDI is not highly formalised. The Chief Executive is responsible for overseeing its EDI work and is held to account by Council. The GOsC considered introducing an EDI staff group but decided against it. We do not prescribe the approach that regulators should take in determining the appropriate governance structures for them, though we do expect regulators of all sizes to have appropriate controls in place to ensure they can meet their obligations with respect to EDI.
- 3.3 The GOsC reports publicly on progress against its EDI framework, and championing inclusivity is one of the three priorities of its 2024-30 Strategic Plan. It publishes formal Equality Impact Assessments (EIA) on all major projects as part of its public Council papers.

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<sup>2</sup> Collaborative; influential; respectful; evidence-informed.

<sup>3</sup> More information is available in our [guidance document](#).

## Good Practice

The GOsC has demonstrated good practice in taking action to secure appropriate external input – including from subject experts and underrepresented groups – into its EIAs and policy development work:

- It has a Patient Involvement Forum and offers additional support to make this accessible
- It commissioned EDI expert input into its revision of guidance documents including the Graduate Outcomes and guidance for students on professional behaviours
- It made small payments to enable participants with particular protected characteristics to contribute to its review of the Graduate Outcomes, as their views were under-represented in its pre-development feedback

- 3.4 At the point of our assessment, the GOsC was in the process of collecting EDI data across senior staff and non-executive roles. The GOsC has issued an EDI survey to staff and members of the Governance Structure with a closing date of the end of May 2024. It told us it is developing plans about how to use the data, for example to inform work with its People Committee to develop KPIs around EDI.

**Outcome 2: In terms of EDI, the regulator ensures that registrants and students are equipped to provide appropriate care to all patients and service users, and have appropriate EDI knowledge and skills**

- 3.5 The GOsC's core standards for registrants, the Osteopathic Practice Standards (OPS), emphasise registrants' legal obligations not to discriminate against people on the basis of protected characteristics. They also highlight where considerations of diversity and inclusion may be particularly relevant. For example, in relation to the requirement to respect patients' dignity and modesty, the OPS reminds registrants that 'Patients will have different requirements for maintaining their dignity and modesty during a consultation, and you must be sensitive to these. Some of these ideas may have been shaped by a patient's culture or religion, but it is unwise to make assumptions about any patient's ideas of modesty'.
- 3.6 The GOsC's Graduate Outcomes set out what students must be able to demonstrate before graduating from an approved training course. They require trainees to have experience of patients with a range of characteristics and needs, and to be able to provide care that is responsive to diverse needs. They include, where relevant, specific requirements about graduates' ability to provide appropriate care to all patients, for example:
- Adapting clinical assessments to take appropriate account of underlying health conditions or different skin tones.
  - Adapting communication styles to take account of patients' individual needs
  - Understanding the impact of discrimination and health inequalities and how to explore context to provide better care for patients.



- 3.7 The GOsC's Standards for Education and Training (SET) set out the requirements for osteopathic education institutions (OEs). OEs must demonstrate how they take account of students' diverse needs, including:
- Effectively implementing and monitoring equality and diversity policies
  - Ensuring that resources available take account, proactively, of the diverse needs of students
  - Ensuring the learning culture is fair and inclusive, and is such that people feel safe to speak up about inappropriate behaviour.
- 3.8 The GOsC told us that its new education quality assurance process is focused on the delivery of the standards (see Standard 9 below). So, the specific inclusion of EDI considerations in the standards means that they are specifically addressed in the GOsC's quality assurance activity, such as review visits and annual monitoring reports. We have seen that reporting against the new standards describes how OEs are meeting the standards, including in relation to specific EDI requirements.
- 3.9 Towards the end of our review period, the GOsC consulted on new guidance about professional behaviours and student fitness to practise. The draft new guidance includes expectations around speaking up about discrimination and highlights discriminatory behaviours as likely to give rise to concerns about students' fitness to practise.

### **Good Practice**

The GOsC's standards show a clear focus on equality, diversity and inclusion, across its requirements for registrants, pre-registration trainees, and OEs.

### **Outcome 3: In terms of EDI, the regulator makes fair decisions across all regulatory functions**

- 3.10 The GOsC holds nearly complete EDI data for its registrants in respect of three characteristics<sup>4</sup>. It holds relatively limited data about other protected characteristics.
- 3.11 We have reported in recent years on the GOsC's plans to improve the data it holds about its registrants. The GOsC plans to integrate EDI data collection with renewal of registration, which it expects to increase the rate of completion. It needed to complete a large IT project to enable it to do this. That project, which has been delayed, is now underway, and the GOsC expects to transition to a new system during 2024. Because GOsC registrants renew registration on the anniversary of their initial registration, rather than at a fixed point in the year, it will take a full year

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<sup>4</sup> Gender, age and nationality.

for all registrants to have gone through the renewal process once EDI data collection is integrated into it.

- 3.12 Although the GOsC holds limited data about its registrants, it is already taking action to identify and reduce the risk of unfairness in its processes and decisions. It analysed the findings of its CPD evaluation survey to identify whether there were any barriers to participating in the scheme. It found some evidence of additional difficulties for older osteopaths and those outside the UK. It plans to continue to explore support mechanisms for these groups and to continue to track CPD completion against protected characteristics.
- 3.13 It has also introduced the anonymisation of registrant EDI data at the screening and investigation stages, following a pilot and feedback from committee members and legal assessors. This is intended to minimise the possibility of conscious or unconscious bias and to ensure a consistent and fair approach to decision-making.
- 3.14 The GOsC started collecting EDI data for complainants from December 2023. It is also working with the National Council for Osteopathic Research (NCOR), which produces an annual review of concerns and complaints data from the osteopathic sector. NCOR is beginning a pilot project to improve the data it collects from complainants about protected characteristics, to help provide further insight.

### *Opportunity for Improvement*

The GOsC holds limited EDI data about its registrants. It has a clear plan in progress to improve this. EDI data is important because without it, it is more difficult for regulators to identify where their processes may be affecting people differently on the basis of different protected characteristics. We will monitor the progress of the GOsC's data collection, and we will expect it to increase the proportion of data it holds over the next year.

- 3.15 The GOsC's guidance for hearing panels identifies discriminatory behaviour as an aggravating factor. But its published guidance for decision-makers at earlier stages in the process does not mention these kinds of allegation. The GOsC's business plan for next year includes a comprehensive review of all its fitness to practise guidance to ensure that it addresses allegations of racist and discriminatory behaviours. This is due to be complete by March 2025.
- 3.16 The GOsC provides training to assist staff and decision-makers in addressing allegations of racism and other discriminatory behaviour. It told us it has received only a handful of concerns about such behaviour but that they are always taken seriously. We are not aware of any evidence of the GOsC failing to identify or deal appropriately with such cases. When we reviewed a sample of the GOsC's fitness to practise casework (see Standards 14-18 below) we saw that its risk assessment templates prompted staff to consider discrimination as an aggravating factor.

### *Opportunity for Improvement*

There are currently some gaps in the extent to which the GOsC's fitness to practise guidance addresses allegations of racist and discriminatory behaviour. The GOsC is already planning a review to address this. We will monitor outcomes of this work.

### Outcome 4: The regulator engages with and influences others to advance EDI issues and reduce unfair differential outcomes

- 3.17 We noted under Outcome 1 that the GOsC has demonstrated good practice in engaging with a diverse range of stakeholders to inform its regulatory work. This includes its Patient Involvement Forum and other targeted engagement with stakeholders, such as:
- Working with OEIs, students, graduates and an EDI consultant to review its guidance on professional behaviours and student fitness to practise
  - Pre-development feedback for the Graduate Outcomes.
- 3.18 The GOsC contributes funding to NCOR, which produces an annual review of osteopathic complaints. It has also co-funded research to explore and describe the experiences of underrepresented groups in osteopathic education.
- 3.19 The GOsC provides routes for people to speak up about bias and discrimination. Its whistleblowing policy was updated in 2022 and signposts to sources of support including its free Independent Support Service. It redesigned its concerns web page following feedback and in response to the Witness to Harm research. The GOsC told us it assesses all corporate complaints for EDI implications, though this data is not routinely published, as the very small numbers of complaints limit the usefulness of quantitative data and risk making complainants identifiable.

## Conclusion

The GOsC has performed strongly against many of the indicators in the evidence matrix, and we have identified several areas of good practice. Where there are gaps, the GOsC has specific plans in place to address them. We are satisfied that this Standard is met.

## 4

### **The regulator reports on its performance and addresses concerns identified about it and considers the implications for it of findings of public inquiries and other relevant reports about healthcare regulatory issues.**

- 4.1 The GOsC publishes Council papers, including regular performance reports, and minutes on its website and continues to hold four Council meetings a year. The GOsC also publishes papers and minutes for its Policy and Education Committee

(PEC) and meetings are open to the public to observe. The GOsC continues to publish annual reports, accounts and responses to consultations on its website.

- 4.2 The GOsC received seven corporate complaints in 2022/23 which, although three more than in the previous year, is still very small.

## Conclusion

The GOsC has continued to report on its performance in this review period. We are satisfied that this Standard is met.

## 5 The regulator consults and works with all relevant stakeholders across all its functions to identify and manage risks to the public in respect of its registrants.

- 5.1 The GOsC carried out public consultations in this review period on its 2024-30 Strategic Plan, Interim Suspension Order and Undertakings guidance and Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers.
- 5.2 The GOsC worked with a range of stakeholders this year, including osteopaths, OEs and service users. It published findings<sup>5</sup> from its Patient and Public Perceptions Survey carried out by YouGov. This was the third wave of the survey which previously took place in 2014 and 2018, and findings were broadly consistent with those from previous years.

### Transition into Practice

- 5.3 Since October 2022 the GOsC has been carrying out research as part of its project to support new graduates (UK and internationally qualified) transitioning into practice. Through the project, the GOsC hopes to improve its understanding of the barriers and enablers to building communities of practice for new graduates and to develop relevant resources. The project has involved extensive engagement with newly qualified registrants and the GOsC now plans a profession-wide online dissemination event to share research findings with stakeholders. The GOsC also plans to work with stakeholders to reach some solutions. We will monitor the GOsC's progress in this area.

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<sup>5</sup> <https://www.osteopathy.org.uk/news-and-resources/news/findings-of-public-and-patients-perceptions-survey-published/>



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### **What we heard from stakeholders**

We received largely positive feedback from seven stakeholder organisations who had had engagement with the GOsC during this review period. One stakeholder organisation provided critical feedback about the GOsC’s engagement with its members. It has shared its concerns directly with the GOsC to address, and we have seen that the GOsC has been taking steps to respond to these concerns. Some stakeholders provided feedback on specific issues, and we have included this feedback under the relevant Standards.

“The GOsC is an honest and approachable organisation which is clear about its primary purpose to protect the public. The GOsC’s senior management team is very capable and responsive, and they will take time to give thoughtful responses to queries and will provide an explanation if they are unable to help.”

*Stakeholder organisation*

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### **Conclusion**

The GOsC continues to engage with stakeholders, and we have received mostly positive feedback about this. We are satisfied that this Standard is met.

## **Guidance and Standards**

### **6**

**The regulator maintains up-to-date standards for registrants which are kept under review and prioritise patient and service user centred care and safety.**

- 6.1 The GOsC has a dedicated website for the OPS. It has not made any changes to its Standards, and we have not received any concerns about these in this review period.

### **Conclusion**

The GOsC continues to maintain up-to-date standards for registrants. We are satisfied that this Standard is met.

# 7

**The regulator provides guidance to help registrants apply the standards and ensures this guidance is up to date, addresses emerging areas of risk, and prioritises patient and service user centred care and safety.**

## The GOsC's shared decision-making resources

- 7.1 In last year's report we noted that the GOsC had appointed a researcher to evaluate the effectiveness of its values based resources to support patients to make explicit what is important to them in a consultation. The evaluation looked at a number of matters including:
- Whether the resources supported or could have supported a better quality conversation between patient and practitioner, and if so how
  - How the resources might be improved to better support the patient and the practitioner and
  - Whether the resources had an impact to support a better understanding of shared decision making and patient autonomy.
- 7.2 The evaluation found that where the resources were used, they were used adequately and appropriately; that patients felt respected and understood and found the resources very informative and useful and felt that their 'voice' was heard. The evaluation's findings also highlighted the need to improve awareness of the resources and shared decision-making more generally amongst osteopaths. Recommendations from the evaluation report<sup>6</sup> included the need for training and development for osteopaths and the development of shared decision-making aids for both osteopaths and patients, outlining the benefits and risks of treatment options. The report also recommended that all the patient resources be made available on the GOsC's 'Visiting an osteopath' web page.
- 7.3 The GOsC has updated its website to improve the accessibility of the shared decision-making resources on its website, by adding them onto the Visiting an Osteopath page. The GOsC plans to consider further the issue of what shared decision-making is in osteopathy, and the extent to which osteopaths are required to be able to discuss in detail non-osteopathic care options. We will continue to monitor the GOsC's work in this area.

## Further guidance

- 7.4 This year the GOsC reviewed its guidance on Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers. It incorporated feedback on the draft revised document from Osteopathic Education Institutions (OElS), students and staff, with guidance from an EDI consultant, into a single document which updates and combines two previous separate documents.

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<sup>6</sup> <https://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/council-february-2024-public-agenda-february-2024-final/>

The revised guidance went out to public consultation in February 2024. We will monitor the outcome of this consultation.

## Conclusion

We have seen evidence in this review period that the GOsC continues to provide updated guidance for registrants. We are satisfied that this Standard is met.

## Education and Training

### 8

**The regulator maintains up-to-date standards for education and training which are kept under review, and prioritise patient and service user centred care and safety.**

- 8.1 Last year we reported on the publication of the GOsC's newly developed Standards for Education and Training (SET) and Graduate Outcomes for Osteopathic Pre-registration Education (Graduate Outcomes). In this review period the GOsC has developed an additional resource for OEIs to support them in their effective implementation and evaluation of the Graduate Outcomes and SET. The resource aims to support more explicit reflection, evaluation and reporting against the Standards.

### Patient and public engagement in osteopathic education

- 8.2 Patient and public involvement in osteopathic education is part of the GOsC's educational requirements outlined in its Graduate Outcomes and SET. The GOsC has been working with OEIs on a thematic review since 2019 to identify good practice in the sector and to explore barriers and enablers to patient involvement in osteopathic education. The review has included a sector-wide survey, a literature review, interactive workshops, a review of OEIs' annual reports and interviews with provider representatives. We will continue to monitor the GOsC's work in this area.
- 8.3 This year the GOsC hosted a workshop with OEIs to highlight the benefits of patient involvement and share findings from the review. In February 2024 it published the report<sup>7</sup> of the thematic review, intended as a user-friendly report for osteopathic stakeholders to encourage greater engagement with the findings and to highlight some next steps.
- 8.4 We received positive feedback from a stakeholder about the GOsC's inclusion of feedback from OEIs in its review of the Graduate Outcomes and SET. The stakeholder also commented that putting the two documents together and clarifying the relationship between them has led to improved understanding and

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<sup>7</sup> [www.osteopathy.org.uk/news-and-resources/news/engaging-patients-in-osteopathic-education-report-published/](http://www.osteopathy.org.uk/news-and-resources/news/engaging-patients-in-osteopathic-education-report-published/)



accessibility of their contents to a wider audience, including students. The stakeholder described the way the SET has been used to assess OEIs through the Annual Monitoring Review (AMR) process as transparent.

## Conclusion

The GOsC has continued this year to work on supporting materials for its revised Graduate Outcomes and SET, and we have received positive feedback about its approach. Its work includes a specific focus on public and patient engagement. We are satisfied that this Standard is met.

# 9

**The regulator has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees are delivering students and trainees that meet the regulator's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.**

## Quality assurance

- 9.1 The GOsC completed its update of its risk-based approach to quality assurance at the end of last year's review period and finalised its Quality Assurance (QA) framework. The framework now includes a 'sweeper statement' which allows OEIs to report serious adverse events that occur outside of the Annual Reporting cycle. The GOsC's aim is that the framework should focus on managing risks effectively, rather than on a specific process institutions must follow, thus allowing OEIs to use their own processes and procedures, while still achieving the desired outcomes.
- 9.2 We sought further information from the GOsC about the implementation of the new framework. It reflected that Recognised Qualification (RQ) visits and monitoring documentation are now both focused on the requirements of the SET. Each OEI conducts a self-assessment against the SET documentation as part of the annual monitoring. The GOsC has updated the template documentation: documents are pre-populated with the previous years' information, so it is easier for OEIs to update them; the annual report template includes a new section aimed at encouraging a more reflective response in relation to good practice, challenges and risk management. The GOsC shares draft reports with OEIs so they have an opportunity to correct any omissions or clarify any misunderstandings.
- 9.3 We received positive feedback from a stakeholder about the Annual Monitoring Review (AMR) and annual updating process supporting improved feedback and communication between OEIs and the GOsC. We also received positive feedback about the good flexibility and adaptability in the annual review process reflected in the setting up of an online RQ visit.



## Conclusion

The GOsC has provided further information about how it has implemented its new approach to quality assurance. The increased focus on risk and reflection appears reasonable. We have received positive feedback about its work in this area. We are satisfied that this Standard is met.

## Registration

### **10** | The regulator maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.

- 10.1 During this review period, there have been no changes to the way the GOsC register is published or accessed. We carried out a check of the GOsC's register and identified no concerns about the information displayed.

#### **Fitness to practise publication policy**

- 10.2 In this review period the GOsC held a public consultation on its revised fitness to practise publication policy, engaged with osteopaths and gathered feedback from members of the Investigating Committee (IC), Professional Conduct Committee (PCC) and legal assessors. In our response to the consultation, we suggested that the GOsC should include a link to admonishments on the Register. The GOsC decided to make this change as a result of our feedback. The revised policy was published in June 2023.

## Conclusion

We have not identified any concerns about the GOsC's performance. It changed its approach to publishing sanctions on the register in response to our feedback, which we think will improve the contribution of the published register to public protection. We are satisfied that this Standard is met.

### **11** | The process for registration, including appeals, operates proportionately, fairly and efficiently, with decisions clearly explained.

#### **Registration processing times and appeals**

- 11.1 The GOsC's median processing times remain very low for both UK and international applications, at around one day. The GOsC has received just four international applications in the review period. The GOsC reported no registration appeals in the review period.

## Mutual recognition of qualifications

- 11.2 A stakeholder contacted us to say that they had raised concerns with the GOsC that the lack of recognition of osteopathic qualifications in Europe since the UK's withdrawal from the European Union was leading to a decline in students studying osteopathy in the UK. The GOsC has commenced work to better understand and explore issues around the portability of UK osteopathy qualifications into practice overseas. The GOsC proposes to establish relationships with overseas regulators. We will continue to monitor this work.

### Conclusion

We do not have concerns arising from the GOsC's registration performance data. It is reasonable for the GOsC to consider the concerns raised with it in relation to international recognition of qualifications. We are satisfied that this Standard is met.

## 12 | 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.

- 12.1 In this review period the GOsC continued to receive and look into concerns about illegal practice. The number of live cases has remained stable over the period, and we have seen evidence of the GOsC successfully prosecuting people who use the protected title while unregistered.

### Conclusion

The GOsC appears to have effective processes in place to address non-registrants using a protected title or undertaking a protected act. We are satisfied that this Standard is met.

## 13 | The regulator has proportionate requirements to satisfy itself that registrants continue to be fit to practise.

- 13.1 We have been monitoring the GOsC's work to evidence the impact of its CPD scheme. This year, the GOsC has developed and piloted a CPD Evaluation Survey<sup>8</sup> which was open from 14 January 2024 to 12 April 2024, and which achieved a 9% response rate. The GOsC has also carried out an accessibility

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<sup>8</sup> The findings were considered by the GOsC's Policy and Education Committee on 6 June 2024.

audit of its CPD website and has started to implement the findings. We will continue to monitor the GOsC's work in this area.

- 13.2 As reported last year, we have been monitoring how the GOsC has incorporated learning from the boundaries research into changes to the CPD scheme. The GOsC told us that it has continued to use the case studies it produced last year to support face-to-face and online engagement with registrants and students. It also used the recent publication of the NCOR report to publicise them again. It participates in various sessions with a range of stakeholders and plans to produce a series of podcasts, one of which will be about boundaries. We will continue to monitor the GOsC's work in this area.



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### **What we heard from stakeholders**

“There seems to be continuous communication with the profession regarding the very rigorous CPD scheme. There has been general discussion on ways to improve it and measure its impact. “

*Stakeholder organisation*

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## **Conclusion**

The GOsC continues to evaluate its CPD scheme and has started to improve the accessibility of the information available to registrants. We are satisfied that this Standard is met.

## **Fitness to practise**

### **14 | The regulator enables anyone to raise a concern about a registrant.**

- 14.1 This year we carried out case review work to evaluate the quality of the GOsC's early-stage decision-making. Our sample included all the cases closed under the Initial Closure Procedure (ICP) in the first half of the review period. We did not have concerns about any of the decisions to close cases under the ICP, so we were satisfied that the ICP was not acting as a barrier to raising concerns.
- 14.2 We saw that some complainants who had completed the GOsC's online Concerns Enquiry Form were being asked to complete a complaint form to 'formalise' the case. We acknowledged that the GOsC had valid reasons for needing information included on the form, such as the complainant's consent. But we thought it would be helpful for the GOsC to explain to those raising a concern what it means to

formalise a complaint, and why the online form is not sufficient to take the case further.

- 14.3 We encouraged the GOsC to consider whether the information for the public about formal complaints could be clearer. The GOsC acknowledged our feedback and noted that it was looking to refresh its website and would consider our feedback as part of any review of the information available to the public about submitting a concern.
- 14.4 The GOsC has created a new Raise a Concern tab on its website to make the process easier for complainants. It will continue to review and update this section into 2024. The Raise the Concern section has a link to the GOsC's online enquiry and concerns forms, a contact number for the GOsC, a leaflet on how to complain about an osteopath and details of the GOsC's concerns process.

## Conclusion

Our audit did not find that the GOsC's process hinders people's ability to raise a concern. We shared feedback with the GOsC to consider whether it could make its requirements clearer, and we understand that it is taking our feedback into account in further work to make the process easier for complainants. We are satisfied that this Standard is met.

# 15

**The regulator's process for examining and investigating cases is fair, proportionate, deals with cases as quickly as is consistent with a fair resolution of the case and ensures that appropriate evidence is available to support decision-makers to reach a fair decision that protects the public at each stage of the process.**

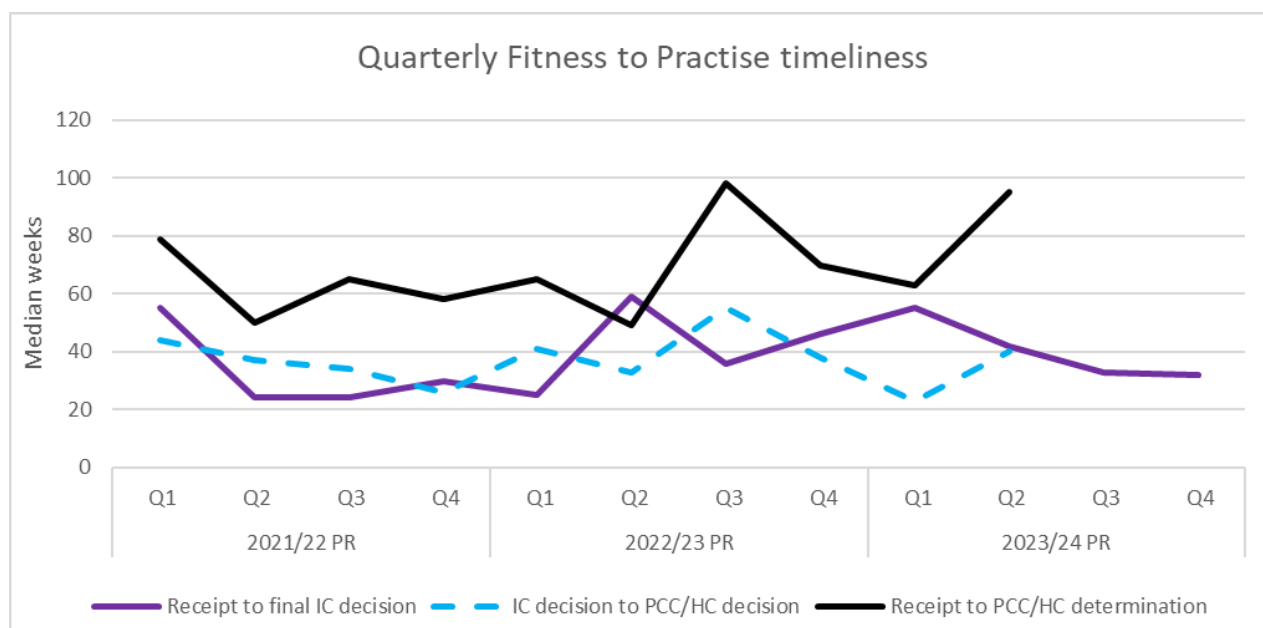
## Time taken to progress cases

- 15.1 The GOsC has a small number of fitness to practise cases, so delays in individual cases can cause fluctuations, particularly in quarterly data. The chart below clearly shows that fluctuation. The GOsC reported no median figure for two of the measures in the most recent quarters because it did not conclude any cases at final hearings.
- 15.2 In this review period the GOsC has consistently met its own timeliness KPI for screening but not those for the two subsequent stages of the process.<sup>9</sup> However, its timeliness targets are relatively short. The GOsC remains at the faster end of the range of regulators' performance against our dataset measures. Overall, we do

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<sup>9</sup> Investigating Committee (IC) and Professional Conduct Committee (PCC) or Health Committee (HC).

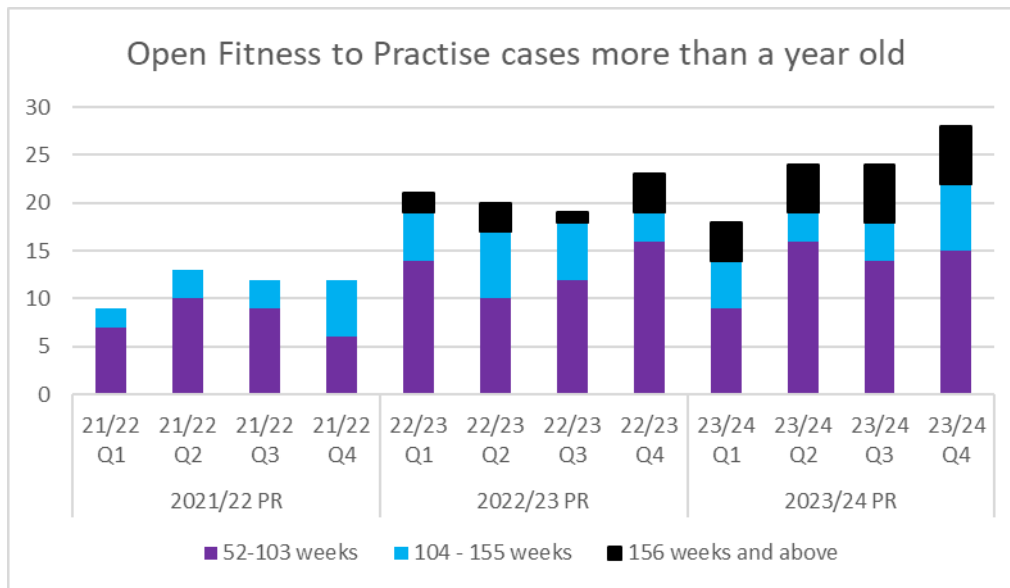
not have concerns about the timeliness of the GOsC's fitness to practise case progression.



15.3 In last year's report we noted the delays caused by the wait for the outcomes of third-party investigations which are relevant to fitness to practise cases. In this review period the GOsC continued to experience delays associated with police investigations or the wait for criminal court outcomes. The GOsC has reported difficulties with engaging complainants in serious matters including transgression of sexual boundaries cases, which has additionally impacted its ability to progress cases.

### Old cases

15.4 The chart below shows that the GOsC has not reduced the number of open old cases since the end of last year. This remains higher than in previous years. Third party investigations are impacting on the GOsC's open old cases: the majority of old cases – and all the oldest cases – are awaiting third-party investigations.



## Audit findings

- 15.5 We reviewed a sample of cases at the three points the GOsC can decide to close a case without a hearing: Initial Closure Procedure (ICP), Screening and Investigating Committee (IC). We had no concerns about decision-makers having enough information to make a reasonable decision at each stage. As our sample was large relative to the GOsC's overall caseload it gave us a high level of assurance.
- 15.6 We found some record-keeping issues (including in relation to risk assessments discussed at Standard 17 below). It is not unusual to find some lapses in documentation, and the issues we found were not so widespread or so serious that we were concerned about the overall functioning of the process.

## Conclusion

The GOsC's performance in relation to fitness to practise timeliness appears similar to last year, and it remains faster than most other regulators. The number of old cases remains relatively high; however, most of these cases have been delayed by third-party investigations, which affect a significant proportion of the GOsC's caseload. Our audit findings provided assurance that decision-makers had enough information to make decisions at the early stages of the fitness to practise process. We are satisfied that this Standard is met.

# 16

**The regulator ensures that all decisions are made in accordance with its processes, are proportionate, consistent and fair, take account of the statutory objectives, the regulator's standards and the relevant case law and prioritise patient and service user safety.**

## Audit findings

- 16.1 For our audit we reviewed most of the cases the GOsC closed in the first half of the review period at the three early-stages closure points. We had no concerns about decisions to close cases at ICP or IC. We had concerns about two decisions made by Screeners, particularly about the adequacy of the reasons they recorded for their decisions. The GOsC agreed with some of the points we raised and said it would share feedback with decision-makers; its view was that in both these cases the outcome and reasoning were adequate.
- 16.2 While we differed from the GOsC in our view of these two screening decisions, we were not concerned about its decision-making. We reviewed a high proportion of the GOsC's early-stages closures and considered that a reasonable decision had been reached in the great majority of those cases. Overall, our audit provided assurance that the GOsC has processes and controls in place to ensure robust decision-making at the earlier stages of its fitness to practise process and that those controls are generally working effectively.

## Section 29 reviews

- 16.3 We reviewed all of the GOsC's final hearing outcomes under our legal powers to appeal against final fitness to practise decisions which are not sufficient to protect the public.<sup>10</sup> There were eight final hearing outcomes in the review period. We did not appeal any cases, and did not issue any learning points to the GOsC.

## Conclusion

Our audit gave us a high level of assurance about the GOsC's decision-making. We are satisfied that this Standard is met.

**17** | **The regulator identifies and prioritises all cases which suggest a serious risk to the safety of patients or service users and seeks interim orders where appropriate.**

## Audit findings

- 17.1 During this year's audit of the GOsC's fitness to practise cases we reviewed the risk assessments on all the cases that we looked at. We did not identify any cases which we considered the GOsC should have handled differently on the basis of risk. We did not identify any medium or high-risk issues, nor any failures to consider cases for interim orders where this was necessary.

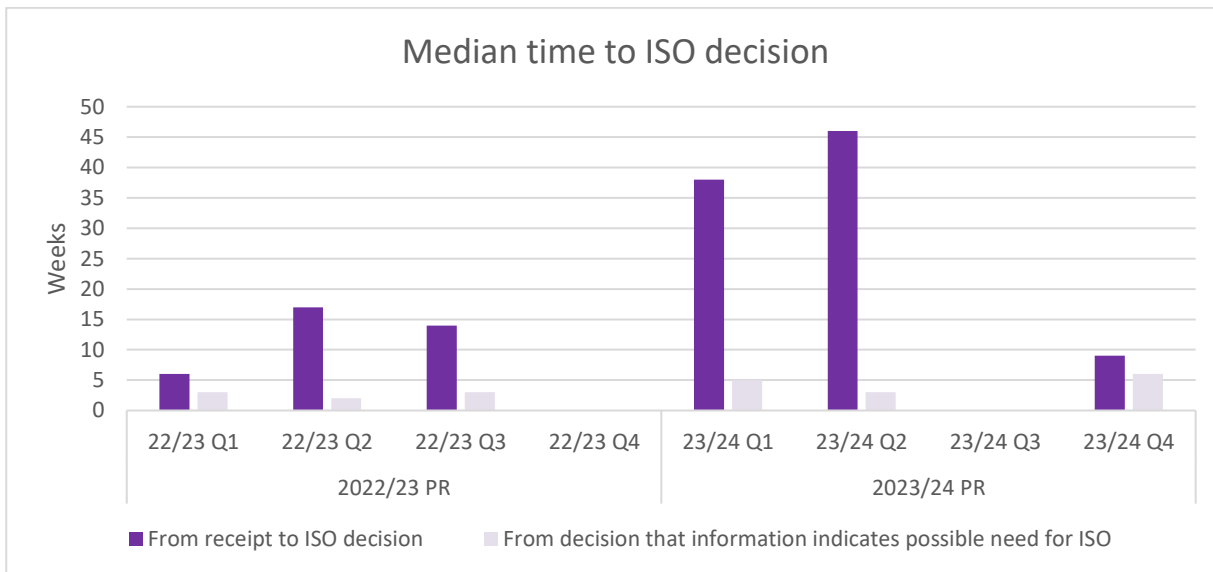
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<sup>10</sup> This power comes from section 29 of the National Health Service Reform and Health Care Professions Act 2002, as amended.

- 17.2 We identified some concerns with the frequency and documentation of risk assessments, all of which presented a low risk to the effective overall functioning of the GOsC’s controls. We also identified points of good practice in relation to individual cases. As the result of our findings the GOsC plans to make changes to its recording of risk management decision-making.
- 17.3 Overall, we were satisfied from the evidence we saw that the GOsC is identifying and acting on risks and has processes in place to ensure the most serious cases are prioritised.

### Interim order timeliness

- 17.4 The chart below shows that during this review period the GOsC has taken significantly longer, on average, to make interim order decisions from the point of referral. The delays in the four cases subject to interim orders were largely due to matters outside the control of the GOsC, including external investigations taking a long time to conclude after the referral to the GOsC had been made. The chart also shows that the time to interim order decision, once the need for one has been identified, remains similar to last year.



### Conclusion

We did not have significant concerns about the GOsC’s management of risk from our audit. The average time taken to reach interim order decisions from the point of referral has increased significantly this review period, but this is largely due to matters outside the GOsC’s control, and the number of cases involved is small. We are satisfied that this Standard is met.

**18** | All parties to a complaint are supported to participate effectively in the process.



## Audit findings

- 18.1 Our audit found that the GOsC routinely signposted people to sources of support, and we identified some good practice in their initial correspondence with complainants. We did not have significant concerns about how the GOsC was keeping people updated about the progress of their complaint.
- 18.2 We sought clarification from the GOsC because we found different approaches to notifying complainants when cases were closed under the ICP. Some complainants received written decisions with reasons; some received written confirmation of the decision without details of the reasons; some were notified by telephone.
- 18.3 We asked the GOsC whether its approach reflected its statutory rules<sup>11</sup> which require a screener to give the complainant a written decision with reasons when deciding a case should not be referred to the IC. The GOsC explained that those rules apply to screening decisions; as the ICP is a preliminary stage before the screening stage it sits outside them. The GOsC commissioned legal advice in 2016 when developing the ICP and was satisfied it was consistent with its legal powers. It has since undertaken an external audit of its initial stages, including the ICP.
- 18.4 We note the GOsC's position and the measures it has taken to assure itself about the ICP and its statutory rules. We do not have concerns about this position. We consider there is room to make its approach to notifying complainants about ICP outcomes clearer, either in the published information about the ICP or in the records of individual cases, or both.

## Conclusion

The GOsC continues to have measures in place to support people to participate in the fitness to practise process. Our audit found that the GOsC is not always sending complainants written decisions with reasons when Screeners close cases under the ICP. We are satisfied that the GOsC has reasonably explained the legal position of its ICP process. This Standard is met.

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<sup>11</sup> The General Osteopathic Council (Investigation of Complaints) (Procedure) Rules 1999.

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