



Minutes of the Public Session of the 83rd meeting of General Osteopathic Council held on Thursday 1 May 2014 at 176 Tower Bridge Road, London SE1 3LU

Confirmed

Chair: Alison White

Present: John Chaffey
Colin Coulson-Thomas
Mark Eames
Jorge Esteves
Jonathan Hearsey
Nick Hounsfield
Kim Lavelly
Brian McKenna
Kenneth McLean
Joan Martin
Haidar Ramadan
Julie Stone
Jenny White

In attendance: Fiona Browne, Head of Professional Standards
Marcus Dye, Professional Standards Manager (Items 11, 12, 13)
Sarah Eldred, Communications Manager (Items 17, 18)
David Gomez, Head of Regulation
Kellie Green, Regulation Manager (Items 6, 7a, 7b, 7c, 10)
Marcia Scott, Council and Executive Support Officer
Brigid Tucker, Head of Policy and Communications
Tim Walker, Chief Executive and Registrar

Observers: Maurice Cheng, Chief Executive, British Osteopathic Association
Fiona Hamilton, Principal, London School of Osteopathy

Welcome and opening comments

1. The Chair welcomed Dr Joan Martin, recently appointed as the Northern Ireland Member of Council.
2. The Chair also welcomed Maurice Cheng, Chief Executive of the British Osteopathic Association (BOA) and Fiona Hamilton, the newly appointed Principal of the London School of Osteopathy (LSO).
3. The Chair congratulated Mr Cheng and his colleagues on the imminent renaming and rebranding of the British Osteopathic Association which in future

is to be known as the Institute of Osteopathy. The Chair also congratulated Ms Hamilton on her appointment as Principal of the London School of Osteopathy.

Item 1: Apologies

4. There were no apologies.

Item 2: Questions from observers

5. There were no questions from the observers but Mr Cheng explained the current position relating to the rebranding of his organisation from the British Osteopathic Association to the Institute of Osteopathy. He expected that details would be finalised by the end of May.

Item 3: Minutes and Matters Arising

Minutes

6. Clarification was requested relating to Paragraph 8a on appointments, and whether it was correct to refer to concerns on the ability of candidates to evidence the competences.
7. The Chair responded that although on this occasion the reference related to registrant applicants there were concerns about all prospective candidates in demonstrating appropriate competencies and, therefore, the note was correct.
8. The minutes of the public session of the Council held on 29 January 2014, were approved as a correct record of the meeting.

Matters Arising

9. Item 5 Paragraph 12c – procurement: the Chief Executive advised members that there had been a discussion on procurement at the Audit Committee meeting on 27 March and a paper would be presented to Council at the next meeting on 23 July.

Item 4: Chair's Report and Appointments

10. The Chair gave an oral report to Council. The main points were:
 - a. British Osteopathic Association/Institute of Osteopathy: the Chair on behalf of Council asked that the British Osteopathic Association accept the best wishes of Council for the future with the change of name to the Institute of Osteopathy which would take effect in due course. The Chair along with the members of Council were encouraged to see the organisation moving in a new direction and the ambitious plans to be a more well-rounded professional association and to gain a Royal Charter for the profession.

- b. Dr Joan Martin – Council lay member: the Chair formally welcomed Dr Joan Martin as the new member from Northern Ireland, to her first Council meeting. Joan would be taking up the vacancy on the Education and Registration Standards Committee (ERSC) in due course.
- c. Staff changes: the Chair paid tribute to two long-standing members of staff who will be leaving the GOsC. Gwen Redford would be retiring from the post of Finance Officer after 13 years of service playing an important role in supporting the finance function in an extremely efficient way. The Chair asked that the Head of Registration and Resources convey Council's best wishes to her for her retirement.
- d. The second tribute was for Kellie Green who would be leaving her role as Regulation Manager after 16 years at the GOsC, 12 of those in her current role. Two areas of her work highlighted were her contribution in the development of the *Osteopathic Practice Standards* and also her in-depth of knowledge in fitness to practise matters and contribution to the management of the regulation department, including the period she spent acting up in 2013. The Chair gave Council's best wishes to Kelly in her new post at the General Pharmaceutical Council.
- e. Chair's meetings – stakeholders: the Chair had attended a meeting of health regulator chairs and will be chairing the next meeting in June, at Osteopathy House. The Chair informed members that Sir Keith Pearson, Chair of Health Education England, would be attending the meeting.
- f. The Chair and Chief Executive also attended the annual Professional Standards Authority Symposium which took place in Windsor in February. The occasion was less productive than it might have been due to the delay in the publication of the Law Commissions' review.
- g. The Chair informed members of her meetings with the Osteopathic Educational Foundation, the osteopathic educational institutions (OEs), that she had observed a hearing of the Professional Conduct Committee, and interviewed candidates for the position of panel chair for the Investigating Committee.
- h. Annual reviews: the Chair informed members that dates had been confirmed for the process of annual reviews and she looked forward to meeting colleagues in the coming months. She reminded members of the intention to facilitate moves in committee membership to be implemented during the autumn meeting cycle. She also advised members that arrangements for her own annual review were in place and members were invited to provide feedback if they wished.
- i. Council strategy day 2014 and seminar sessions: It had been planned to use the Council strategy day, 11 September 2014, to discuss the programme of work for the implementation of new rules following the

passage of the Law Commission Bill through Parliament. Indications were the Bill would not be considered in advance of the General Election and this would become clearer after the Queen's Speech on 3 June. If the Bill was delayed, it was suggested that the strategy day be postponed.

- j. The Chair advised that by the time of the next strategy day in September 2015 Council would need to be considering a new Corporate Plan for 2016-19. It was suggested members might want a longer period over which the strategy might be developed and it was proposed that a new date should be arranged for a Council strategy day in the late spring of 2015. It was hoped the position would become clearer by June at which time the Council and Executive Officer would contact members either to confirm the existing date or review possible new dates for this meeting.
- k. The Chair informed members she had asked the Chief Executive to conduct a short review of the new governance arrangements. The results of the review would form the basis of discussion for the private seminar session at the next meeting in July.

The Chair's report was noted.

- 11. Appointment: the Chair introduced the item explaining the process for the appointment which included discussions with the Investigating Committee Chair, reviewing expressions of interest from IC members and conducting interviews. The process was completed in March and the Chair requested Council's approval for the appointment of Jacqueline Pratt as an additional Investigating Committee Panel Chair.

Council agreed to appoint Jacqueline Pratt as a Panel Chair for the Investigating Committee.

Item 5: Chief Executive's Report

- 12. The Chief Executive introduced his report which gave an account of activities undertaken since the last Council meeting and not reported elsewhere on the agenda.
- 13. The Chief Executive highlighted the following:
 - a. Draft financial report: the Chief Executive explained that the financial report was in draft form subject to the financial audit. He reported that the accounts for the year end 31 March 2014 were robust and that GOsC showed a surplus slightly higher than its original projection.
 - b. Key data: the Chief Executive advised members that he would be discussing with the Audit Committee how the GOsC's key data was presented and how it could be improved.

- c. Risk Register: members were advised that the revised format of the Risk Register had been presented to and approved by the Audit Committee, which had agreed that it was more in line with the Risk Tolerance Statement. The Chief Executive re-iterated that it was important that Council maintained oversight of the Register as they had overall responsibility for the management of risk. He believed that the revised register will facilitate scrutiny and how Council and committees get assurance over enduring and delivery risks. He advised that though improved, the Register was still a work in progress and Council's thoughts and comments on it would be welcome.

14. In discussion the following points were made and responded to:

- a. Health Education England: members suggested that there might be an opportunity to build and enhance links with HEE that would be of benefit to the public. The Chief Executive confirmed that such discussions were already in progress.
- b. Isle of Man (IoM) and Gibraltar: members asked if there would be any cost or fitness to practise implications once the Memorandum of Understanding with the IoM government comes into force. The Chief Executive responded that registrants from both the IoM and Gibraltar were already on the Register therefore there was already a cost to GOsC. He added that the discussions that were held with the IoM government were useful and that the IoM osteopaths were now looking to forming links with Northern Ireland osteopaths.
- c. PSA commission: members asked for clarification relating to PSA commissioning. The Chief Executive explained the PSA are commissioned to take on work by the Department of Health in which the Regulators are at times asked to submit evidence and/or comments.
- d. Advanced practice tender: members expressed surprise that there were only two submissions and queried what the reason may have been for the low number. The Chief Executive could not be certain but suggested that it may have been a question of the resources available for the project and its length.
- e. Care Quality Commission (CQC): members requested clarification on whether osteopaths were required to register with the CQC. The Chief Executive responded that an osteopath's practice would only have to be registered with the CQC if it was integrated into another health practice which was required to register.

Business Plan

- f. In response to queries raised by members against the status of projects in the business plan the Chief Executive replied as follows:

- i. 1.2 Confidence in the Register – Awareness of the Register – Activity: undertake research into public/patient perceptions of osteopathic regulation to identify knowledge gaps and mechanisms to address deficiencies.

The Chief Executive explained that the research had been completed and a report from the focus groups would be circulated to members in due course. He added that there was still work to be done to confirm the results using a quantitative survey.

- ii. 1.5 Fitness to Practise – Activity: monitor pool and performance of Legal Assessors and recruit further assessors if required.

The Chief Executive explained that the delay with recruitment of Legal Assessors was due to the current work being carried out within the Regulation Team relating to quality assurance and also the current high case load. It was planned that the recruitment of Legal Assessors would take place later in 2014.

It was agreed that for ease of reference the monitoring table should explain the delays with planned work-streams/projects.

Key data

- d. Members welcomed the review of the key data commenting whether the paper was necessary and that the figures presented were useful. The Chief Executive responded presenting the right kind of data was challenging but agreed a change was required.
- e. Members also commented that there should be a clear purpose in presenting the data. The Chief Executive welcomed the comments and suggested members email any further comments and ideas to him.

Risk Register

- f. Members welcomed the new format commenting that it was much easier to compare against the Business Plan. Members also agreed that it was important for Council to have oversight of the Risk Register and the new format also made this much easier.
- g. Members suggested that the Register should be a rolling item for the policy committees. The Chief Executive advised that the Register would be tabled at the next policy committee meetings to seek the views and comments of committee members.
- h. Members raised the issue of the disaster recovery plan and whether robust processes were in place. The Chief Executive responded that the

relocation site which had been established for a disaster recovery event was no longer required and the contract would not be renewed. Since the move to cloud computing in the unlikely event of a disaster situation staff could easily relocate to any chosen site and re-establish access to GOsC IT and phone systems.

- i. Members suggested that to increase transparency and as added support to Council the responsibility and oversight for areas of risk should also be linked to individual members of the Senior Management Team. The Chief Executive did not think the additional layer was necessary as it should be clear where areas of responsibility lay within the organisation.
- j. The Chief Executive advised and encouraged members to review the Register, to challenge and to request reports if and where necessary.

Council noted the Chief Executive's report.

Item 6: Quarterly Fitness to Practise Report

15. The Head of Regulation introduced the item highlighting the following:
- a. Section 32: there had been a successful Section 32 prosecution. The individual was fined £500 and, in addition, incurred prosecution costs.
 - b. Monitoring Rule 8: the PCC had considered its first application to consider a case using the Rule 8 procedure which went well. The determination is yet to be completed but in brief the case related to a threat to use GOsC as leverage in a domestic situation.
 - c. Peer reviews: the internal peer reviews conducted by the Professional Standards Team continue to be very helpful to the Regulation Team in reviewing and improving current processes.
 - d. PSA – the Quality Assurance Manual and the Framework Manual will be submitted to the Initial Stages Audit being conducted shortly by the PSA for their comment. It is hoped that the Audit will also show that processes had improved and would identify the difference for cases prior to and after September 2013. In response to the Chair's question on where the initiative for improvements had come from, the Head of Regulation responded that this had been both from the Executive and the Investigating Committee.
 - e. Equality monitoring – protected characteristics: the department had begun to collect more equality information at the beginning of fitness to practise processes. There had been some detailed responses and it is hoped that over time data can be tracked in order to get a better idea of issues of relating to equality.

- f. Feedback loops: there was some concern relating to the high level of sexual boundary cases and has been highlighted in the fitness to practise e-bulletin. It was noted that registrants were resistant to the idea of chaperones but patients' expectations for support including request for screens as well as chaperones needed to be acknowledged.

The Head of Regulation advised members there would be an interregnum during the time the recruitment process for the Regulation Manager was underway and to note that there might be some slippage with figures.

Dashboard reporting: the Regulation Manager presented the dashboard Q4 report highlighting the following:

- a. There had been a dip in formal complaints.
- b. The Regulation Team were back on track in meeting targets for hearings.
- c. Section 32 – there had been a small increase in reports. One case had recently been concluded and another would be going to trial in June, a report on the case would be brought to the next meeting in July.
- d. Figures for Q4 were presented and it is intended that a breakdown of figures for the whole year will be presented in due course.

16. In discussion the following points were made and responded to:

- a. Protected characteristics: members asked why the equality and diversity questions were asked at the beginning and not at the end of the process as requesting the information at the start might act as a deterrent. The Head of Regulation responded that it was found that registrants were much more keen to engage at the beginning of the fitness to practise process whereas, if an individual had not acquired the outcome expected during a hearing, they were much less likely to respond to the questions at the end of the process.
- b. Dashboard reporting: members welcomed the dashboard and it was confirmed that rolling figures will be provided in future.
- c. Members asked if there are sanctions guidelines available as there was some risk if not. The Head of the Regulation explained that there were a number of guidelines available for fitness to practise purposes, e.g. Indicative Sanctions Guidance, Conditions of Practice Order Guidance. For criminal proceedings, Prosecution Guidelines are also available.
- d. PSA Initial Stages Audit: members raised a concern about the anonymity of individuals during the PSA audit and whether the PSA were interested in collating the information and data under review across regulators. The Head of Regulation responded that it would be more useful to collate all

information across the regulators rather than an individual regulator to ensure anonymity of the data.

Council noted the Quarterly Fitness to Practise Report

Item 7: Professional Conduct Committee (PCC) Practice Notes

17. The Head of Regulation thanked Jenny White for her helpful comments for the following Practice Notes which were submitted prior to the meeting.

Item 7a: PCC Practice Note – Evidence

18. This purpose of this Practice Note is to assist the PCC and covers special measures and the way in which witnesses give their evidence. It supports the Practice Note *'Preparing for a PCC Hearing'*.
19. The Head of Regulation informed members that a seminar was being arranged to understand and establish best practice in aiming to obtain the best evidence when dealing with vulnerable witnesses.
20. In discussion the following points were made and responded to:
- a. The Chair commented that based on evidence she would like assurance that adequate and appropriate support was available to vulnerable witnesses, identifying best practice and what is best for the witness. The Chief Executive assured Council that staff on the Regulation Team were experienced in dealing with vulnerable witnesses and that all witnesses were handled with care and compassion.
 - b. Members asked if any checks were made on witnesses to validate their identity. The Head of Regulation confirmed that a process of checks had been established and committees are advised appropriately but on occasion individuals may not be checked. It was agreed and noted that checks or some measure of testing should be routinely made.
 - c. Members asked if (i) evidence for witnesses were read into the records and (ii) the point in proceedings allegations which are admitted are found proved.
 - d. The Head of Regulation responded:
 - i. Witness evidence: the practice of inviting witnesses to read their statements has caused some dissatisfaction with the PCC. The Osteopathic Practice Committee was in favour of witnesses giving live evidence.

It was noted that the Chair's personal preference in the reading of evidence was that in line with other regulators there is no presumption of reading a witness statement into the records.

The Chief Executive commented that at present the PCC decides whether the statement is read out. The new proposal was that the reading of evidence should be at the discretion of the prosecuting presenter.

- ii. Allegations: the point at which allegations are proved during proceedings is based on an interpretation of rules which require that facts admitted are formally found proved for the benefit of transcripts. The Chair explained her concern was the precise point at which an allegation is proved and would prefer that it was at the point when a determination is given.

Council approved the Practice Note 2014/04: Evidence.

Item 7b: PCC Practice Note – Consideration of Undertakings at Interim Suspension Order Hearings

21. This purpose of this Practice Note was to assist the Investigating, Professional Conduct and Health Committees at Interim Suspension Order hearings. This follows the suggestion made at the all-member day in November 2013 that a Practice Note on Consideration of Undertakings would be helpful to members of the fitness to practise committees.
22. The Head of Regulation stressed three areas of importance of the Practice Note, that the process must be:
 - a. transparent
 - b. for the protection of the public
 - c. support decision making by the panel.
23. In discussion the following points were made and responded to:
 - a. Members appreciated that the Note is proper and correct for public protection but asked why there had been no public/patient consultation in this instance. It was considered important these groups should be included in any feedback.
 - b. The Head of Regulation explained that in undertaking the consultation due to the nature and objective of the Practice Note to protect the public, public perception was perceived as known.

Council approved the Practice Note – Consideration of Undertakings at Interim Suspension Order Hearings.

Item 7c: PCC Practice Note – Requirements on Expert Witnesses in Fitness to Practise Proceedings

24. This Practice Note aimed to set out clearly the expectations on persons acting as expert witnesses in proceedings before the Investigating, Professional Conduct and Health Committees. It followed concerns expressed by committee members about the variable quality of expert evidence presented to them. At the all-member day in November 2013, committee members suggested it would be helpful if a Practice Note be provided on expert witnesses.
25. The Head of Regulation commented that the note was technical and the content was determined by case law.
26. In discussion the following points were made and responded to.

- a. Members commented that paragraph 11 of the note did give some insight practices of the expert witnesses:

'Where both parties have instructed experts in proceedings, the experts should endeavour to meet well in advance of any hearing in order to discuss their reports and opinions and to agree a joint statement setting out the areas that are agreed upon and those that remain in dispute.'

Members asked if this removed any duties away from the Committees and whether reports were available to all parties represented in a case.

- b. The Head of Regulation responded that this was dependent on the nature of the case and the questions being asked. He added that the sharing of information was to be encouraged and that the development of this was in its early stages. It was also pointed out that the practice is encouraged in courts.
- c. Members asked whether, in the event that there was no meeting between the parties and no sharing of information, this would be detrimental to an individual's case.
- d. The Head of Regulation advised that, under the current legislation, there was no power to compel a registrant to share his or her expert report with the GOsC's expert. However, a refusal to do so might indicate a potential lack of insight on the part of the registrant. It would be open to the Committee in such circumstances, having taken the advice of the Legal Assessor, to make such inferences from the refusal as it saw fit.

Members congratulated the Head of Regulation and the Regulation Manager for their work with the Practice Notes and other areas of activity being undertaken by the Regulation Team.

Council agreed the PCC Practice Note – Requirements on Expert Witnesses in Fitness to Practise Proceedings.

Item 8: Registration Appeal Procedure

27. The Chief Executive introduced the item which asked Council to agree the revised Registration Appeals Guidelines and Procedures. The Chief Executive explained that registration appeals were rare but the current procedures required an update. A consultation had taken place with a positive response.
28. In discussion the following points were made and responded to:
 - a. The Chief Executive advised that technically this was a delegation of Council duty and the appeal process would be conducted by a Committee drawn from the whole of Council.
 - b. Members commented on the drafting relating to invitations to attend. The Chief Executive explained that the guidance had been adopted from that of the Investigating and Professional Conduct Committees.

Council agreed the Terms of Reference and Registration Appeals Guidelines and Procedure.

Item 9: GOsC Whistle blowing Policy

29. The Head of Regulation introduced the item explaining that the GOsC was now a prescribed body to which protected disclosures under 'whistle blowing' legislation can be made and the proposed policy set out how the GOsC would deal with any disclosures that might be made.
30. The Head of Regulation highlighted the associations to the Francis Report, the Duty of Candour scheme and amendments to the NHS Constitution. He also emphasised the GOsC duty to public protection and care and also a recent report on the protection of whistle blowers. The policy was an attempt to incorporate best practice in a single policy.
31. It was also pointed out that the policy was about protective disclosure relating to employees who might not be members of the profession, allowing them a vehicle to report a perceived problem or to make a complaint.
32. In discussion the following points were made and responded to:
 - a. Members suggested that the policy was more complicated than necessary and confusing in comparison to the policies of other organisations. It was possible that the policy could deter someone who might have a genuine concern.

- b. It was not clear for whom the policy was intended and it was suggested to make the policy more accessible it might be useful to have a flow-chart showing the line of reporting as guidance.
- c. The Chief Executive agreed there should be an introduction explaining who the policy was aimed at. It was believed that the technical content was correct and there would be a review on how the policy would be taken forward. The consultation would be conducted after further comments from members had been canvassed.

Council agreed the draft Whistle blowing Policy for consultation subject to revisions.

Item 10: Protection of Title Enforcement Policy

- 33. The Regulation Manager introduced the item reminding members that the GOsC has the power to prosecute under s32(1) of the Osteopaths Act 1993. The draft Enforcement Policy sets out how and when the powers will be used and to make the process more transparent.
- 34. In discussion the following points were made and responded to.
 - a. Members were happy with the policy but suggested that it should go hand-in-hand with a communications strategy to 'hammer home' the point about protection of title.
 - b. Members asked how s32(1) was monitored, suggesting that GOsC should consider how to enforce and monitor in terms of risk and being able to stand up to scrutiny.
 - c. The Regulation Manager responded that there were a number of routes available for monitoring including the use of Google searches as well as reports from individuals. The Head of Regulation added that the key risk was from osteopaths who had been removed from the register and the best ways to monitor removals were being reviewed as part of the Regulation Department Quality Assurance process.
 - d. Members suggested there was an additional risk in the implied use of osteopathic techniques by a practitioner using treatments involving manipulation. The Regulation Manager responded that the GOsC had no powers to protect the function and to do so would be very difficult.

Council approved the draft Enforcement Policy for consultation.

Item 11: Education Quality Assurance Review Discussion Document

- 35. The Professional Standards Manager introduced the item which sought approval for the publication of a discussion document to inform the GOsC's

quality assurance policy development. The document had been reviewed with a number of stakeholders including other healthcare regulators and the OEIs.

36. The Chair of the Education and Registration Standards Committee (ERSC) added that this was an important consultation to enhance the quality assurance process and there had been extensive discussion at the meeting of the ERSC 27 February.
37. In discussion the following points were made and responded to:
 - a. Members wondered in a climate of light-touch regulation whether it was correct to add a further layer of scrutiny and risk alienating stakeholders.
 - b. There were also some concerns about finding the right balance in consultation, was there a wide enough audience?
 - c. Members suggested that further editing might be required and that consideration be given to the inclusion of a narrative explaining the expected outcome from the consultation.
 - d. Members also asked what the response expectation was as, at 28 pages, the consultation document appeared daunting. There was also a question as to whether the GOsC was confident in getting the required responses as the questions were mostly open.
 - e. The Professional Standards Manager reminded members that this was a discussion document therefore a steer on the responses was not necessary.
 - f. It was suggested that the proposed time scale for the consultation might need to be altered due to the timing of the draft Law Commission Bill. A suggested solution was to look at a targeted consultation or using a thematic approach.
 - g. The Chief Executive advised that the design of the document might seek to highlight those areas of most relevance to particular stakeholders.

Council agreed the following:

- a. To note the on-going enhancements to the quality assurance process**
- b. Agreed the recommendations of the Education and Registration Standards Committee to publish the discussion document for consultation with stakeholders.**

Item 12: European School of Osteopathy (ESO) – Renewal of Recognition

38. Before the presentation began the Chair asked members if there was anyone with a conflict of interest relating to the European School of Osteopathy. John Chaffey and Colin Coulson-Thomas confirmed they had connections with the ESO or its validating university and left the meeting for the duration of the discussion.
39. The Professional Standards Manager introduced the report advising members that the ESO is seeking renewal of recognition for its Master of Osteopathy and Bachelor of Science (Hons) Osteopathy qualifications for five years. The Quality Assurance Agency (QAA) conducted a review which began in mid-August 2013 and ended in a visit to the school from 5-7 November 2013.
40. The QAA's report was considered by the Education and Registration Committee (ERSC) which recommend the renewal of the recognition for a further five years, subject to conditions as set out in the report.
41. In discussion the following comments were made and responded to:
 - a. Members commented that when the new *Osteopathic Practice Standards* (OPS) were published OEIs were supposed to produce map of their courses in line with the new standards and where was the evidence for this.
 - b. The Professional Standards Manager responded there was a declaration in the Annual Report saying their course and learning outcomes had been mapped to the curriculum. It was confirmed that all their curricula are mapped in line with the OPS and that the omission had been an oversight on the part of the institution.

Council agreed the recommendation of the Education and Registration Standards Committee to renew the recognition of the qualifications Master of Osteopathy and Bachelor of Science (Hons) Osteopathy awarded by the European School of Osteopathy from 1 September 2014 until 31 August 2019 subject to the conditions outlined in the report.

Item 13: London School of Osteopathy (LSO) – Renewal of Recognition

42. Before the presentation began the Chair asked if there were any conflicts of interest relating to the London School of Osteopathy. There were none.
43. The Professional Standards Manager introduced the item but asked members to note the following corrections:
 - a. The recommendation should refer to the qualification Bachelor of Osteopathy (Hons).

- b. The recommendation should refer to the London School of Osteopathy.
 - c. The final sentence of the recommendations shown at the end of the conditions should say '....subject to the conditions outlined in paragraph 7.'
44. The Professional Standards Manager advised members that the LSO is seeking renewal for its Master of Osteopathy and Bachelor of Osteopathy (Hons) qualification.
45. The QAA conducted a review which began in mid-August 2013 and ended in a visit to the school between 29 November and 1 December 2013. The QAA report was considered by the ERSC who recommend the renewal of recognition for a further five years, subject to conditions as set out.

Council agreed the recommendation of the Education and Registration Standards Committee to renew the recognition of the qualification of Master of Osteopathy and Bachelor of Osteopathy (Hons) awarded by the London School of Osteopathy from 1 September 2014 until 31 August 2019 subject to the conditions outlined in the report.

Item 14: Mentoring Project – Application for Funding

46. The Chief Executive introduced the item acknowledging Marcus Dye, Professional Standards Manager, for his assistance in developing the application. He also acknowledged the assistance with this project of the late Adrian Barnes, former Chair of the Council for Osteopathic Educational Institutions (COEI), and Tracy Stokley of the College of Osteopaths, who has taken over the role left by Adrian Barnes.
47. It was confirmed that where the document referred to ACP this should read 'Mentoring' and the intention to return the item to Council at a later date for additional funding was also confirmed.
48. In discussion the following points were made and responded to.
- a. It was suggested by members that references to specific support for graduates implied there was a risk. The Chief Executive responded the reference did not imply a risk but acknowledged new graduates' identified lack of business skills and experience in dealing with challenging patients.
 - b. Members thought there might be a challenge in recruiting mentors but the Chief Executive said that part of the purpose of the project was to explore this issue.
 - c. Members raised issues about partner funding and whether the balance was correct with the GOsC making the largest contribution. It was

explained that it was unrealistic to expect equal contributions to the development projects when the GOsC had the most resources available.

- d. The Chief Executive confirmed that the contract would be overseen by the Osteopathic Development Group (ODG) but is likely to be between the contractor and the GOsC or possibly COEI. The details were still to be agreed.
- e. Members asked what defined a new graduate – would an individual returning to practice be eligible for the mentoring scheme? Members also asked if once established who would own any intellectual property (IP). The Chief Executive responded that in the first instance mentoring was aimed solely at new graduates. He also confirmed that any IP would belong to the ODG.

Council agreed the following:

- a. **To award a preliminary grant of £12,262 for the mentoring project, subject to the conditions set out in paragraph 20.**
- b. **To agree in principle to an award of up to £20,000 for the pilot stage of the project subject to successful completion of the preliminary stages.**
- c. **To allow for a margin of up to 10% within the tender price without further reference to Council.**

Item 15: Medical Assessors' Fees

- 49. The Chief Executive introduced the item requesting Council's approval of the fees to be paid to the recently appointed Medical Assessors which were agreed by the Remuneration and Appointments Committee (RaAC) at their meeting 27 March.
- 50. In discussion the following points were made and responded to:
 - a. Members sought assurance that a half-day meeting would not incur a full day's fee payment.
 - b. The Chief Executive responded that the Medical Assessors' fees would be set at the same rate as those of the Legal Assessors. Members were also informed that the fee includes preparation time. The Head of Regulation added that the rates had been compared against those of other regulators but members concerns about half-day payments would be taken back to the RaAC.
 - c. The Chair added that she was aware of the high costs but the Medical Assessors were rarely used and were essential.

Council agreed the recommendation of the Remuneration and Appointments Committee to set the fee structure for Medical Assessors as advised.

Item 16: Law Commission Report and Draft Bill

51. The Chief Executive introduced the item and which set out a synopsis of the Law Commission's report and draft Bill and the possible timetable for future activity.
52. The Chief Executive explained that there was no guarantee that the Bill would be laid before Parliament in the Queen's Speech but may be subject to pre-legislative scrutiny. He added that pre-legislative scrutiny would be a very useful process in allowing regulators to feed into the Bill. He also suggested that if the Bill were to go through as it stands it would not cause any significant problems for the GOsC
53. The Chief Executive asked members to note a correction in the Key recommendations/commentary – Fitness to Practise – as follows:

Page 9. No. 74: Commentary should read: *The removal of members of other regulators from our panels may have implications. However, this does not prevent membership of panels in multiple regulators.*

54. In discussion the following points were made and responded to:
 - a. Members noted the key recommendations and suggested there were opportunities for the GOsC at section 13 relating to development and the obligation to collaborate.
 - b. Members sought clarification on section 22: *Concurrent membership of the regulatory bodies should be prohibited*. It was confirmed this would apply to registrant members.
 - c. Members noted that collaboration with appropriate bodies could lead to economies and possible cost savings.
 - d. Members asked whether the GOsC should wait or pre-empt some of the recommendations with its own review.

The Chief Executive responded:

- a. Development: although development did not appear in the Bill it may still be possible for the GOsC to undertake such activities as long as it was explicit as to how this supported regulatory functions.

- b. Collaboration: this was potentially helpful as the GOsC is inclined towards collaboration although some other regulators appear to find this problematic.
- c. Pacing of activities: there needs to be some caution about acting too early in the development of new rules as the Bill may be subject to considerable amendment.
- d. Pre-legislative scrutiny: a possible timetable would be published in June, with a committee inviting evidence during the summer followed by hearings in autumn/winter.
- e. The Chief Executive also advised members that both he and the Head of Regulation would be happy to discuss any aspects of the draft Bill.

Council noted the content of the Law Commission report.

Item 17: GOsC Communications and Engagement Strategy update

- 55. The Head of Policy and Communications introduced the item which follows on year one of the Communications and Engagement Strategy 2013-16. She asked members to note a correction on page 8, paragraph 33: *Feedback was largely positive but nevertheless informed a wide range of improvements undertaken during 2014.*
- 56. In discussion the following points were made and responded to.
 - a. Members commented on the range of activities and asked if there were any measurements for the outcomes of the activities undertaken. The Chief Executive responded that measurements were not always effective and a difficult area but appreciated that more could be done on evaluation.
 - b. Members commented that a lot appeared to be put into consultations but had disappointing results. Members asked if this was the experience of other small regulators and can change be effected. The Chief Executive responded that the GOsC did well for a small regulator and that others tended to look to what the GOsC did. It was appreciated that the organisation needed to keep working to improve in this area.
 - c. The Head of Policy and Communications informed members that the GOsC was a member of a number of cross-regulatory groups and much had been learned and achieved from participation. She was confident in saying that the GOsC was as effective as any other regulator in its communications.
 - d. It was suggested there should be a particular focus on public/patient engagement and some assistance to help osteopaths to establish their

own patient groups. It was suggested that discussion with regional groups would be useful in helping to achieving a way forward.

Council noted the Communications and Engagement Strategy update.

Item 18: International Annual Report

57. The Communications Manager introduced the item giving an update on current GOsC European and international activity.
58. In discussion the following points were made and responded to:
 - a. The Chair commended the Communications Manager on her international work saying that she and the GOsC could be proud of the impact it had made internationally.
 - b. Members asked how the relationship worked between the Osteopathic International Alliance (OIA), the WHO benchmark and the European Committee for Standardization (CEN) standard.
 - c. The Chief Executive responded describing how, in 2010, it was felt by the osteopathic community that the WHO Benchmark Statement was a disappointment. The first stage of redressing the OIA/WHO partnership had been with recent OIA publication which had fed in to the WHO's new strategy work. It was likely that the WHO Benchmark Statement would not be revisited but had informed the CEN standard which may in turn lead to an ISO standard.

The Chair thanked the Communications Manager for her report and update.

Council noted the report.

Item 19: Registration Report

59. The Head of Registration and Resources introduced the item which gave an update of registration activity covering the period 1 October 2013 to 31 March 2014. He also brought Council's attention to the tabled annex which gave additional statistics and a more detailed breakdown of removals from the Register for a two-year period, 1 October 2011 to 30 September 2013.
60. In discussion the following points were made and responded to:
 - a. Members noted that there had been an increase in non-UK applicants and asked if there was any reason behind the increase. The Head of Registration and Resources advised members that there was no obvious reason behind the slight increase in non-UK applicants.
 - b. Members asked whether registrants' voluntary removal from the Register was due to an inability to pay their registrant fee or due to non-

compliance with CPD. The Head of Registration and Resources responded that a registrant whose CPD did not comply usually returned to the register once their CPD met the set requirements.

- c. Members suggested a number of alternative reasons for individuals leaving the register including fitness to practise issues and the challenges facing new graduates trying to establish themselves in practice. Members also suggested sharing information about leavers from the register with those involved in the mentoring project.

Council noted the Registration report.

Minutes for Noting

Item 20: Education and Registration Standards Committee (ERSC) – 27 February 2014

- 61. The minutes of the Education and Registration Standards Committee were noted.

Item 21: Osteopathic Practice Committee (OPC) – 27 February 2014

- 62. The minutes of the Osteopathic Practice Committee were noted.

Item 22: Minutes of the Audit Committee (AC) – 27 March 2014

- 63. The minutes of the Audit Committee were noted.

Item 23: Minutes of the Remuneration and Appointments Committee (RaAC) – 27 March 2014

- 64. The minutes of the Remuneration and Appointments Committee were noted.

Any other business

- 65. Date of the next meeting: Wednesday 23 July 2014 at 10.00.