

GENERAL OSTEOPATHIC COUNCIL

Minutes of the public session of the 75th meeting of the General Osteopathic Council
Thursday 29 March 2012

Unconfirmed

Chair: Professor Adrian Eddleston

Present:

Geraldine Campbell	Kenneth McLean
John Chuter	Robin Shepherd
Jonathan Hearsey	Julie Stone
Nick Hounsfield	Fiona Walsh
Kim Lavelly	Jenny White
Brian McKenna	

In attendance:

Tim Walker, Chief Executive and Registrar
Alan Currie, Head of Registration and MIS
Fiona Browne, Head of Professional Standards
Matthew Redford, Head of Finance and Administration
Velia Soames, Head of Regulation
Brigid Tucker, Head of Policy and Communications
Jane Quinnell, Governance Manager

1. Observers, as follows, were welcomed to the meeting:

Alison White, Chair designate, from 1 April 2012
John Chaffey and Haidar Ramadan, new Council appointees from 1 April 2012
Michael Watson, Chief Executive of the British Osteopathic Association (BOA).

Apologies

2. Apologies were received from Professor Ian Hughes and Dr Jorge Esteves (new Council appointee from 1 April 2012).

Questions from observers

3. Mr Watson, on behalf of the BOA, thanked the Chair for his excellent work over the years as Chair of the Council and the positive working relationship that had been established between the two organisations. He wished Professor Eddleston much happiness for the future.
4. Mr Watson had one question to raise on the budget (item 9). It concerned the three

months' operational reserves and the general reserves standing at approximately £2.2 million. Although it was appreciated that a majority of this sum was made up of Osteopathy House, he wondered what the GOsC intended to do to reduce the general reserves.

5. The Head of Finance confirmed that the operational reserve of £800k was 3 months operating costs based on an average of the last three years' annual expenditure. The designated funds included sums set aside for the adverse events research, governance challenges and a sum of £80k transferred from the Professional Standards department budget and earmarked for future research projects (agreed at the October 2011 Council meeting).
6. The Chief Executive confirmed that as the GOsC moved forward, it would look more closely at the reserves' position with a view that any spending down of the reserves would need be prudent given the challenges expected over the next couple of years. Over the next few years, development of the revalidation scheme might result in significant one-off set up costs and the Council did not want to incur an increase in registration fees. Additionally, the Law Commission's proposals were likely to incur costs around development of new Rules.

Minutes and matters arising

7. The minutes of the public session of the Council meeting held on 12 January 2012 were **agreed**
8. There were no matters arising.

Chair's Report

9. The Chair presented his report. He confirmed that the quality of applicants for the three osteopathic vacancies on Council had been very high. John Chaffey, Dr Jorge Esteves and Haidar Ramadan had been appointed from 1 April 2012 and a programme of induction and training was underway.
10. The re-appointments for John Chuter, Professor Ian Hughes, Geraldine Campbell, Nick Hounsfeld and Brian McKenna had been made by the Appointments Commission.
11. Brian McKenna had been nominated, along with Stephen Hartshorn, the BOA's Welsh representative, to job share a place on the Welsh Pain Advisory Board representing the osteopathic profession
12. Alison White, as reported, had been busy during her designate appointment period and the Chair invited her to add to his report as follows:
 - a. Council for Healthcare Regulatory Excellence's Symposium She had attended the Symposium with the Chief Executive and the Law Commission item, later on the agenda, would cover the discussions.
 - b. Committee appointments With the conclusion of terms of appointment of some

Council members and the new appointments, the Chair designate made the following Committee appointments:

Education Committee	Dr Jorge Esteves and Alison White
Finance and General Purposes Committee	John Chaffey
Fitness to Practise Policy Committee	Haidar Ramadan

- c. Governance Review Working Group A well attended first meeting of the working group had taken place. The Chair designate and the Chief Executive were meeting to develop the proposals ready for a second meeting due in two weeks. The Working Group would report back to the July Council meeting.

13. The report was **noted**.

Chief Executive's report

14. The Chief Executive presented his report and highlighted several items:

- a. CHRE Performance Review The Performance Review meeting with the CHRE had taken place. There appeared to be little to quiz the GOsC on at the meeting and the final report, expected in June, would be shared with the Council as soon as it was available.
- b. Specialist Societies In addition to the societies and groups listed in the report, the Chief Executive had also spoken with the Sutherland Society.
- c. National Council for Osteopathic Research (NCOR) Dr Dawn Carnes' appointment as Director of NCOR was confirmed from 1 May 2012 and negotiations were currently underway with regards to the transfer of responsibilities from Brighton University to Barts and The London.
- d. Department of Health Interaction continued with the Department of Health and its agencies including a meeting with Monitor to consider licensing arrangements for independent practitioners contracting with the NHS and possible exemptions.
- e. Progress against the 2011-12 Business Plan The monitoring report was the final one of the year and it was pleasing to see all the green 'on track' dots; the Executive had completed what it set out to achieve at the beginning of the year and this was a tribute to the hard work of the team.
- f. Financial report This report contained the main features of the Management Accounts for the eleven months period ending 29 February 2012.
- g. Key data This data would be produced after the year end and circulated to Council

members.

15. Members then raised questions or made observations:
- a. Monitor Monitor's remit covered England and Wales only and currently the GOsC was in discussion with the Department of Health about the licences required and possible exemptions from licensing to contract for NHS work.
 - b. Cardiff University The Chief Executive confirmed that he had met with Dr Lyn Monrouxe, a researcher at Cardiff University after he had seen her presentation at the British School of Osteopathy's Faculty weekend. She had talked to both him and the Head of Professional Standards about her research into students' experiences in training in medical and ethical areas. The GOsC's Preparedness to Practise research had been shared with Dr Monrouxe.
 - c. Regional groups and societies One member wondered whether there were any areas where the groups/societies were not engaging. The Chief Executive confirmed that parts of the South East still required contact although he had met with a Sussex group and he had a date for the Reigate/Redhill area in April. The East Midlands was another quiet area and although he was in contact with the North Wales group, no date had yet been set. It was confirmed that some groups were very small and others were larger; the Northern Counties' event on 10 March was a return visit and there were 80 people in attendance.
 - d. CSR The Finance and General Purposes Committee was considering the corporate/social responsibilities of the Council and Mr Hounsfield's offer of help was noted.
 - e. NCOR Dr Carnes, the newly appointed Director of NCOR, would be invited to attend a Council meeting to meet Council members. One of her first priorities would be to finalise the draft strategic priorities for NCOR and to make a report to the Osteopathic Education Foundation in mid-June. Dr Carnes would be invited to the July 2012 Council meeting.
 - f. Devolved administrations It was confirmed that the GOsC had strong links with the Scottish Government and that a member of the Executive always attended meetings convened by the Scottish Government. A call was booked to speak to the Scottish Intercollegiate Guidelines Group but it might be that this was more a matter for either the BOA or the Scottish Osteopathic Society.
 - g. New Council members' training Training would be offered to existing Council members as refresher training, as appropriate.
16. The report was **noted**.
17. The Chair, on behalf of the Council, wished its thanks to the Executive on the work it had

carried out on a very ambitious year's plan noted.

Fitness to practise report

18. The Head of Regulation presented the report and highlighted various items:
 - a. Appeals Dr Peter Spencer's appeal against the decision of the Professional Conduct Committee was likely to be listed in the Administrative Court for the beginning of October 2012.
 - b. Complaints The reduced number of complaints was being continually monitored.

19. Members then raised questions or made observations:
 - a. Section 32 cases It was confirmed that the costs from a conviction under Section 32, where paid, go to the GOsC and the fines to the Exchequer.
 - b. Complaints Members were interested in why it appeared currently that complaints were reducing when they were rising with other regulators – were osteopaths better osteopaths with the work that the GOsC did e.g. the new Osteopathic Practice Standards? The CHRE had quizzed the Executive, at the recent Performance Review meeting, on this. It was confirmed that ongoing research was taking place; patients who had decided not to take a concern forward to a formal complaint were questioned with responses such as the concern had been resolved by speaking with the osteopath or the patient did not have the time commitment to take a complaint forward. The Executive would not be complacent about the apparent fall in complaints; the regulation department budget for 2012-13 was remaining the same as the 2011-12 budget. Quite a few patients went to the BOA for mediation and this was proving very helpful at resolving matters. The timing of a complaint commenced on receipt of a formal written complaint and the aim was to list the complaint for hearing within 13 months. Cases were listed for as many days as it was thought necessary to complete a case but there were instances of where a case was part-heard which explained why some cases went past the 13 month target. It was acknowledged that lengthy cases were potentially difficult for osteopaths but some of the delays were outside the GOsC's control. Unavailability of panelists to sit for hearings was acknowledged and the reduced availability of some panel members had been brought to the panelists' attention and addressed.
 - c. Professional Conduct Committee cases In regard to the Matthew Peters' case, members queried whether there were any signs of his shortcomings/failures that could be ascertained from other sources e.g. his Continuing Professional Development returns?
 - d. Registration appeals These were mentioned in the January Fitness to Practise Report but there was no update on the outcomes. The Head of Regulation confirmed that the whole process around denials of registration was under review.

- e. Osteopaths' insurers The Head of Regulation confirmed that the team would be talking to the public indemnity insurers about complaints.

20. The report was **noted**.

Stakeholder engagement report

- 21. The Head of Policy and Communications presented the stakeholder engagement report, which summarised GOsC stakeholder engagement activity in the period January to March 2012, and added
 - a. Osteopaths' Opinion Survey 2012 This survey had been launched on 28 March 2012 and it would run through April; it was an extensive survey designed to get feedback from osteopaths on their understanding of the GOsC's role and services to report back at the regional conferences.
 - b. Regional Conferences Six conferences would take place from the end of April through to July. The primary aim of the conferences was to deal with the new Osteopathic Practice Standards and to give an update on revalidation and CPD. The afternoon sessions would open the platform to other stakeholders to debate and seek consensus on the future of osteopathic practice, priorities for development and what is needed to achieve these goals. Council members were encouraged to attend a conference local to them.
- 22. Members then raised questions or made observations:
 - a. BOA Parliamentary roundtable This had highlighted there are still concerns over osteopaths' advertising which are being monitored by the Executive.
 - b. Fee consultation Concern was raised over only an 18% response rate on the fee consultation. The Chief Executive confirmed that an 18% response rate over a two week consultation was considered high. 40 written submissions had been responded to and these responses were available on the website.
 - c. Public Involvement Panel 12 members had been recruited to date.
 - d. Osteopaths with email addresses Approximately 86% of osteopaths had emails addresses that the GOsC is able to use.

23. The report was **noted**.

Law Commission consultation

- 24. Tim Spencer-Lane and Justin Lesley, from the Law Commission, gave a presentation on the Law Commission's Health and Social Care Professional Regulation Review launched on 1 March 2012. They provided a very brief overview of the main proposals and

questions made in the consultation paper, particularly in the areas of governance, registers, education and conduct and fitness to practise.

25. Members then raised questions or made observations:
- a. The thinking behind abolishing allegations and deriving information from other sources was simply a funnel effect for allegations so that there is no restriction on the types of information taken into account e.g. a complaint investigated on a television programme, but the fact that there was no specific complainant should not prevent a complaint being raised and taken forward by the Registrar.
 - b. If costs were awarded following fitness to practise proceedings, where would the money come from if the practitioner was in a NHS position? Mr Spencer-Lane was not entirely convinced that costs awards should be made across all of the regulators.
 - c. The continued use of the civil standard of proof was being proposed with the courts developing case law.
 - d. Professionalism and paramount duty was a difficult question with challenges around the wording and how far a regulator could delve into a practitioner's private life.
 - e. Possible powers for regulators to quash or review decisions of fitness to practise panels where the regulator and the parties agree that the decision was unlawful – the CHRE had Section 29 powers to review regulators' decisions. Mr Spencer-Lane confirmed that the powers could be in the Act but that the regulators would not necessarily have to adopt them.
26. The Chief Executive then presented his paper which was seeking the Council's initial thoughts on its response to the Law Commission's consultation. He highlighted the key issues for discussion:
- a. A regulation-making power to merge or abolish a regulator.
 - b. Whether a regulator should promote confidence in a profession or be 'strictly' regulatory in nature.
 - c. Governance reforms which the GOsC may not be able to respond to until it had completed its own governance review.
 - d. The protected title regime and the issue of adding additional qualifications to the register.
 - e. Fitness to practise – investigation – broader investigatory powers seemed to be a formalisation of making a registrar's complaint.
 - f. Whether it was the GOsC or CHRE who appealed one of its fitness to practise

decisions did not matter as long as one party had the right.

- g. The GOsC should have reserved powers to carry out business regulation for the future.
27. The Chief Executive asked that members provide any feedback on the consultation, not discussed at the meeting, to the Executive. Education and Fitness to Practise Policy Committee feedback would be sought. A draft consultation response would be prepared for members' review and the Council would be asked to confirm that the Chair could sign off the final consultation response.
 28. Members then raised questions or made observations:
 - a. CHRE had been given powers to provide oversight of voluntary registers. The CHRE have confirmed that practitioners would not be able to use voluntary registers to circumnavigate registration.
 - b. General powers for regulators to do anything that facilitates the discharge of their functions should be proportionate, appropriate and reasonable. This goes to the heart of GOsC regulation in that the GOsC is active rather than passive. All that the GOsC does to maintain confidence is important for the profession.
 29. Council members were asked to provide additional feedback to the Executive as soon as possible so that a draft response to the Consultation could be prepared for the end of April/beginning of May.
 30. The Council:
 - a. **Agreed** to seek the views of committees, where possible, and individual members on a draft response.
 - b. **Delegated** sign-off of the final response to the Chair on behalf of Council.

Business Plan and Budget 2012-2013

31. The Chief Executive presented the paper which provided drafts of the 2012-13 Business Plan and Budget for approval. The draft Business Plan and Budget had been considered by the Finance and General Purposes Committee (F&GP) at its February meeting.
32. Members then raised questions or made observations:
 - a. The Treasurer confirmed that the F&GP had scrutinised the draft Business Plan and Budget and commended it to the Council for approval.
 - b. The additional expenditure of the £17k tax liability related to expenses and the way in which they are paid to the members because the Council paid the tax liability on

these. This was not a new liability – it has been paid in previous years but in the 2011-12 financial year a refund was expected from HMRC on the tax liability paid for fitness to practise panelists.

- c. A small income was expected from exhibitors at the regional conferences.
- d. The Cost Savings Working Group had identified areas for savings – Mr McLean, who chaired the Working Group, had met with the Chief Executive to consider the identified areas and this was work in progress.

33. The Council:

- a. **Noted** the variations set out in paragraph 6 and 7 of the paper from the activities in the Corporation Plan 2010-2013.
- b. **Noted** the draft Business Plan Risk Analysis at Annex C to the paper.
- c. **Approved** the 2012-13 Business Plan and Budget.

Amendment to fees rules – (GOsC (Application for Registration and Fees) Rules 2000)

34. The Head of Finance presented the paper which asked the Council to agree the level of fee reduction and to make changes to the Rules for approval by the Privy Council.

35. Members then raised questions or made observations:

- a. The Head of Regulation confirmed that the Department of Health lawyer had worked closely with her to revise the fees rule and that, if there was to be a change to the fees rule next year, she anticipated that provided the revisions were not complicated, speedy changes could be made again. Obviously, if any future fees changes were complex, external legal assistance might be required and this could slow up the process.
- b. The Chief Executive confirmed that the approach to the budget process was now moving away from income and spending it to considering the strategic needs of the organisation and how to achieve them. If a fee reduction was planned again, the process would be commenced earlier to give the Department of Health more time to deal with any rule changes.

36. The Council:

- a. **Approved** the amendment to the fee rules as set out at Annex B to the paper.
- b. **Authorised** the signing, by the Chairman of Council, and sealing of the Statutory Instrument.

Development of the profession

37. The Chief Executive presented the paper which took forward previous discussions within Council on promoting debate on the development of the profession, its future direction and its relationship with the GOsC. The revised draft of the document 'UK osteopathy; ten questions for the next ten years' had been circulated to a large number of organisations and individuals for comment and feedback.
38. Members then raised questions or made observations which the Chief Executive addressed as follows:
- a. The point about organisations and individuals working together was correct although they do not all agree and the situation cannot continue where different ideas are an excuse not to make progress.
 - b. Page 2, first paragraph under 'Background' – amend 'legal recognition' to 'statutory recognition'.
 - c. The Executive would use any fora it could to encourage engagement with 'UK osteopathy: ten questions for the next ten years'.
 - d. Page 3, last sentence in fourth paragraph – the Executive would consider the nuance around this sentence and the relationship between system and professional regulation.
 - e. The Executive was talking to all stakeholders about capacity building as part of this debate.
 - f. If a Society of Osteopaths was in existence, it would be one of the bodies to consult with over the questions. Those thinking of establishing a Society should attend the regional conferences to speak about its establishment.
 - g. Currently there were no timelines set – it was important to 'test the water' and see what the views are of osteopaths and other stakeholders in relation to the ten potential areas for discussion and evaluate the work after the regional conferences.
39. Members congratulated the Executive on the revised document 'UK osteopathy: ten questions for the next ten years', **agreed** to its publication and to proceed with formal discussions with stakeholders on its content.

Equality and Diversity

40. The Chief Executive presented the paper that considered the reviewing and refreshing of the GOsC's work on equality and diversity following the passing of the Equality Act 2010. The July 2011 interim revised Equality Policy had been awaiting additional guidance on the new public sector equality duty and how it should be exercised. This guidance had

been published in January 2012 and key principles that must be applied to the GOsC's work had been incorporated into the Equality and Diversity Policy and Action Plan 2012-13.

41. Members then raised questions or made observations:
- a. Miss White emphasised a couple points on the Guidance – it produced less of a 'tick-box culture', the need to be proactive rather than re-active, that projects likely to have the most impact under equality and diversity were not always the largest projects and that the legal requirements were slightly different in Northern Ireland, Wales and Scotland.
 - b. A clear rationale for data collection was needed – what we were collecting data for and why we are holding it.
 - c. Age discrimination is a protected characteristic under the Equality Act 2010 but the ban on age discrimination in services is not yet in force.
 - d. The standards and guidance from the CHRE for regulators making their own Council appointments will be put before the Council when they are ready.
 - e. The osteopathic educational institutions (OEIs) were responsible for their own equality and diversity policies.
42. The Council:
- a. **Noted** the key principles that must be applied in our work on equality and diversity.
 - b. **Agreed** the Equality and Diversity Policy and Action Plan 2012-13.

EU/International update

43. The Communications Manager presented the paper which gave an update on current GOsC European and International activity.
44. The European Committee for Standardisation (CEN) had set a timetable of three years for the European Standard on Osteopathic Healthcare provision to be finalised. The first draft of the Standard was going for initial consultation in May and the Standard should be finalised within the next two years.
45. The report was **noted**.

Registration update

46. The Head of Registration and MIS presented a paper which provided an update of registration activity over the past six months. It has been suggested that there is a high number of new registrants dropping out of registration within the first two years but

this appeared to have no standing – 6% was the actual figure and this had been a consistent figure since 2003.

46. Members then raised questions or made observations:
- a. The GOsC did not collect information on whether new graduates undertook other employment to support their osteopathic practice but it might be that the OEIs or the Higher Education Statistics Agency collected this data. It was understood that universities collect post graduation data at 6, 12 and 24 months and this might include this sort of information.
 - b. The ill health non practising category is a self-declaring exercise and it was not thought that there was a right to enquire as to the ill health as there would be no public/patient safety issues whilst non practising. Return to practice interviews were carried out for long term non practicing applicants and where someone was non practising for more than two years, there was a policy of support to get the osteopath back into practice. There is no enquiry of whether someone is healthy to return to practice after three months but osteopaths had a duty to practise within the limits of their competence.

47. **Noted** the content.

Remuneration Review

48. The Chief Executive presented the paper which asked the Council to consider the recommendations of the Remuneration Committee with regard to Council and committee members' remuneration in 2012-13. The Remuneration Committee remained concerned that a continued freeze in remuneration could be problematic in the long-term and that it would be preferable to have an index linked system in place.
49. Members then raised questions or made observations:
- a. Members agreed that a linked approach to remuneration increases was preferable but that in tough times, the approach might have to be suspended. The Retail Price Index or Consumer Price Index were suggested as suitable indexes.
 - b. The economic situation was unlikely to change over the next couple of years and members cautioned that GOsC remuneration could drop behind others. Additionally, a catch-up year could look like a big pay rise to the outside world.
 - c. Some discussion took place over the recommendation to only allow reimbursement of first class travel where tickets were purchased in the 'advanced' category.
50. The Council:
- a. **Agreed** to continue to freeze allowances for another year.

- b. **Agreed** to ask the Remuneration Committee to consider proposals for a linkage approach to annual remuneration.
- c. **Agreed** to normally only allow first class travel when the fare was in the Advanced category.
- d. **Agreed** to increase reimbursement of petrol costs from 40p to 45p category.

Guidance about osteopathic pre-registration education

- 51. The Head of Professional Standards presented a paper about the development of guidance about osteopathic pre-registration education. Council was asked to consider the name and purpose of the project and to agree terms of reference.
- 52. Members then raised questions or made observations:
 - a. Should the quorum of the group be three or five?
 - b. Should there be wording in the terms of reference about assessing the effectiveness and impact of the guidance? Who should do the evaluation – the Working Group or someone else?
 - c. Paragraph 9 of the paper – ‘the purpose of the Guidance ... is to assist with clarity about outcomes ...’ – it was not clear what this meant. The Head of Professional Standards explained that this was pan-professional about what things looked like e.g. osteopathic leadership.
 - d. The OEIs were not at the same stage as medical schools with core curricula.
 - e. The Working Group would not be mapping what OEIs were doing – the OEIs did not want this and this project was more about moving in a more positive way and informing ourselves from other sources.
- 53. Council **agreed**:
 - a. that the name of the project should be ‘Guidance about osteopathic pre-registration education’.
 - b. the purpose of the project as outlined in paragraphs 9 and 10 of the paper.
 - c. the draft terms of reference in the Annex to the paper, subject to the quorum being changed from three to five members.

Osteopathic Practice Standards (OPS) implementation

- 54. The Professional Standards Manager presented a paper which provided the Council with an update on the implementation programme for the Osteopathic Practice Standards.

55. Council congratulated all the staff involved in putting together the implementation programme and for carrying out the implementation so far and **endorsed** the progress made with the OPS implementation strategy.

Revalidation Pilot Progress Report

56. The Head of Professional Standards presented the paper which provided an update on the progress of the Revalidation Pilot. The Moodle site was felt to be not user friendly and this would be addressed, moving forward.
57. Again, Council congratulated the staff on another massive project that was being well managed and **noted** the progress of the Revalidation Pilot.

Minutes of the Education Committee (15 December 2011 and 14 March 2012)

58. The minutes were **noted**.

Minutes of the Finance and General Purposes Committee (28 February 2012)

59. The minutes were **noted**.

Minutes of the Remuneration Committee (8 February 2012)

60. The minutes were **noted**.

Any other business

61. There was no other business.

Date of next meeting

62. Tuesday 17 July 2012 at 10.00.