



**Minutes of the Public Session of the 89th meeting of the General
Osteopathy Council held on Thursday 12 November 2015 at
176 Tower Bridge Road, London SE1 3LU**

Unconfirmed

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: Russell Bennett, Regulation Manager (Items 6, 8, 9)
Fiona Browne, Head of Professional Standards
Richard Davies, Chair, Health Committee (Item 7)
Sheleen McCormack, Head of Regulation
Matthew Redford, Head of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Brigid Tucker, Head of Policy and Communications
Tim Walker, Chief Executive and Register
Judith Worthington, Chair, Professional Conduct Committee
(Item 7)

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy
Elizabeth Elander, Registrant
Penny Sawell, Registrant
Deborah Smith, Registrant

Item 1: Welcome and Apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Fiona Browne, Head of Professional Standards, who had returned to the GOsC following an extended leave of absence. Welcomes were also extended to Richard Davies and Judith Worthington, Chairs of the Health Committee and Professional Conduct Committee respectively, Maurice Cheng, Chief Executive of the iO, and registrants, Elizabeth Elander, Penny Sawell and Deborah Smith.

2. Apologies were received from James Kellock, Chair of the Investigating Committee who was unable to attend the meeting to present the Investigating Committee Annual Report, due to a long standing commitment elsewhere.

Item 2: Questions from Observers

3. There were no questions from the observers.

Item 3: Minutes and matters arising

4. The minutes of the 88th meeting of Council held on 16 July 2015, were agreed as a correct record of the meeting.
5. There were no matters arising.

Item 4: Chair's Report and reappointments

6. The Chair gave an oral report to Council. The main points were:
 - a. The Chair's reappointment and the appointments process: the Chair expressed how pleased she was that her application for reappointment had been approved by the Privy Council and appreciated the messages of goodwill received. She was mindful of her responsibility for overseeing the reconstitution of Council and the appointments process already underway. Members were advised that she would be chairing a panel of four – Bronwen Curtis, who has chaired the appointments panel for another healthcare regulator and would also act as the independent member of the panel; Ian Drysdale, who was previously Principal of the British College of Osteopathic Medicine; and Dame Suzi Leather, a lay member of the General Medical Council.
 - b. The process for appointments had been approved by the Remuneration and Appointments Committee and the Professional Standards Authority (PSA), and for the first time would include a group discussion exercise which had also been approved by the PSA. There were 86 applications for the Council vacancies – 21 registrants and 65 lay – and the shortlisting process would be completed by the end of November, with interviews taking place in December and January.
 - c. Development Day – September 2015: it was noted that there had been four applications to Council from attendees of the development day held on Saturday 12 September. The event was a success, and the Institute of Osteopathy and members of Council who had supported the event were thanked. It was noted that the event aimed to assist prospective candidates in navigating this type of appointments process as it was not always clear to those unfamiliar and without experience of them. The combination of group working and 1-1s proved especially useful, and consideration should be given to repeating the exercise in due course.

- d. GOsC Executive: the Chair highlighted the challenges experienced by the Executive during the summer, and commended them for their hard work in maintaining functions with only minor delays to some aspects of the business plan. It was acknowledged that this had been no easy task, and Council needed to be aware, and supportive of the commitment and hard work of the Executive.
 - e. Meeting of Council February 2016: the Chair noted that this would be the final meeting of Council in its current form and paid tribute to members in successfully overseeing the streamlining of its governance processes and also successfully effecting the associated changes. Members were advised that during today's meeting consideration would be given to an outline corporate plan giving structure to the work of the Council over the next three years, to enable Council to manage significantly an increased volume of complaints, and the development of services to registrants and the public, without increasing costs to registrants.
 - f. Kim Lavelly had suggested that members might wish to meet for a farewell dinner on the evening before the next Council meeting, Wednesday 3 February. Members were advised to submit their name to her if they wished to be included.
7. Members expressed some surprise at what was considered a low number of applications for the Council vacancies. The Chair responded that the issue was the low number of registrant applications rather than the total number of applications received. The Remuneration and Appointments Committee would review the recruitment strategy to consider if it achieved its goal in due course.

Noted: Council noted the Chair's report.

Reappointments

- 8. The Chair introduced the item which concerned the reappointment of four members of the Professional Conduct Committee/Health Committee (PCC/HC), Anthony Kanutin, Jacqueline Salter, Corinna Kershaw and Judith Worthington, and two members of the Education and Registration Standards Committee (ERSC), Bernardette Griffin and Robert McCoy.
- 9. Members were reminded that a number of appointments would end on 31 March 2016. A staggered approach to the committee reappointments would be taken to ensure a degree of continuity in the statutory committees and also to ensure that knowledge and expertise were not lost.
- 10. It was also noted that while the Chair of the PCC, Judith Worthington, was proposed for reappointment to the Committee, she did not need to be reappointed as Chair as she would remain in this post until she left or was removed from the Committee.

Agreed: Council agreed the appointments of:

- a. Anthony Kanutin, Jacqueline Salter, Corinna Kershaw and Judith Worthington as members of the Professional Conduct Committee and Health Committee from 1 April 2016 until 31 March 2017.**
- b. Bernardette Griffin and Robert McCoy as members of the Education and Registration Standards Committee from 1 April 2016 to 31 March 2017.**

Item 5: Chief Executive's Report

11. 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.
12. The Chief Executive highlighted the following:
 - a. Constitution Order: members were informed that the Department of Health had concluded its consultation on the reconstitution of Council which had been approved by Ministers and the Constitution Order was now awaiting approval by the Privy Council which was hoped would happen before the end of November.
 - b. Development projects update: members were asked to note a correction at paragraph 8:

.....This report will be used to plan pilot activity in 2016, further details of which will be provided to Council.
 - c. Other meetings: due to weather-related circumstances beyond their control GOsC staff were unable to participate in the Scottish Regulation Conference 2015 as had been planned.
 - d. Business Plan: members were informed that although there had been some slippage in a number of projects relating to the work of the Professional Standards team some of these were now back on track. The priority had been to focus on meeting the GOsC's statutory duties, over new projects and policy initiatives.
 - e. Risk: there had been a significant increase in the number of complaints received. The majority are complaints about advertising by osteopaths.
13. In discussion the following points were made and responded to:
 - a. Development projects update: a member who had participated in the leadership programme commended the project, commenting that it had been a very useful exercise and would be of great benefit for the profession.

It was noted that some of the learning from the programme was already successfully being put into practice.

- b. Scottish Regulation Conference 2015: the conference had been attended by Kenneth McLean who informed members that there had been a lot of reference to the GOsC-commissioned research by Professor Gerry McGivern indicating that the work had had a positive impact across the sector.
- c. Australia and New Zealand: members asked if the barriers to mutual recognition were from the GOsC or the Osteopathic Council of New Zealand and Osteopathic Board of Australia. The Chief Executive explained that in the past there had been some discussion on a competent authority pathway but there had been no change to the GOsC process. At present Australian and New Zealand applicants to the GOsC still go through the same process for registration as any other overseas applicant and it is suggested that the process could be more streamlined. It was possible that this would be included in the Business Plan for future consideration. Currently the cost to process prospective overseas registrants, including those from Australia and New Zealand, is disproportionate in terms of time and money.
- d. Continuing professional development (CPD): members asked, in reference to the delay of the 'state of CPD' report, if this would be linked to the feedback on the CPD consultation analysis and implementation scheme. It was explained that the delayed project would look at current CPD undertaken and other associated areas to contribute to the evaluation of the new CPD scheme moving forward.

Financial report

14. The Chair commended the Head of Registration and Resources for his work in making the financial report more accessible by providing more in depth explanation and guidance in the report.
 - a. It was asked whether in looking at year to date expenditure and forecasting, especially in relation to fitness to practise, if the opportunity to properly review forecasting had been affected due to other pressures. It was explained that there was a cost model in place and working with the Regulation team a forecast had been properly calculated, and the process was unaffected by other work pressures.
 - b. In response to concerns about budgets being held until towards the end of the financial year members were assured that there would be no holding back of departmental budgets and spending would be controlled and managed to ensure there was no unnecessary under or overspends.
 - c. In response to a question relating to IT infrastructure and CRM support cost it was explained that a contract was in place to support the database and hosting environment. The work relating to the Regulation team would

involve a consultant looking at how to improve usage of the database and would be at zero cost.

Risk Register

15. Members were reminded that the risk approach was developed after the Risk Tolerance Statement was agreed in 2014, and a fresh approach is proposed at the time of the new Corporate Strategy for 2016-19. It was confirmed that this would be reviewed with the Audit Committee at a future Council seminar.
16. It was suggested that any change to the Risk Register might be held over until the new Council was established. The Chief Executive said that this would be discussed with the Chair.
17. It was suggested that the profession might benefit from using the Risk Register model. It was agreed this was a very useful idea and the Chief Executive would discuss this with the iO.
18. Members asked whether the Audit Committee would consider the outcomes from Professional Standards Authority review of regulatory risk. The Chief Executive responded that the PSA would be holding a conference on regulation for good practice which the GOsC would be attending.

Noted: Council noted the Chief Executive's Report.

Item 6: Fitness to Practise Report and Item 7: Annual Reports of the fitness to practise committees 2014-15

Fitness to Practise Report

19. The Head of Regulation introduced the Fitness to Practise report which gave the quarterly update on the work of the Regulation Department and the GOsC's fitness to practise committees. She highlighted the following:
 - a. Members were advised that as at 12 November 2015, the Regulation team were handling 129 complaints relating to advertising: an increase on the 104 reported.
 - b. As at 12 November 2015, 20 cases have been closed by Screeners as they do not meet the threshold criteria. The Head of Regulation commended her team for the significant achievements in tackling the complaints.
 - c. Members were informed that the GOsC had been successful in its appeal against a decision by the PCC in the case Shaw v General Osteopathic Council and the GOsC had been awarded costs. It was an important decision as it provided further guidance on the concept of unprofessional conduct.
 - d. The Regulation Manager gave an update on Section 32 cases. Following the appointment of a temporary Regulation Officer to handle s32 cases and with

specialist training from a GOsC barrister, significant headway has been made in closing s32 cases. It was highlighted that out of 58 active cases, 34 had been finalised and with the remaining active cases actioned in accordance with the policy established in 2014.

20. The Chair invited the fitness to practise committee chairs to present their reports.

Investigating Committee (IC)

21. The Head of Regulation presented the Investigating Committee Annual report on behalf of its Chair, James Kellock. The following points were highlighted:
- a. Members of the IC had welcomed the training on the new Threshold Criteria Guidance held in May and the subsequent follow-up meeting held in September. Members were grateful for the opportunity to further discuss issues that might arise from the guidance. The Screeners' Guidance was also revisited to ensure that it was fit for purpose.
 - b. Alternative ways were being explored for the IC to hold meetings including using video links or telephone conferencing which would allow for more flexibility in meeting arrangements.
 - c. It was noted that the pilot scheme using the GOsC private document library had been successful giving IC members and the legal assessors electronic access to case documents. Feedback on the scheme had been positive and it was expected that the scheme would be rolled out to members of the Health and Professional Conduct Committees.

Professional Conduct Committee (PCC)

22. The Chair of the Professional Conduct Committee presented her report on behalf of the PCC highlighting the following:
- a. That it had been a year of significant change for the PCC with the appointments of a Chair, two new panel Chairs who began sitting in March 2015 and also the recruitment of a pool of 14 legal assessors providing a much wider wealth of legal experience.
 - b. Although there had been fewer full hearings during this reporting period there had been an increase in workload. There had been an increase in the number of Interim Suspension Orders (ISOs) with cases that were much more complex and there were more hearings lasting five days.
 - c. It was also noted that there were more cases with findings of Unprofessional Conduct (UPC) than in the previous reporting period and it was suggested that only a detailed audit could provide more insight as to the reasons. Where there had been findings of UPC the greatest number had been

failings in approach to patients' dignity and modesty, consent and communication and these remained a cause for concern. It was the feeling of the Committee that some complaints could be avoided with better information and explanation of procedures and they were pleased that these issues were being addressed by the GOsC.

- d. Members were advised that the number of adjournments had been reduced which was a positive outcome for all parties in terms of: the stress that might be caused; the recall of facts once the hearing was reconvened; and overall fairness.
- e. The PCC Chair noted the recent appeal *Shaw v the General Osteopathic Council*, and decision from that appeal commenting this had provided clarification on the issue of what constitutes 'moral opprobrium'.
- f. The reappointment of four members of the PCC was noted and the Chair agreed that the appointments would ensure continuity. She commented on the appraisal process and feedback received from osteopathic members of the Committee who reflected on their own experiences as members of the PCC and the level of induction which the new members would require once appointed.
- g. She also commented on the challenges which had been experienced by the Executive during the year and had been managed very effectively through this period. It was noted that the return of the Regulation Assistant and Clerk, Vanessa Taylor, had been particularly welcomed by the members of the Committee.

Health Committee (HC)

23. The Chair of the Health Committee presented his report on behalf of the HC highlighting the following:
- a. The HC Chair stressed the importance for the sensitive handling of cases relating to ill-health, both mental and physical. In particular attention was drawn to the need to deal with cases in a timely manner as delays, for whatever reason, could have a detrimental impact on the registrant. The Chair was grateful to the GOsC in reviewing and recognising the difficulties posed in handling health cases and the planned publication of the Bank of Health Conditions Guidance would be a much welcome addition to the current suite of guidance documentation.
 - b. He added that subject to discussion with the PCC Chair the next step in improving the handling of health cases would be to encourage parties to make formal written submissions on conditions to find common ground where possible rather than bringing to the Committee so allowing the panel to have a more independent view in formulating an outcome.

- c. In summary he commented that there were still weaknesses within the statutory framework and understood that the GOsC were aware of this. The difficulties in effecting change were appreciated but it should be noted that change was required to tighten those areas where problems still existed.

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

Advertising

- a. Members asked what the difficulties were relating to advertising and osteopaths. The Chief Executive responded giving a brief overview of the current law as set by an EU directive and the role of the Advertising Standards Authority (ASA), the regulating body. Members were informed that there is a list of treatable conditions permitted within osteopaths' advertising. It was explained that a campaign group is currently submitting complaints to the GOsC about osteopaths' advertising.
- b. Because the GOsC is not the appropriate regulator for these complaints, a process had been developed to allow osteopaths to resolve any concerns about their advertising with the ASA prior to any consideration under the GOsC's own procedures.
- c. Members were assured that all formal complaints – including those about advertising – were risk assessed and acted upon with the protection of patients and the public being paramount. Members were also assured that the screening process was suitably robust to deal with all complaints and had been updated to take into account the Threshold Criteria.
- d. The Chair invited Maurice Cheng to comment on the discussions relating to advertising. He thanked the Chief Executive for inviting the iO to participate in discussions with the ASA and the Committee of Advertising Practice. As a result the ASA has agreed to work with the iO, the Osteopathic Alliance (OA), and the GOsC to explore ways for osteopaths to appropriately communicate with the public and patients.

Health and Professional Conduct Committees

- a. Members asked where most health referrals originated from considering that most osteopaths were sole practitioners. It was explained there were a number of routes for a health referral to be submitted: through self-referral by the osteopath; through the annual registration renewal process; reporting by patients; reporting through NHS England and other regulators.
- b. Members asked about the process for creating guidance notes from committee determinations as they provide useful learning for the profession. It was explained that practice notes are developed from reviews of cases and, in addition, feedback is provided through the Fitness to Practise e-bulletin.

- c. Members sought clarification regarding findings of Unprofessional Conduct (UPC) and why three out of five were not found to be UPC. It was explained that the concept of UPC is 'backward looking' and therefore can be challenging. The Spencer decision was not helpful to committees in clarifying 'moral opprobrium' and had perhaps put the threshold too high. The Shaw decision clarifies the position of UPC when considering serious misconduct.
- d. The PCC Chair clarified the discrepancy between the Fitness to Practise Report and the PCC Annual Report explaining that they were for different reporting periods and that in 75% of cases UPC was found.
- e. The HC Chair commented that the perception among the fitness to practise chairs is that the quality of advocacy for the GOsC had improved over the past two years although the Spencer case had caused considerable difficulties.

The Chair thanked the Head of Regulation and the fitness to practise chairs for their reports.

Noted: Council noted the Fitness to Practise Report and the Annual Reports of the fitness to practise committees.

Item 8: Health Committee Bank of Conditions

- 25. The Head of Regulation introduced the item which proposed the introduction of a standard bank of conditions to assist the decision making of the Health Committee at final hearings.
- 26. Members were reminded that the consultation ran from July to October 2015. Although the strategy employed aimed to encourage a wide a response the returns were below expectations. It was thought the reason for the low response may have been due in part to the technical nature of the consultation and also that hearings relating to health procedures are still rare.
- 27. Only one of the five responses commented that the approach was not correct but the others were positive. Incorporating the guidance into the suite of current documents would be of great assistance to Health Committee members and all parties involved in the process.

Agreed: Council agreed the Bank of Conditions to be used by the Health Committee.

Item 9: Interim Suspension Order Guidance

- 28. The Head of Regulation introduced the item which proposed updated and modified guidance which would enable the Committees to make consistent, reasoned and legally sound decisions when determining whether to impose an Interim Suspension Order.

29. Members were reminded that the consultation had taken place over three months from July to October 2015. There had been a low response and changes had been made to the guidance to improve clarity based on the comments returned. The guidance was compliant with the Osteopaths' Act 1998 and updated in relation to developments in case law and the wider regulatory landscape.
30. The Head of Regulation informed members that none of the fitness to practise committees could make findings of fact in ISO hearings and this would need to be made clear in the guidance. She also stated that the test for the implementation of an ISO is one of necessity and not one that it is desirable.
31. In discussion the following points were made and responded to:
 - a. Members asked if there was a way to change legislation to extend an ISO. It was confirmed that any change in the law could only be effected by a Section 60 Order and this would be a challenge for the GOsC to obtain.
 - b. Members commented that the ISO Guidance, Bank of Health Conditions and all the fitness to practise reports, presentations and explanations, had been very helpful especially in light of some of the current challenges the Regulation team were dealing with.

The Chair also commended the Regulation Team and thanked them on behalf of Council for their work especially in dealing with Section 32 cases.

Agreed: Council agreed the Guidance on Imposing Interim Suspension Orders.

Item 10: Draft Corporate Strategy 2016-19

32. The Chief Executive introduced the item which asked Council to consider the draft Corporate Strategy 2016-19.
33. Members were informed that both the Education and Registration Standards Committee (ERSC) and the Osteopathic Practice Committee (OPC) had considered the initial themes and activities at their meetings on 13 October and the osteopathic education institutions (OEIs) had also had the opportunity to review the paper at their meeting on 16 September.
34. Members were also informed that programme lines had been pared down and a different view had been taken on the approach to performance measurement. It was highlighted that there would be a stakeholder survey looking at the quality of performance of the GOsC.
35. The paper would be presented to the Audit Committee at its next meeting on 25 November. A final Corporate Plan would be brought to the February 2016 Council meeting.

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

- a. It was suggested the second statement should be amended to include education. However, it was noted that education was referenced at 1.2 of the document.
- b. Members queried the use of the word 'wellbeing' being included as part of the over-arching objectives. It was explained that this was being inserted into the Osteopaths Act following new amending legislation.
- c. It was suggested that OEI staff should be included in promoting high levels of professionalism as well as students and that best practice should be sought from outside the osteopathic profession.
- d. It was suggested the peer learning and peer review should be distinguished from each other in relation to CPD.
- e. Clarification was sought on whether assessment processes would be 'new', 'improved' or both.
- f. It was argued that the concept of public value was a core part of the GOsC role and it was recognised that a different measurement focus was required. The Chief Executive commented that by focussing on public value the GOsC needed to show and justify that the organisation is effective in what it is doing.
- g. In response to a suggestion about stress testing the organisation's capacity, this would be part of the Business Plan development process.
- h. Members were advised that the order of the goals and activities would be reviewed for emphasis and would be made more consistent.
- i. It was confirmed that with the envisaged changes to Council, the Chair and Chief Executive would be discussing the induction of new members, including ownership of the Corporate Strategy.
- j. The Chair commented that it was important to consider the extent to which the GOsC can build a meaningful relationship with patients and also the potential role for encouraging research.
- k. Members were advised that if they had any further comments or ideas for the draft Corporate Strategy they should forward these to the Chief Executive.

Agreed: Council noted the draft Corporate Strategy 2016-19 and requested that a final version be presented at the next meeting.

Item 11: Budget Strategy 2016-17

37. The Head of Registration and Resources introduced the item which set out the budget strategy for the financial year 2016-17. The paper set out the projected 2016-17 budget envelope including expenditure forecasts, cost reductions and the potential impact on the registration fee.
38. Members were informed the paper set out the environment and challenges the GOsC would be facing and reminded members of the following:
 - a. The reduction over previous years in registration fees; now £570.
 - b. Council reaffirmation that reserves should be used primarily to guard against one-off unforeseen events.
 - c. The increase in the workload around fitness to practise, leading to additional expenditure being incurred over the agreed budget forecasts. It was recognised this work was fundamental to patient protection and would need adequate resources to meet the GOsC's statutory duty.
39. It was also highlighted that income from sources other than registration fees is forecast to reach c£50k and the total net expenditure in FY2016-17 is forecast to be approximately £2.82m. Compared with FY2015-16 this represented an increase in net expenditure of £30k.
40. It was recognised that with course closures at Leeds Beckett University and Oxford Brookes University, graduate numbers joining the Register in FY 2017-18 and FY 2018-19 would be slightly reduced.
41. In discussion the following points were made and responded to:
 - a. Members raised concerns about the fitness to practise budgets and asked for further clarification. The Head of Registration and Resources responded that there were a number of areas that had been identified where cost could be reduced and that the overall budget for fitness to practise in the coming year would be just below £600,000. This would take into consideration an increased number of cases and would be closely monitored.
 - b. Members asked about the income assumptions considering the drop in student numbers over the past 3-4 years. It was advised that this had been taken into consideration within the budget projections. In ongoing conversations with the OEIs, the GOsC were aware of the issues and these were being given due consideration.

Agreed: Council agreed the budget strategy and to hold registration fees at their current level.

Item 12: Investments

42. The Head of Registration and Resources introduced the item in which Council were asked to consider the investment portfolio.
43. Council approved the investment strategy in April 2011 which recommended investment in the Newton Real Return Fund. The investment was again considered in early 2015 when it was agreed to make no changes at that time but to ask the Executive to review again later in 2015.
44. It was recommended that it would be best to consider the outcome of discussion on proposals relating to GOsC's charitable status before making any changes to the GOsC's investments.
45. In discussion the following points were made and responded to:
 - a. Members asked if there would be a better return on the investment if it was moved to the bank account. It was agreed that the investment linked to the stock market could be accessed in seven days while the bond requires 120 days to access, but this would be something which Council would need to consider.
 - b. It was not thought that being a charity guaranteed a higher return on investments although there might be some tax benefits.
 - c. It was agreed that there were other areas of work which were currently a higher priority and the Executive should be focused on these. The Chief Executive commented that there was further exploration to be done to find the best way forward with the investment portfolio and this would come back to Council in due course.

Agreed: Council agreed to make no changes to the GOsC investments but to revisit the subject as soon as the final position on charitable status was reached.

Item 13: Review of the Osteopathic Practice Standards

46. The Chief Executive introduced the item which outlined the proposed approach to the review and revision of the 2012 *Osteopathic Practice Standards*. He added that both the ERSC and OPC had discussed this and provided helpful input at their meetings on 13 October 2015.
47. Members were advised that to implement the changes would take time and also the revised OPS would then need to be published one-year before enforcement. It would also be important to reflect on the outcomes from the McGivern report and the work on values in the revised document. It was advised that major changes should be around guidance and implementation of standards and the draft timetable, although it runs to 2018, would still be ambitious.

48. Members welcomed the suggested approach, and in discussion the following points were made:
- a. Members thought that some of the areas relating to values might be problematic in the suggested time-frame.
 - b. It was suggested there should be reference to the consent guidance and case studies should be included.
 - c. There were additional concerns about the time-table and the impact on registrants as the new CPD scheme was also being introduced.
 - d. The Chief Executive agreed that the values work would inform the OPS but at a later stage. It was agreed that the reference to case studies was very important. In relation to the CPD scheme it was important not to hold back work in this important area.
 - e. Members expressed concern for registrants and 'consultation overload' and suggested that efforts might be better focused on targeting specific groups. The Head of Policy and Communications agreed and advised members that the concerns regarding the number of consultations were being discussed.

Agreed: Council agreed the approach to the review of the 2012 *Osteopathic Practice Standards* as set out in the paper.

Item 14: CPD scheme consultation analysis and implementation plan

49. The Head of Policy and Communications introduced the item which gave a report on the 16-week public consultation on proposals for a revised scheme of continuing professional development for osteopaths, conducted by the GOsC between 19 February and 31 May 2015, and an indication of next steps.
50. It was added that much of the implementation work was already underway and progress would be fed back through the policy committees and Council.
51. In discussion the following points were made and responded to:
- a. Members were advised that peer reviews were a complicated area. Many who had responded to the consultation had not engaged with the GOsC or their peers about what the review meant and therefore did not have all the relevant information. Once there had been engagement, participants were more relaxed about the approach.
 - b. In reference to the collection of CPD evidence it was agreed that there was a need to review years one and two and not delay until year three.
 - c. Members were surprised and disappointed at the response rate to the formal consultation document. Members were advised that there had been face-to-

face contact with over 500 people and that there had been a large number of downloads of the documents and video materials.

- d. It was agreed that it was important to establish the timetable for implementation of the scheme. It was suggested that rollout could be in stages.
- e. It was agreed that further clarification was required for presentation and discussion at the next meeting in February 2016.

Noted: Council noted the findings of the CPD scheme consultation and the further development of a new CPD scheme for osteopaths.

Item 15: Registration Report

- 52. The Head of Registration and Resources introduced the item which gave an update on registration activity covering the six month period from 1 April 2015 – 30 September 2015.
- 53. The following areas of the report were highlighted:
 - a. For the first time the number of registered osteopaths exceeded 5,000. The number on the register at the end of September 2015 was 5,101.
 - b. Margot Pinder, the GOsC's Web Manager, was thanked for her work which has led to a significant increase in the numbers of registrants renewing their registration online. As at the end of September 2015, 2,095 registrants had renewed online. This was 62% of the total number due to renew their registration in this period.
- 54. In discussion the following points were made and responded to:
 - a. The Head of Registration and Resources was commended for the presentation of the Registration Report which provided a clearer representation of the statistical data.
 - b. Members asked about the categories of registrants who were restored to the register and were informed that the majority were registrants who had voluntarily removed themselves for a number of reasons but mostly for changes in personal circumstances. The Chief Executive informed members that no former registrant had been restored after removal for fitness to practise reasons in at least the last five years.

Noted: Council noted the Registration Report

Item 16: Performance Measurement 2014-15

55. The Chief Executive introduced the item which reported on the performance against the GOsC's balanced scorecard in 2014-15. He added that performance overall had been positive.
56. In discussion the following points were made and responded to:
- a. Members were advised that the concerns about staff turnover had been noted and the Remuneration and Appointments Committee were keeping this under review.
 - b. A question was raised about the delivery of the GOsC's benefit to stakeholders, particularly the public. The Chief Executive responded the reporting was based on the existing framework and it was hoped that a new framework could be incorporated into the next Corporate Strategy.
 - c. The Chair added that there would need to be a review of performance measurement in relation to the new Corporate Strategy. It was also suggested there was a need to include items such as information governance. This should also be included for discussion at a future meeting.
 - d. It was confirmed that under 'Effective and efficient leadership and management' in all three key indicators the GOsC had been the best performing regulator during the PSA Performance Review in handling of fitness to practise.

Noted: Council noted the Performance Measurement Report 2014-15

Item 17: Minutes of the Osteopathic Practice Committee – 13 October 2015

57. The Chair of the Osteopathic Practice Committee thanked the Executive and Council members for their support and input.

Noted: Council noted the minutes of the Osteopathic Practice Committee

Item 18: Minutes of the Education and Registration Standards Committee (ERSC) – 13 October 2015

58. The Chair of the Education and Registration Standards Committee commented that it had proved very useful to have both policy committees, ERSC and OPC, sitting on the same day as this provided an opportunity to comment on similar issues from different perspectives.

Noted: Council noted the minutes of the Education and Registration Standards Committee.

Item 19: Minutes of the Remuneration and Appointments Committee – 2 July 2015

59. The Chair of the Remuneration and Appointments Committee commented that it had been a very busy time with the current appointments process for Council, the Investigating and Professional Conduct Committees.
60. The Chair also commented on the very successful open day held at Osteopathy House, 12 September, and thanked all those who had supported the day including the Institute of Osteopathy and members of Council.

Noted: Council noted the minutes of the Remuneration and Appointments Committee.

Item 20: Minutes of the Audit Committee – 2 July 2015

61. The members of the Audit Committee had no additional comments relating to the minutes of the Audit Committee.

Noted: Council noted the minutes of the Audit Committee.

Item 21: Any other business

62. There was no other business.

Item 22: Date of the next meeting: Thursday 4 February 2016 at 10.00.