



Meeting of Council

Minutes of the meeting of Council held in public on Wednesday 22 November 2023, at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU and online via Go-to-Meeting video conference

Confirmed

Chair: Dr Bill Gunnyeon

Present: Dr Daniel Bailey
Sarah Botterill (Chair, People Committee)
Prof. Deborah Bowman (Chair, Policy and Education Committee)
Elizabeth Elander
Caroline Guy
Harriet Lambert (Council Associate)
Simeon London
Prof. Patricia McClure
Dr Denis Shaughnessy (Chair, Audit Committee)(online)
Deborah Smith
Laura Turner (Council Associate)

Presenting: Fiona Browne, Director, Education, Standards and Development
David Bryan, Head of Regulation (Items 9)(online)
Ben Chambers, Registration Manager (Item 14)
Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (Item 12)
Andrew Harvey, Chair, Professional Conduct Committee (Item 7)
Banye Kanon, Senior Quality Assurance Officer (online)
Sheleen McCormack, Director of Fitness to Practise (online)
Liz Niman, Head of Communications, Engagement and Insight
Matthew Redford, Chief Executive and Registrar
Maxine Supersaud, Head of Resources & Assurance
Brian Wroe, Chair, Investigating Committee (Item 7)

In Attendance: Marcia Scott, Council and Executive Support Officer

Observers: Susan Baillie, Registrant (online)
Collette Byrne, Scrutiny Officer, Professional Standards Authority
Maurice Cheng, Chief Executive, Institute of Osteopathy
Jo Clift, former Council Member, Institute of Osteopathy (online)
Sandie Ennis, Registrant

Fiona Lafferty, Registrant (online)
Susan Nicholson, Registrant (online)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting.
2. Apologies were received from:
 - Steven Bettles
 - Dr Stacey Clift
 - Rachel Heatley

Item 2: Questions from Observers

3. There were no questions from observers.

Item 3: Minutes of Meeting

4. The minutes of the 120th public meeting 20 July 2023 were agreed as a correct record.

Item 4: Matters arising

5. The Chief Executive introduced the report asking that Council note the actions highlighted had been completed.
6. Council had no further comments or questions relating to the matters arising report, noting that all areas had been completed.

Noted: Council noted the contents of the report.

Item 5: Chair's Report, appointments and reappointments

7. The Chair introduced the item which provided an update on the appointment and other relevant activity which has taken place since the July 2023 meeting.
8. The key messages and following points were highlighted:
 - a. Since the previous meeting of Council, work had continued on the recruitment campaigns:
 - the next Chair of Council
 - lay and registrant members of the Professional Conduct Committee
 - lay and registrant members of the Investigating Committee
 - lay and registrant members of Council
 - registrant Council Associate.
 - b. Twenty-one applications for the Chair of Council role were received and six candidates interviewed. A preferred candidate had been selected and the

paperwork was, at the date of the meeting, with the Professional Standards Authority (PSA) and the Privy Council.

- c. Planning for the transition from the current to the new Chair would commence in due course to ensure a smooth handover.
 - d. The recruitment for lay and registrant members of the Professional Conduct Committee had been completed. Council approved electronically, out of meeting, six new appointments effective from 1 April 2024.
 - e. Recruitment campaigns for lay and registrant members of Council and the Investigating Committee commenced in September. The deadline for applications from registrant members of the Investigating Committee was extended successfully increasing the number of applications received.
 - f. For the Council Member positions 71 lay and 6 registrant applications were received. For the Investigating Committee 110 lay applications and 20 registrant applications were received.
 - g. A campaign to identify the next registrant Council Associate commenced in September with shortlisting due to happen in December.
 - h. An initial review of the equality monitoring data would suggest that these campaigns have generated the most diverse set of applicants GOsC has seen across its previous non-executive recruitment campaigns.
 - i. Andrew Harvey was appointed as Chair of the Health Committee until 31 March 2024. A one-year extension was proposed to 31 March 2025. This would allow the new Council time to settle-in before determining the approach it wishes to take.
9. In discussion the following points were made and responded to:
- a. The Head of HR was commended for the work undertaken and completed to date with the non-Executive recruitment campaign.
 - b. It was noted that the number of applicants with a range of diverse backgrounds had increased significantly due to the positive actions taken with a change in language, type of imagery and the placement of adverts. It was recognised that there is always more that can be done to improve and encourage more diverse applications to governance roles, particularly geographical diversity, and this would be considered at the next meeting of the People Committee, March 2024.
 - c. It was also noted that the Chairs of the FtP Committees are particularly committed to encouraging more diverse applicants and in using webinars to reach out to a wider audience to encourage interest.

- d. It is hoped that the positive trend for an increased number of diverse application submissions will continue with the Professional Conduct Committee recruitment campaign which is scheduled to commence in 2024.
- e. Members were informed that as of the date of the meeting final approval from the Privy Council for the new Chair's appointment was yet to be received. Once the approval was confirmed there would be a formal announcement.
- f. It was confirmed that shortlisting for new Council Members, Council Associates and members of the Investigating Committee will commence during December 2023 with interviews scheduled for January 2024.
- g. It was noted that the quality of the candidates for the Professional Conduct Committee for both lay and registrant roles had been impressive, and it was agreed that six should be appointed. It was also agreed that two other candidates that were considered appointable would be kept as reserves should any member leave the Committee before coming to the end of their term during the subsequent 12 months.
- h. It was confirmed that a reserve list of appointable governance candidates is not a course of action normally undertaken but if candidates were of a high quality a reserve list could be considered. This would only be considered on a case-by-case basis and dependent on the role.

Reappointments:

Professional Conduct and Health Committees Chair: Andrew Harvey left the meeting during this discussion:

- i. Council was reminded that Andrew Harvey had served as PCC/HC Chair since 2022 and at the time the approach had been prudent as there are so few health cases to consider. It was agreed that this arrangement should continue and that an extension of one-year, from April 2024 to March 2025, would allow for the settling in of the new Professional Conduct /Health Committees and thereafter any change to the approach could be considered.

People Committee: Kate Husselbee, Independent Lay Member

- j. The independent lay member of the People Committee, Kate Husselbee, term of office is due to end on 31 March 2024. As a member of the People Committee, it was considered that Council should have oversight of the reappointment recommendation for this role. Council was informed by email, circulated 15 November, that Kate is eligible and seeks reappointment for a further four-years subject to Council approval.

In considering the recommendations Council noted and agreed the following:

- a. **noted the update on the current non-Executive recruitment campaigns.**
- b. **noted the electronic, out of committee, decision of Council to approve the appointments of:**
 - **Manjit Darby (lay)**
 - **Sarah Cant (lay)**
 - **Nathalie Harvier (lay)**
 - **Oluyinka Fabusuyi (registrant)**
 - **Jim Hurden (registrant)**
 - **Caroline Easter (registrant)**

as members of the Professional Conduct Committee and Health Committee from 1 April 2024 to 31 March 2028.

- c. **agreed that Andrew Harvey continue to act as Chair of the Health Committee from 1 April 2024 to 31 March 2025, or such earlier end date that may be considered by Council.**
- d. **agreed that Kate Husselbee be reappointed as a lay member of the People Committee for a period of four-years to 31 March 2028.**

Item 6: Chief Executive and Registrar's Report

10. The Chief Executive introduced the item which provided a review of activities and performance since the last Council meeting and not reported elsewhere on the agenda.
11. The report set out the activities undertaken by the team since the previous Council meeting not reported elsewhere on the agenda. Headlines included:
 - a. The Charity Commission have issued a monitoring update which includes a checklist for managing social media. The Executive have reviewed the list and a small number of gaps had been identified. These are not considered significant and will be addressed. A report will be presented to Council at the February 2024 meeting.
 - b. The GOsC 2023-24 performance review year continues with the main fieldwork of the targeted audit of fitness to practise decisions being completed. The Executive team are looking forward to engaging with PSA on any findings.
 - c. The GOsC has responded to a number of external consultations including those run by the Department of Health and Social Care, Department for Work and Pensions and the Australian Health Practitioner Regulation Agency.
 - d. The 2023 Convention, in which GOsC was a partner organisation, was held on 20 and 21 October. The Convention was a success and feedback on the GOsC's involvement has been seen as overwhelmingly positive demonstrating

a sense of collaboration, shared history, development and a moving into the future.

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

- a. Noting the publication of the Independent Inquiry into Child Sexual Abuse and its recommendations members asked whether any discussion on how the GOsC might lead in supporting the training and development of registrants in how to recognise indicators of abuse. Members were advised that no specific work had been undertaken and was an activity to be addressed during 2024. A response to the publication had been submitted and consideration would be given on how the GOsC can work with COEI and the iO to address some of the issues rising from the publication.
- b. Council was updated on the focus group meetings with patients conducted jointly with the General Chiropractic Council on Duty of Candour. The key messages resulting from the discussions were improvements to dialogue and practitioners working in partnership with patients. Grey areas highlighted included data protection, in-practise 'near misses', and understanding what patients need in dialogue with practitioners. The headlines from the meetings were shared at the PSA Conference, November 2023, to consider the patient voice more widely. A more detailed report will be presented to the Policy and Education Committee in March 2024 and then Council in May 2024.

Business Plan Monitoring

13. In response to a comment on the majority of the activities listed as being on-track (green) and whether there were any concerns for future activity Members were informed that in looking ahead and considering the business plan currently set out there were no concerns at present.

Finance Report 2023-24: six-months to 30 September 2023

14. The Head of Resources and Assurance presented the Finance Report for the six-months to 30 September. The key messages from the report were:

- a. Registration fees are below budget expectations, having reviewed the register movements.
- b. The bulk of the work in progress is invoiced in the second half of the financial year, so it can be anticipated that there will be an increased expenditure spend in the six-months following 30 September 2023.
- c. The investment portfolio is now showing tentative signs of recovery from the impact of the previous economic turmoil, albeit with a reduction of c.£10k in

the equity valuation; the Balance Sheet is in a strong position, meaning future challenges can be faced from a position of financial health.

- d. Cash at bank is up on the year-end position, reflecting that the spend will take place in the latter part of the financial year.

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

- a. Members were advised that the predicted End of Year deficit for 2023-24 is c.£52,000.
- b. It was advised that there were a number of reasons for the deficit, the most significant being a reduction in registration fees received, above budget employment costs, and education and professional standards costs but this balances with under spend relating to FtP costs.
- c. It was explained that the trends relating to registration fees forecast show there will be a reduced income from new applicants joining the register. This is due to those joining the register doing so at a discounted rate in comparison to those leaving who are on higher rates.
- d. Members were informed that the Executive had recognised the trend in the decline of income from registration fees and, in ongoing discussion, this had been considered when developing the budget strategy that would be discussed on the Private Agenda of Council. Through being prudent and making cost savings in recent years the GOsC has worked to build reserves as a financial buffer but it is understood that reserves are not funds which can be depended on or considered an alternative in supporting on-going operating costs.
- e. It was explained that there were two elements to the increase in employment costs:
 - There had been a one-year temporary contract which was now a permanent post.
 - Staff development costs were higher than budgeted for.

The Chief Executive noted that the budgeting process for this area was wrong and had contributed to the overspend.

16. The Chair in summary:

- Stressed that the GOsC reserves are not a revenue stream for the GOsC and are a contingency for unforeseen circumstances. There should not be an expectation that the reserves be considered as cover for everyday losses.

- In asked what plans were in place to ensure that the organisation is able to breakeven by 31 March 2024 the Chief Executive gave his assurance to Council that the Executive were exploring avenues to ensure that finances and the budget would be in a better position by year-end. It was noted that to break-even it was possible that there could be an impact on the Business Plan activities.

Noted: Council noted the content of the Chief Executive's report.

Item 7: Annual Reports of the Fitness to Practise Committees: Investigating, Professional Conduct, and Health Committees

17. Each committee of the GOsC is required to report annually on its work to Council. These reports of the Fitness to Practise Committees cover the period 1 October 2022 to 30 September 2023.
18. The following points of the reports were highlighted:

Brian Wroe, Chair, Investigating Committee

- a. There had been nine meetings of the Committee to consider complaints which is a reduction of four on the previous year, 2021-22.
- b. In addition, the Committee were asked to consider applications for the imposition of Interim Suspension on seven occasions, a reduction of three on the previous year, 2021-22. It imposed 2 orders, accepted undertakings in 2 cases and made no order in the other 3 cases.
- c. The Committee made decisions on 22 complaints against registrants. In 9 of these, the complaint was referred to the Professional Conduct Committee.
- d. There has been a reduction in the number of transgression of sexual boundary cases, inadequate treatment and lack of insurance. The Committee did not consider any complaints relating to social media.
- e. The current strength of the Investigating Committee is 7 lay members (including the Chair) and 8 Registrants. The IC is currently undertaking a recruitment campaign. Four members (two lay, two registrants) will complete their maximum 8 years on the committee. During September 2023, a recruitment webinar was held to launch the campaign and answer questions from potential committee members. The webinar was attended by 126 people and feedback from attendees was positive. Applications are currently being considered with interviews planned for January 2024. The appointments of 2 lay and 2 registrant members is scheduled to commence from 1st April 2024.

It was stressed that the diversity of the Committee would be a firm commitment as part of the recruitment process.

- f. The Committee continues to meet remotely although there would be an all-Members Training Day, 4 December, at Osteopathy House. It is envisaged that the majority of meetings will continue to be held remotely. There are far fewer issues and delays with technology and the Committee continues to make use of Caselines to access case files in a safe and confidential manner for all meetings and ISO hearings.
- g. The assistance provided by the Executive and administrative staff to the IC Chair and the Committee was acknowledged. It was noted that staff team are responsive, supportive and ensure that matters are addressed promptly.
- h. It was stressed that the adequacy of reasons remain at the forefront of the Committees work and members are regularly reminded of the importance of recording adequacy of reasons in their reports.
- i. The Chair stressed the need for the Committee to maintain its independence. Council was also given assurance of the Committees commitment to continue to act independently, reach decisions in a fair and independent manner, and ensure the reputation of the GOsC is maintained to the highest standard.

Andrew Harvey, Chair, Professional Conduct Committee and Health Committee.

- a. There have been fewer cases being received by the Committee for the reporting period. Reasons for this may include fewer serious cases, that patients are not reporting cases, there are delays in the progression of cases beyond the control of the GOsC with such as cases being delayed by third-parties.
- b. It was suggested that, as a result of fewer cases, this could have an impact on the Committee in ensuring and maintaining members engagement and skills. An additional issue was the possible impact on members availability where the jurisdictions of other regulators might take precedence over that of the GOsC.
- c. The PCC has recently undergone a significant recruitment round with six new members appointed and whose terms of office will commence 1 April 2024. A further round of recruitment will commence during 2024 to recruit a further seven members with appointments commencing 1 April 2025.
- d. Reflecting on the recruitment process the diversity of the Committee was acknowledged as a challenge in attracting a diverse range of candidates. Ensuring diversity of thought (an issue for all regulators), addressing the issue of four-nation diversity to ensure the committees include members representing Northern Ireland, Wales and Scotland as well as England, as well as addressing potential candidates with protected characteristics are being carefully considered with the GOsC's HR Manager.

- e. The FtP webinars, with the support of the GOsC Communications team, have been a successful tool in addressing some of the issues described as well as providing clarity on the function of the FtP Committees to potential candidates. There has been a significant increase in applications and the quality of potential candidates has improved but there are still areas which require development and improvements can be made.
- f. A PCC development day is scheduled to take place in January 2024 as well as the induction training for the six new members who commence their roles on 1 April.
- g. Council can be confident that the members of the PCC are committed to their role, have an understanding and awareness of the Committee's responsibilities and the importance of its independence. As the Committee only meets when it is empanelled arrangements are made members to meet informally three time per year allowing members the opportunity to consider various aspects of the Committees work; what has gone well or not so well, and to share concerns informally. It was also noted that regular meetings are held with IC Chair and well as the Chair of Council.
- h. The Chair thanked the GOsC team in particular Sheleen McCormack, David Bryan, Liz Niman, Amanda Chadwick and Dean Myers for their continuing support provided throughout the year.

Health Committee

- i. The Chair of the Health Committee had no additional comments in relation to the report
19. Council had no additional comments or questions regarding the annual reports of the Fitness to Practise Committees and noted the report.
20. The Chair, on behalf of Council, thanked the FtP Committee Chairs and members for their commitment and ongoing work.

Noted: Council noted the annual reports of the Investigating Committee, Professional Conduct Committee and Health Committee.

Item 8: Fitness to Practise Report

21. The Director of Registration introduced the report which provided the quarterly update to Council on the work of the Regulation departments and the GOsC's Fitness to Practise committees.
22. The key messages and following points were highlighted:
- a. The following corrections were noted:

- The correct date for the Investigating Committee Training Day is Monday 4 December 2024.
 - The comment included at page 6 of the dataset would be removed. This error also impacted the data shown in the graph therefore to confirm:
 - the number of hearings was 2,
 - the number of hearing days was 2,
 - the total number of cases considered was 2
 - the total number of cases concluded was 0.
- b. In this quarter Regulation received a 29% decrease in the number of new concerns (15).
- c. The screener KPI was exceeded with 11 cases referred to the IC meaning there are more cases at the IC stage.
- d. IC (end-to-end) KPI was not met during the reporting period. The high percentage of cases being held at the IC stage are primarily due to third party delays (the police). The team are working to reduce the number of these cases and will schedule additional IC hearings where needed.
- e. The lower than usual output of hearings at this stage is for three principal reasons:
- Currently 45% of our caseload is made up of third-party cases (police/courts/health) awaiting conclusion before progression;
 - Two hearings were postponed this quarter. In one case new evidence was received shortly before the commencement of the hearing which meant the hearing had to be postponed. Another hearing was postponed due to the health of the registrant;
 - The low number of concerns received between Q3 2021-2022 and Q2 2022-2023 has had some impact on the number of total referrals to final hearing.
- f. It is necessary to be mindful that almost half the entire caseload of the Executive team is currently with the police and due to the delays while investigating these serious allegations is having an impact on the flow of the is cases being considered by the IC and the PCC. The team will keep addressing the cases which are not being delayed by third parties and will keep pressing for delays to be addressed but at this time it is difficult to confirm when output will resume to previous levels.
- g. A section 32 prosecution listed for trial on 10 October 2023, was adjourned by the magistrate's court for a second time and relisted for 20 December 2023.
- h. A public consultation on the GOsC amended Guidance on Imposing Interim Suspension Orders and Practice Note on Undertakings ran from July to October 2023. As part of the consultation engagement plan, a live webinar was held on

7 September 2023 with the focus of the session being Interim Suspension Orders and Undertakings.

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

- a. In clarifying 'formal complaints referred to IC by Screener but not yet considered' it was explained that these comprise cases, both third party and clinical, which have been referred and led to the high number of cases at the IC stage.
- b. In response to questions about the challenges in engaging with complainants it was explained that not all cases are delayed due to third-party involvement but when working with vulnerable patient/witnesses in some of the most serious cases engagement must be handled with sensitivity. The needs of vulnerable witnesses must be considered therefore ensuring enough time to engage with the process, manage expectations and vulnerabilities can impact KPIs. The Independent Support Service is promoted to provide witnesses with additional assistance and support as well as the GOsC individualising the support it provides by visiting the witness, and arranging visits to Osteopathy House.
- c. Disengagement from the hearings process is an issue for all regulators where, in some cases witnesses will disengage when in attendance at hearing. This has never happened at the GOsC and is a testament to the support offered to witnesses to encourage and maintain engagement.
- d. Witnesses disengaging from the fitness to practise process raised some concern for those registrants with complaints which had been made against them and having to experience delays in an already difficult situation. It was suggested that standards for complainants might be considered to address the need of fairness for Registrants as well as complainants.
- e. Council was given assurance that there was no danger of the FtP process coming to a halt due to delays caused by third parties and/or witness disengagement. The GOsC KPIs can be rated as some of the best in professional regulation while the work undertaken by the Executive team remains proportionate and never loses sight of the parties involved, both complainant and registrant, and cases for which it is responsible.

Noted: Council noted the Fitness to Practise Report.

Item 9: Consultation on Interim Suspension Orders and Undertakings

24. The Director of Fitness to Practise introduced the item which invited Council to agree the draft Interim Suspension Order Guidance and Draft Practice Note on Undertakings following a public consultation taken between July – October 2023.

25. The key messages and following points were highlighted:

- a. Both the Investigating Committee and Professional Conduct Committee can impose an interim suspension order over a registrant's registration while a fitness to practise investigation is undertaken. Both the Investigating Committee and Professional Conduct Committee can accept undertakings from a registrant. An undertaking is a voluntary written promise.
- b. As background to updating the guidance, an external audit was commissioned which was undertaken in August and September 2021 of all Investigating Committee and Professional Conduct Committee applications for an interim order between January 2020 - March 2021. No concerns regarding patient safety were identified within the audit report.
- c. The detailed recommendations from the audit included refreshing GOsC's guidance on imposing interim orders and the practice note on undertakings in relation to risk assessment and proportionality. It also recommended making the procedure around undertakings clearer.
- d. The opportunity has also been taken to enhance the interim order guidance to make it clearer that the Investigating Committee and Professional Conduct Committee are under a duty to have regard to the overarching objective within the Osteopaths Act when considering interim order applications.
- e. Although the guidance has been developed for the FtP Committees, as a measure to address the question 'what support is provided for osteopaths?' a footnote is included within the ISO guidance providing information on the Independent Support Service. It is not certain if this is the most appropriate place to include the information, but it was noted that both registrants and legal representatives use the guidance to better understand the decision-making process.
- f. The consultation ran for a period of 3 months from July – October 2023 and a summary of the responses published.
- g. The patient groups were thanked for their responses and in light of the comments the Executive team will reflect on how to make this and other guidance more accessible to the public, patients and under-represented registrants.

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

- a. Members were informed that a final review of the guidance will be undertaken by the Communications team. Where appropriate gender specific language would be updated to be more reflective of all individuals.

Agreed: Council agreed the draft Interim Order Guidance and Draft Practice Note on Undertakings

Item 10: Consultation on Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers.

27. The Senior Quality Assurance Officer introduced the item concerning the Guidance about professional behaviours and student fitness to practise in osteopathic education – consultation on reviewed guidance.
28. The key messages and following points were highlighted:
- a. On the 4 October 2023, the Policy and Education Committee (PEC) agree to recommend 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers', for consultation in accordance with the strategy outlined.
 - b. This paper seeks Council's approval to proceed to consultation with the draft updated guidance.
 - c. A draft consultation strategy and a draft consultation document is presented for consideration and approval.
 - d. An Equality Impact Assessment has been undertaken to inform the consultation.
 - e. In October 2022 we outlined plans to the PEC to update various Quality Assurance Policies, including that relating to student fitness to practise.
 - f. A draft was presented to PEC in October 2023.
 - g. Feedback has been sought from osteopathic educational providers students and staff as well as guidance from an EDI consultant. We have reflected feedback in the draft guidance.
 - h. The Chair of the Policy and Education Committee informed Council that the discussion on the guidance at both the June and October 2023 meeting had been thorough.
29. In discussion the following points were made and responded to:
- a. Members were pleased with the work undertaken to update the guidance commenting that the guidance was now more accessible, the language 'low-tech' and aimed at student who are at different levels of study.
 - b. The Chair of the Policy and Education Committee commented that the members of the Committee did express a number of varying views but noted that the guidance was being recommended for consultation and would be reviewed once the consultation process had concluded and feedback been received.

In considering the recommendations Council:

- a. Agreed to proceed to consultation on the 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers' in accordance with the strategy outlined.**
- b. Agreed the Consultation Strategy and Consultation document.**
- c. Noted the Equality Impact Assessment.**

Item 11: Strategic Patient Engagement - Governance involvement/participation

- 30. The Director of Education, Standards and Development introduced the item which outlined two possible approaches to a pilot to assess the impact of patient partnership in decision making in the GOsC.
- 31. The key messages and following points were highlighted:
 - a. This paper outlines two options for Council to consider piloting which would enable GOsC to include the patient voice at strategic level:
 - A patient appointed in 2024 as a lay member of Council with a specific focus on patient issues, who is recruited to an agreed person specification.
 - A two-phased pilot with ultimate aim of recruitment of a patient as a full lay member:
 - Phase 1 (2025-26): Two patient representatives informing decisions but without decision making rights.
 - Phase 2 (2026 onwards): Recruitment of patient as full Council Lay member with decision making rights.
 - b. Reflecting on feedback from Council it was believed the title 'Patient Council Associate' had inadvertently conflated the purpose of Council Associate programme with the rationale for involving patients at strategic level. Suggested alternative titles for Council's consideration including Patient Advocate programme, Patient Partnership programme or Patient Voice programme.
 - c. Before any substantive decisions are made about future governance, Council was asked to consider the following points:
 - GOsC's current organisational culture
 - The needs of patients and how to create a safe environment

- The needs of Council and how to include the patient voice in short and long term
- Equality, diversity and inclusion
- Recruitment and training
- Remuneration/Budget
- Staff resource

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

- a. The Chair commented on the proposed timeline suggesting that it was more likely that any appointments would be from 2030 rather than 2026.
- b. In considering the scope of the role for the Patient Advocate/Partnership programme it was agreed that it would be advantageous to move the essential criteria of 'At least one years' experience of working at Board level or in senior leadership positions in health-related sector (regulation, charity, education)' to desirable criteria to widen the scope of interested parties.
- c. The complexity of recruitment for the Patient Advocate was acknowledged and would be addressed but the fundamental outcome was to acquire a voice that represents the patient perspective and to be included in discussion and decision making.
- d. It was explained that the requirement of experience in working in partnership with user led groups was to achieve an outcome that would see a Patient Advocate that is able to represent the wider patient view, bringing together and being able to represent those views. The approach would be explored further by the Executive.
- e. Members asked whether if within the lay contingent of Council and its Committees there were no members with some, if not all, of the desired characteristics set out in the essential/desired criteria for a Patient Advocate and whether this highlighted a skills gap existed within the membership. It was explained that it would be the aim of the proposed programme to focus on and be explicit in identifying a representative who is specifically patient focused. Lay recruitment to the governance structure had not specified the criteria associated to include representation of the patient voice, the patient advocate programme would address this.
- f. Members were advised that the associated cost for implementing the Patient Advocate programme would be expected to be no more than the cost of the current Council Associate programme. All aspects of the recruitment programme would be undertaken in-house supported by the Executive and Council. It was noted that the scheme would be subject to any budgetary constraints.

- g. Due to governance timings, it was recommended Council agree the option to pilot the patient advocate scheme as there was still much to learn in considering and evaluating the outcomes:
 - A two-phased pilot with ultimate aim of recruitment of a patient as a full lay member:
 - Phase 1 (2025-26): Two patient representatives informing decisions but without decision making rights.
 - Phase 2 (2026 onwards): Recruitment of patient as full Council Lay member with decision making rights.

33. The Chair in summary suggested:

- a. That at this point phase 1 of the pilot scheme be agreed by Council.
- b. That agreement of implementation of phase 1 of the pilot be subject to a caveat that progression would be subject to any budgetary constraints that may be imposed.
- c. That the timeline should be more flexible

In considering the recommendations Council:

- a. Noted the proposed models for involving patients in GOsC governance.**
- b. Agreed, subject to any budgetary constraints, to pilot phase 1 of the scheme.**

Item 12: National Council for Osteopathic Research (NCOR): Concerns and Complaints Report 2013 -2022

34. Dr Daniel Bailey declared an interest as a Research Fellow with NCOR and did not participate in this discussion.

35. The Director of introduced the report which considered and reflected on the findings from the NCOR Concerns and Complaints report 2013 to 2022.

36. The key messages from the report included:

- a. Every year the National Council for Osteopathic Research (NCOR) produce a report on the type of concerns and complaints made against osteopaths and osteopathic services.
- b. The report brings together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.
- c. The updated data collection took place during January to December 2022, Key findings include:

- Reduced number of concerns about osteopaths overall (second lowest since data collection began)
 - Areas of focus for this year should include:
 - Inappropriate treatment or treatment not justified n=8
 - Forceful treatment n=7
 - Treatment causes new or increased pain or injury n=30
 - Failure to communicate effectively n=8
 - Sexual impropriety n=10 (NB data from other categories also shows an increase in sexual offences. This mirrors data from our own fitness to practise data which show that concerns around boundaries are becoming more serious) – although overall numbers appear to have reduced slightly this year
 - There is data to suggest that further exploration of concerns for those over 71 and those 0-2 years qualified may benefit from further analysis to see if there is further support we might be able to provide for these groups.
 - Professionalism and Safety and Quality in Practice are the dominant themes in relation to concerns echoing the findings in 2021.
- d. The GOsC continue to use this report to ensure a focus on practice in accordance with the Osteopathic Practice Standards with particular communications and policy priorities covering the areas of concern outlined in the report.

37. In addition to the key messages the following points were highlighted:

- e. There is for an overall trend showing a decrease in the number of concerns and complaints but looking more closely there appears to be a plateauing in the number of clinical care issues since 2018 therefore may be an issue which is not being sufficiently addressed.
- f. Other areas show a decreasing trend which may be due to the impact CPD scheme encouraging better communications and consent.
- g. The small increase in issues concerning adjunctive therapies during 2019 may have been negated through changes insurance requirements.
- h. Although the number of complaints for the current period is small there is a caveat to consider as it is difficult to make claims about the positive changes achieved which could increase in the next and subsequent years.
- i. Council's attention was drawn to the number of concerns/complaints 2013-2022 (page 15, Table 8) relating to 'Safety of Clinical Practice', which were approximately 50% of the concerns/complaints recorded during 2022. Although this number has remained relatively stable since 2013 it was

suggested an area for consideration to address what are overall issues relating to communication:

- Absence of treatment plans
- Inadequate diagnosis
- Increased pain

The shared decision-making resource being developed by the Executive might further address complex issues of communications with patients. Future analysis will highlight improvement and trends.

- j. In partnership with the GOsC Executive, NCOR will also be working to improve the Concerns and Complaints report which has been, to date, successful in supporting the work of the GOsC. The main challenge will be to work to improve the information currently received from insurers ensuring that the information is complete, consistent and that any absence of data can be addressed. This and other issues will be discussed at a meeting planned for mid-December.

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

- a. It was explained that the absence of data was due to insurers not providing the relevant information. This would be addressed with the insurers as omissions would impact on future data and the statistical analysis produced for the Concerns and Complaints report. As the numbers involved are relatively small any data not included would have a significant impact on the reported outcomes.
- b. Members were pleased with the downward trend in reported concerns and complaints but asked where statistics remained consistent whether these numbers were considered in planning for CPD and/or shared with OEIs and other relevant stakeholders. It was confirmed that the numbers are considered and used in the communications with regional groups, OEIs, and other cross-organisational communications.
- c. Although the Concerns and Complaints Report provided very helpful information it was asked how accessible it was to osteopaths once published on the GOsC website. It was suggested and agreed that the report would be condensed into a more user-friendly format they would highlight key messages and information.

In considering the recommendations Council:

- a. Noted the implications of the NCOR concerns and complaints report 2013-2022.**
- b. Agreed to publish the NCOR concerns and complaints report 2013-2022.**

c. Agreed to publish the NCOR Concerns and Complaints Report in a summarised format highlighting key messages and data.

Item 13: University College of Osteopathy: Renewal of Recognised Qualifications (RQ)

39. Dr Daniel Bailey and Simeon London declared interests, did not participate in this discussion and left the Council Chamber.
40. The Senior Quality Assurance Officer introduced the item which concerning the Visit report for the recognised qualifications offered by the University College of Osteopathy (UCO) as considered in October by the Policy and Education Committee:
- Master of Osteopathy
 - Bachelor of Osteopathy.
 - Master of Science in Osteopathy (pre-registration).
41. The Chair of the Policy and Education Committee assured Council that the discussions concerning the University College of Osteopathy had been thoughtful and considered.
42. The key messages and following points were highlighted:
- a. An RQ visit took place in May 2023 in accordance with an agreed visitor specification (Annex A) and three Visitors were appointed by the Policy and Education Committee.
 - b. The draft RQ report was sent to the UCO in June for a statutory period of not less than one month for factual comments, observations and objections.
 - c. On 7 August, a response was received outlining concerns about the factual report and lack of triangulation.
 - d. GOsC met with Mott on 21 August 2023 to agree a process asking UCO to submit further information if they wanted to and to triangulate and verify the information and confirm the final report.
 - e. Further evidence was requested from UCO by Mott and considered by the Visitors as part of the process of producing the final report.
 - f. On 27 September 2023, Mott submitted a final report from the Visitors, and this was shared with the Policy and Education Committee and the UCO at the same time (See Annex B).
 - g. On 27 September 2023, UCO submitted reports outlining the recent changes to senior management at the UCO and an update about merger discussions

and implications for the Osteopathic Practice Standards and a shareholder briefing about the merger.

- h. At its October meeting, the Policy and Education Committee:
- Agreed to accept the visitor report.
 - Agreed the conditions arising from the report.
 - Considered the change of Vice Chancellor and any implications arising from this.
 - Noted the update about discussions about potential mergers.
 - Note the analysis of the financial accounts.
 - Considered the response to the conditions/action plan.
 - Considered the update about the possible merger.
 - Agreed to publish the decisions at a future date.

43. The Chair of the PEC confirmed that she had been fully briefed and involved in discussions with the Executive on the issues concerning the RQ Visit and the UCO.
44. The Chair of the PEC also confirmed that discussions at the meetings of the Committee concerning the UCO adhered to carefully set parameters ensuring that discussions focused on the evidence as presented, that any conflicts of interest were noted, and that the decisions and recommendations made by the Committee were quorate. It was confirmed that the minutes of the PEC's meetings fully reflect the outcome of the discussions.
45. Council had no additional comments or questions regarding the University College of Osteopathy noting the recommendations as set out.

Council noted:

- a. The outcome of the UCO RQ Visit, and the Policy and Education Committee's consideration of and decisions related to these, as outlined in this paper.**
- b. The Visitor Report and the Action Plan will be published in accordance with our usual procedures.**

Item 14: Registration Report: Six-months to October 2023

46. The Registration Manager introduced the item which provided an update on registration activity covering the six-month period from 1 April 2023 to 30 September 2023.
47. The key messages and following points were highlighted:
- At the end of September 2023 there were 5,520 osteopaths on the Register.

- The number of non-practising registrants stands at 153 at the end of September 2023.
- Eight return to practise assessments were completed in the reporting period. Thirteen registration assessments, connected to internationally qualified applicants were completed.

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

- In light of the concerns raised about maintaining registrant numbers it was suggested and agreed that the Executive would consider developing the Registration Report into a more informative document and include more comparative data in order to observe trends and would inform future planning. The Registration Manager was encouraged to work with Council to consider and test the information that might be included in the report.
- Members were informed that at present it is unknown whether an individual removed from the Register for non-payment of fee continues to practise under another guise and not using the title of Osteopath. If it were found that an individual continued to use the Osteopath title Section 32 proceedings would commence. It was noted that the reasons for the non-payment of fees are multi-faceted as are reasons for resigning from the register.
- It was confirmed that there had only ever been one fraudulent application to join the register. If a fraudulent application does become known a special meeting of the Audit Committee must be convened to consider actions to be taken.

In considering the recommendations Council:

- Noted the content of the Registration Report.**
- Agreed the Executive would consider and develop the Registration Report in order that in future it includes comparative data so as to inform trends, planning and the maintenance of the Register.**

Item15: Assessment of Performance

49. The Chief Executive and Registrar introduced the item which provided an update on the collaboration between Executives and Non-Executives in 2021, to review the performance of the General Osteopathic Council. This work produced a report (agreed in 2022), with a set of 30 recommendations.

This paper provides an update of progress against those recommendations..

50. The key messages and following points were highlighted:

- In 2021, Audit Committee commissioned a review which assessed the performance of the General Osteopathic Council, so that any areas of

enhancement needed beyond the annual assessment by the Professional Standards Authority (PSA) could be identified.

- b. The assessment of performance was a collaborative exercise between Executive and Non-Executive members.
- c. A report was produced and agreed in 2022. This report, which was presented to both Audit Committee and Council, contained a set of 30 recommendations across a number of areas being:
 - Organisational performance and enhancement
 - Future strategic direction
 - Engagement and collaboration
 - Values and culture
 - Equality, diversity and inclusion
 - People and organisational capacity
 - Governance and risk
 - Environmental Social Governance
- d. This paper represents a progress report against those recommendations.
- e. In summary, over 75% of recommendations can be considered either met or well underway to being met. Headlines include:
 - New strategic direction set (under consultation), which includes innovation, inclusivity and continuous improvement, and which is underpinned by organisational values.
 - Launching a registrant perceptions survey to collect and analyse feedback on the GOsC, regulation and trust to develop a benchmark against over time impact can be assessed.
 - Ensuring EDI is pervasive throughout all that the GOsC does through the provision of regular training to staff and non-executives.
- f. Recommendations which are outstanding include:
 - Horizon-scanning to be embedded across all GOsC Committees.
 - Consideration of the benefits of benchmarking our performance against other organisations - for the Audit Committee in 2024.
 - Consideration of staff succession plans, recognising the challenge in a small organisation with specialised roles - for the People Committee in 2024.

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

- a. In response to comments on Horizon Scanning and whether provision of guidance for non-Executives on use and best approach might be helpful it was noted that at the meetings of the PEC in particular the external members (both lay and registrant) brought with them a diversity of thought with a different view on issues being considered and discussed. How to adopt this approach to apply more widely and act on effectively would be considered.
- b. It was suggested that the Council seminar sessions would be a useful forum to discuss this issue and perhaps, with an external facilitator, explore what is understood and to be achieved by and through Horizon Scanning.
- c. It was asked what the wider impact of Horizon Scanning might be if it was not addressed, what was required to recognise, plan for, and avoid obstacles when planning for the future. It was added that in terms of culture there has to be consideration about what the GOsC as an organisation wants to be.

Noted: Council noted the content of the Assessment of GOsC Performance Report.

Item 16: Minutes of the Policy and Education Committee for June and October 2023

52. The Chair of the PEC commented that although there no additional comments relating to the June and October meetings of the PEC the recommendations did give support to a number of areas of Council discussion.
53. Council had no questions or comments relating to the minutes of the June and October PEC meeting.
54. The Chair noted that the minutes demonstrated the breadth and depth of the work undertaken and on behalf of Council thanked the Chair and members of the Committee.

Noted: Council noted the confirmed minutes of the June 2023 PEC and the unconfirmed minutes of the October 2023 PEC.

Item 17: Any other business

55. There was no other business.

Item 18: Questions from Observers

56. The Chair commented that he was encouraged by the number of Registrants observing the meeting and suggested that they share their experience and encourage colleagues to also attend and observe proceedings to better understand the work of the GOsC.
57. An observer commented that it was not easy to find information about Council and Committee meetings on the GOsC Website also commenting that colleagues

did not find the website easy to navigate and that perhaps it could be more user friendly.

58. The Chair acknowledged the suggestion advising that there is a programme of improvements planned. It was also noted that information on meetings is published in the e-bulletin and through social media. A number of ideas were put forward to explore in order to improve engagement and inclusion including:

- Webinars
- Registrant talking heads
- Working with the Institute of Osteopathy to promote and encourage engagement with the GOsC.

59. The Chair thanked Council and all attendees for their participation and closed the meeting.

Date of the next meeting: Thursday 8 February 2024 at 10.00