



**Minutes of the Public session of the 97th meeting of the
General Osteopathic Council held on Wednesday 1 November 2017, at
176 Tower Bridge Road, London SE1 3LU**

Confirmed

Chair: Alison White

Present: Sarah Botterill
Joan Martin
John Chaffey
Bill Gunnyeon
Simeon London
Haidar Ramadan
Denis Shaughnessy
Deborah Smith

In attendance: Fiona Browne, Head of Professional Standards
James Kellock, Investigating Committee (IC), Chair (Item 7)
Sheleen McCormack, Head of Regulation
Matthew Redford, Head of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Tim Walker, Chief Executive and Registrar

Observers: Clare Conley, Senior Communications Officer (Publications)
Ben Katz, President, the Institute of Osteopathy (iO)
Kate Fawcett, Senior Scrutiny Officer (Performance), PSA
Liz Niman, Communications and Engagement Manager

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Kate Fawcett, PSA, James Kellock, Chair, Investigating Committee, and Ben Katz, President, the Institute of Osteopathy.
2. Apologies were received from Elizabeth Elander, Richard Davies, Chair of the Professional Conduct Committee, and Philip Geering, Chair of the Health Committee.

Item 2: Questions from observers

3. There were no questions from the observers.

Item 3: Minutes and Matters arising

4. The minutes of the public session of the 96th meeting of Council held on 18 July 2017, were agreed as a correct record.

Matters Arising

5. There were no matters arising.

Item 4: Chair's report

6. The Chair gave her report to Council:

- a. Following the productive discussions in private session at the July meeting on how the voice of the profession could be most effectively heard in Council decision-making there would be further discussion at this meeting focusing on the implementation of the new continuing professional development (CPD) scheme. The outcome of the discussion would help to ensure that when the Executive provide a substantive progress report in the New Year it addresses any issues of concern.
- b. Members were informed that Harry Cayton, Chief Executive of the Professional Standards Authority (PSA), had agreed to speak at the Council development day, 7 December 2017, on the subject of excellence in healthcare regulation. This would give the context in which members could review their own performance as a whole Council. With this in mind a questionnaire had been prepared seeking the views of members about Council effectiveness and performance to identify where there are opportunities for whole Council development. Members were asked to complete the questionnaire with their frank views and suggestions for improvements. The questionnaire would be circulated after Council and a report prepared from the responses for discussion.
- c. The Chair's annual review meeting had taken place and the agreed development actions are to:
 - Continue to lead Council to enable its increased effectiveness in strategy and policy development, risk management, financial capability and Executive scrutiny, and support the further development of good relationships between executives and non-executives;
 - Ensure that Council is capable and competent to assume charitable status and its accountabilities are properly and effectively executed;
 - Continue to focus on chairing skills so that style is seen to be inclusive and neutral, and that the Registrant voice is heard, and diverse views properly taken into account, with a lightness of touch that enables optimal performance.

Colleagues were thanked for their feedback and Joan and Haidar were also thanked for their positive and helpful discussion.

- d. It was highlighted that this meeting would give Council the opportunity to focus on the financial position of the organisation and what the budget should look like for next year in the context of the ambitious programme of development which Council oversee. Issues such as cyber-attacks and EU

Exit were major environmental threats to all organisations, and it was important that Council was satisfied that the resources to cope not only with the challenges of the corporate plan, but with new challenges such as the implementation of the new directive on data protection, GDPR.

Noted: Council noted the Chair's report.

Item 5: Chief Executive's Report

7. The Chief Executive introduced his report which gave an account of the work undertaken since the last Council meeting not reported elsewhere on the agenda.
8. The Chief Executive highlighted the following:
 - a. Department of Health (DH) legislation update: Members were informed that the DH had formally published its consultation on legislative reform at an event held on 31 October. A number of important points were noted in the consultation document:
 - i. The desire to remove micromanagement of regulators and provide more autonomy but consistency of outcome.
 - ii. The role of regulators as enforcers as well as developers of upstream activity.
 - iii. The request for views on which professions should be regulated and the number of regulators.
 - iv. The role of the PSA and how it would adapt to a new regulatory paradigm.
 - v. Whether the regulators have unitary councils.
 - b. Council was advised that there was little prospect of legislative time for changes to be implemented due to other governmental priorities but there were opportunities presented in the consultation for the DH, the PSA and the regulators to work together to implement a reform agenda with legislative change being the end point.
 - c. The consultation would run until 23 January 2018 and the Chair and Chief Executive would discuss how Council members' input would be included as part of the GOsC response as it is due to be submitted prior to the next Council meeting.
9. In the following points were made and responded to:
 - a. Department of Health legislation update: Members raised concerns about the possible reduction in the number of regulators as a start point and initially what should be considered is the actions that can be taken to improve the quality, effectiveness and efficiency of regulation. It was also suggested that a reduction in the number of regulators should not be

considered a way to reducing costs. Any changes must be pertinent to the future.

- b. The Chief Executive commented that often, in considering changes to policy, Government opted for structural rather than behavioural change. It was for the regulators to discuss and emphasise what change was needed.
 - c. Members asked if a change of government would change the direction being considered in the consultation. This was considered to be hypothetical and large unknowable.
 - d. Members commented that some professional associations and larger regulators would not wholly support a merger of the regulatory function. The Chief Executive commented that there was a need to look beyond structures and match the complexity of health care practice with modern healthcare regulation, and consider who is best placed to take these forward. Until such time that change is implemented the regulators should continue to perform their statutory duties.
10. Mutual recognition: members asked if there had been any further discussion on mutual recognition following the Chief Executives attendance at the OIA Conference in New Zealand and subsequent meetings in both Australia and New Zealand. It was explained that the systems for mutual recognition in both Australia and New Zealand are well established and working effectively. They are keen that the UK should reciprocate but there are technical challenges for the GOsC, particularly due to their system of conditional registration. The UK does not have the ability to do the same but it is an area which is being keenly explored.
11. Tender for the Osteopath Magazine: members were asked for their approval to waive the tender requirements for Council member involvement in the osteopath magazine procurement. The last tender process took place in 2013 with the renewal of the contract taking place in 2015.
- a. The Chief Executive explained that the contract for the magazine is one of the GOsC's largest in monetary value but the procurement process was considered a less complex and relatively low risk exercise. It was suggested that the level of Council oversight and the requirement for a Council tender panel would not be necessary on this occasion. Members were advised that the tender panel would comprise members of the Executive who with their collective experience would be able to get best value for money and also mitigate against any risks.
 - i. Members were given assurances that if there were approval to waive the conventional tender process on this occasion it would not mean a diminishment of Council powers and/or responsibility.

- ii. It was suggested and agreed that for transparency and objectivity an individual who was external and independent of the GOsC should be also be invited sit on the panel.
- iii. It was suggested that the tender should seek to be wider than print procurement and encompass multi-media formats. Members were advised that the Communications Team were currently reviewing the organisation's requirements; the new contract would be multi-faceted and there could also be room for more than one supplier.

12. Progress against the 2017-2018 Business Plan

- a. It was confirmed that the delays in developing Integra functionality (3.2) to support fitness to practise case management were temporary and would not cause any significant problems.
- b. The decision to deprioritise updating the PCC bank of conditions was confirmed. The reason was that there was already an existing bank of conditions and there were relatively few conditions of practice orders placed on registrants. It was also pointed out that there are very few cases which result in conditions of practice and there have been no particular problems identified.

While it was agreed there was a need to review the bank of conditions it was not something which was urgent and there were other more pressing priorities.

13. Financial Report: the Head of Registration and Resources introduced the financial report highlighting the following:

- a. IT Infrastructure: following the IT audit conducted by Crowe Clarke Whitehill and their subsequent recommendations, the Registration and Resources team was restructured and additional IT expertise brought in. An IT action plan was developed and is being implemented in conjunction with the current business plan. A significant number of points raised in the audit report have been addressed and the Audit Committee have seen progress reports demonstrating the correct infrastructure is now in place to ensure there is sufficient protection against cyber-attacks and other environmental factors which could be damaging to the organisation.
- b. General Data Protection Regulation (GDPR): it was noted that a seminar on GDPR had been attended by the Head of Regulation. Subsequently there have been discussions with the IT Support Officer to identify any gaps in the GOsC's systems before GDPR comes into effect in 2018.
- c. Financial implications for the implementation of GDPR relate to staff time and with the IT Support Officer the additional pressures are being met.

There was some additional expenditure relating to fixed assets and this was reflected in the balance sheet.

- d. In terms of the half-year position at 30 September 2017, it was reported that the financial position was on track both in terms of income and expenditure.
- e. It was confirmed the business rates had been adjusted to reflect the GOsC's status as a charity and that a refund had been made to reflect the overpayment of the business rates.

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

- a. In terms of IT, at this stage it was not expected that GDPR would require any additional expenditure. The Head of Regulation had commissioned some additional external consultancy to work with the GOsC in identifying any gaps with the current Information Governance Framework to ensure it was GDPR compliant. The cost of the consultancy was not expected to be significant.
- b. It was noted that the Information Commissioner did not anticipate a change to its policy or approach with the introduction of GDPR.
- c. Members commented on changes to reading and cancellation fees and asked if there would be any noticeable savings in the next financial year. It was advised that the costings for the changes had been discussed by the Remuneration and Appointments Committee. The cost difference in approach was negligible.
- d. Members were given assurance that there were no untoward concerns for the financial position for the next six months to 31 March 2018. It was agreed there was little room for contingency but members were reminded that the GOsC holds strong reserves and if it did become necessary these could be used to cover unexpected cost.

Agreed: Council agreed to waive the tender requirements in respect of Council member involvement in *the osteopath* magazine procurement and the requirement for advance approval of tender documentation by Council.

Noted: Council noted the remainder of the Chief Executive's Report.

Item 6: Fitness to Practise Report

15. The Head of Regulation introduced the item which gave an update on the work of the Regulation department and the GOsC fitness to practise committees.

16. The following areas of the report were highlighted:

- a. The Committee Circular: Committee Circulars are a mechanism for feedback and shared good practice with Committees and Legal Assessors. The purpose of the July circular was to outline to Fitness to Practise Committee members and legal assessors the work of the Regulation team and its current workload (April – July 2017), what is involved listing a case to a hearing and also learning points from the PSA.
- b. Training for the Investigating Committee and Professional Conduct Committee Chairs: the first training session for Fitness to Practise Chairs was held on 29 September. The session, which was attended by all GOsC Chairs and three legally qualified chairs from the General Chiropractic Council, was very well received. Topics covered included effective time management, control of a hearing and management of witnesses and counsel.
- c. Paperless meetings: the Regulation team were working with the Registration and Resources team to implement the tablet project and paperless hearings. A demonstration of the tablet project would be made during November to IC panel members and Legal Assessors. It is planned that the scheme will be rolled out after Easter 2018 following a pilot which will commence with the IC in January 2018.
- d. External audit of cases where no Unacceptable Professional Conduct (UPC) found: the external audit of eight cases which had resulted in the PCC decisions of no finding of Unacceptable Professional Conduct had been undertaken by legal auditors, Bevan Brittan Solicitors. The result of the audit showed that there were no common themes arising and no criticisms of the GOsC process were pinpointed. The auditors concluded that given the frequency of cases where there is direct conflict of evidence between a patient complainant and an osteopath means that such issues cannot be fully explored by the IC without resolving substantial conflicts of interest and therefore required ventilation before the PCC at a hearing.
- e. Fitness to Practise Dataset: the Key Performance Indicators were highlighted showing an improvement with a reduction in the KPI for conclusion of a final hearing from 50 weeks in Q1 to 43 weeks in Q2 and also an improvement in listing and case progression.

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

- a. Members asked if there were fewer requests for adjournments. It was confirmed that there had been a general increase in the number in applications for adjournments and postponements and a contributing factor was the increase in the number of more complex cases. An initiative which is designed to reduce this and, which will be brought to Council in January 2018, was the Practice Note on Standard Case Directions for all cases referred from the IC. Before being presented to Council there would be discussions with the defence organisations in November 2017 to get their 'buy in' and feedback on the guidance and ensure that it would be fit for

purpose. It was hoped the guidance would streamline the process and reduce the number of cases going part heard as well as reducing hearing length.

- b. It was anticipated that Standard Case Directions would be welcomed by the membership bodies and the insurers as it would improve efficiency and save on cost by streamlining the hearings process. It was thought that defence lawyers would not easily buy into the scheme but steps would be taken to encourage compliance. It was suggested that fitness to practise Panel Chairs, after training, would be able to 'challenge' defence lawyers who persistently did not comply with the Practice Note but it was noted that this would take time for these changes to bed in and for a change of culture to establish into practise.
- c. Members asked what the reasons were for the increase in the number of PCC hearings shown in the dataset analysis. It was explained that the increase in the number of hearings has been a trend during the past year but this was not necessarily going to continue as demonstrated in the dip shown in Q2. It was also pointed out that there were a number of complex older cases still to be concluded and these would have an impact on the number of hearings being held.
- d. Members raised the issue of Professional Indemnity Insurance (PII) case management and requested details about the approach being taken in the prosecution of PII cases. The Head of Regulation explained that there were a number of general themes relating to PII cases:
 - i. Dishonesty
 - ii. Lack of integrity
 - iii. Lack of legal representation for the registrant
 - iv. PSA feedback – finding evidence of the impact on patients when an osteopath conducts treatment without the required insurance cover.
- e. Reflecting on these themes, the approach to managing and presenting failure to have appropriate professional indemnity insurance (PII) cases has been changed from the learning we have gained from outcomes in previous decisions. This has covered whether there is evidence of patients who were seen by the osteopath where insurance has not been in place and the difficulty in proving dishonesty. Cases have focussed on alleging lack of PII as being misleading and to the potential detriment of patients or lacking in integrity. Dishonesty has, until recently been a two stage legal test, applying the case of R v Ghosh. However, a recent Supreme Court judgment has swept this test away. Theoretically, this means in future dishonesty may be easier to prove. There were also challenges with an approach from some providers of backdating insurance (providing there are no claims in the mean time). With this change to our approach to pleading these types of cases, there has been some success with findings which sends out an important message to profession that it is not acceptable to 'forget' insurance.

- f. It was explained that registrants PII issues are recorded as part of the registration process as registrants must to show evidence that they have appropriate insurance cover. There are also a number of other mechanisms to identify registrants via the Institute of Osteopathy, by the insurers and by the registrants themselves.
- g. It was confirmed that there is no requirement for PII certification to be displayed by registrants. There were a number of communication tools which had been developed such as the 'I am registered' mark which can be displayed in clinics. Members were advised that the Rules do not apply to the registered mark and therefore removal of the 'I am registered' mark could not be used as a sanction.
- h. It was confirmed that PII has featured in fitness to practise bulletins circulated to the profession and the Osteopath magazine. All media available was being utilised to ensure the profession was informed and learning points shared.
- i. A meeting with the insurers was being planned to review processes and what actions can be taken to address the increase in the number of PII cases.
- j. It was confirmed that there had been no further concerns received about advertising since July. It was also confirmed that there were sixteen outstanding concerns relating to advertising still to be screened.

Noted: Council noted the Fitness to Practise report.

7: Annual Reports of the Investigating, Professional Conduct and Health Committees

Investigating Committee (IC) Annual Report

- 18. The Chair of the Investigating Committee presented his report highlighting the following:
 - a. There had been a significant increase in the number of cases most of which related to advertising.
 - b. The five new members of the Committee were settling into their roles well. All had attended at least one IC meeting or hearing. While good candidates had been appointed following the recruitment process it was noted that the number of applications from registrants had been disappointing.
- 19. In discussion the following points were made and responded to:
 - a. Applications for fitness to practise roles: it was agreed that the number of applications for governance roles from registrants had been disappointing.

The application process was under review as it had been recognised that it was still a barrier to potential candidates.

- b. It was suggested that continuing collaboration with the iO would help to address some of the issues facing potential candidates and also targeting past applicants/participants of the Leadership Programme. It was also commented that remuneration might have some bearing on recruitment.
- c. Commenting on the findings of the recent audit conducted by Bevan Britten Solicitors the IC Chair reflected on the diverse group of cases sampled and that the Committee would endorse the final point given in fitness to practise report:

... given the frequency in GOsC cases where there is a direct conflict of evidence between a single patient complainant and the osteopath at the heart of the case, means such issues cannot be fully explored before an oral hearing and when they are, some cases will inevitably not be proved.

- d. It was also commented that looking at recent PCC cases where UPC was not found a theme appeared to be that there were differences between written patient statements and what was said in cross examination leading to facts not been proven.
- e. It was noted that support given to the IC by GOsC staff had improved since the last report. It was also noted that over the past few years there had been an improvement in the provision of information from witnesses where staff took full witness statements rather than relying on the complaints form completed by witnesses. It was suggested that the Committee should set out its expectations so that improvements in support would continue.

Annual Reports of the Professional Conduct Committee (PCC) and the Health Committee (HC)

20. The Head of Regulation presented the Annual Report of the Professional Conduct and the Health Committees highlighting the following:

- a. The PCC Chair acknowledged the work and efforts of the Regulation team in successfully managing the workload and the support given to the Committee.
- b. The Chair also emphasised the importance of the assistance given to the Committee Chairs by the Legal Assessors in the development of good decisions.
- c. The Chair highlighted concerns about the number adjournments which he felt might be due to resource constraints. He also was concerned about evidence given by expert witnesses which could sometimes be opaque and unhelpful. Committee Chairs strongly encourage expert witnesses to prepare

statements of common ground so as to focus the hearing on the matters in dispute. The Standard Case Directions would help to alleviate this issue.

21. In discussion the following points were raised and responded to:

- a. Members asked if there were concerns that the increasing caseload for the Regulation team could become unmanageable. Members were informed that there had been some staffing issues which had now been addressed. Members were assured that at no time had there been concerns or risk that notices or statutory timeframes were not complied with and cases had been actively progressed and listed as can be seen from the fitness to practise dataset.
- b. Members asked what was planned to combat the number of cases involving failure to hold or maintain Professional Indemnity Insurance (PII). It was explained that standards/guidance relating to PII in the new *Osteopathic Practice Standards* had been strengthened adding to the messages being sent to the profession about PII. Most PII cases end with an admonishment which is not an insignificant sanction for registrants.
- c. The issue of retrospective insurance cover was also raised as this could be provided by insurers to registrants who have practised for a period without cover. If registrants could provide evidence that they had had no outstanding issues the insurer/s may provide cover for the period. It was pointed out that insurers may be less willing to provide retrospective arrangements possibly resulting in the increased number of PII cases and was an area requiring further consideration. It was also pointed out the Osteopaths Act 1993 allows the Registrar to remove an individual from the Register for not having insurance. The challenge in taking this route would be that an appeal could to be made and would have to be brought before a committee of Council therefore the PCC route is more appropriate course of action.

Noted: Council noted the Fitness to Practise Report and the Annual Reports of the Investigating, Professional Conduct and Health Committees.

Item 8: Budget Strategy 2018-19

22. The Head of Registration and Resources introduced the item which set out the budget strategy for financial year 2018-19. The paper set out the projected 2018-19 budget envelope including expenditure forecasts, cost reductions and the potential impact on the registration fee.

23. The following areas were highlighted:

- a. The budget had been prepared against the backdrop of a challenging environment of economic uncertainty due to the 2016 referendum and the

decision to leave the EU, and Government expectations especially with the very recent publication of the Department of Health consultation. It was important to highlight to Council that following 'Enabling Excellence' (which indicated an expectation that regulators would reduce their registration fees) the GOsC did reduce the registration fee over a period of three years and that we were the only health regulator to do so.

- b. The total net expenditure in FY2018-19 is to be approximately £2.92m which represents a small increase in net expenditure of £50k which will be met by a similar increase in income.
- c. A conservative approach has been taken with regards to the expected number of new registrants being admitted to the Register particularly as there have been a number of course closures. It is suggested there should be no increase in the registration fee and it should remain at the same level.

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

- a. Members asked for information about the reduced fees. They were advised that there was a reduced fee for new registrants in their first and second year on the Register. A registrant may also pay a reduced fee if they are practising overseas for three months or more, or if they are living in the UK but are non-practising, which is defined as out of clinical contact with patients for three months or more.
- b. Members asked for clarification regarding the small increase in expenditure and how this would be funded. It was explained there was expected to be growth in the register resulting in additional income.
- c. Members asked whether the introduction of the revised OPS and the new CPD scheme might have an impact on registration levels. It was explained that historically registration levels had not fallen when new procedures had been introduced and it was not expected that this would be the case on this occasion.
- d. Members asked if the Executive had a view on the UK's departure from the EU and the impact it might have on the Register and registrants who are EU nationals. The Head of Registration and Resources responded that the number of international qualified registrants including those from countries of the EU was very small and they were easily identified. At this point in time it was not possible to predict the impact on the Register.
- e. It was pointed out that trends already indicated a fall in student admissions and it was considered that with the advent of departure from the EU, along with other factors, the numbers would continue to fall. It was pointed out that the forecast demonstrated a conservative view of the numbers of people going on to register during 2018-19.

- f. It was also pointed out that in the wider demographic the number of young people entering higher education was falling and would continue to do so until 2020 or so. Findings were that there that over time there would not be enough students to fill all the courses currently available. The Executive was aware of the current situation and the difficulties that OEIs faced. It was explained that osteopathy courses were very diverse and that many people choosing to study osteopathy were mature students and or more experienced individuals who might be changing their career path.

25. The Chair thanked the Head of Registration and Resources for his report. In summary she noted the care which had gone into the forecasting which Council found helpful and reassuring. It was confirmed that a detailed plan would be brought to the next meeting of Council and also a report on the GOsC's reserves.

Noted: Council considered and noted the overall financial envelope for 2018-19.

Agreed: Council Agreed to hold the registration fees at their current level.

Item 9: Draft Investigating Committee Decision Making Guidance

26. The Head of Regulation introduced the item which invited Council to consider the draft Investigating Committee Decision Making Guidance. The guidance had been substantially updated and modified to enable the Investigating Committee to make consistent, fair and proportionate decisions.

27. The key changes to the guidance were:

- Providing detailed guidance on the IC's role and function (including conflicts of interest)
- Being clearer about the process for reaching decisions
- Detailed guidance on issuing advice
- Providing reasons
- Incorporating the threshold criteria within the draft guidance document.

28. The Policy Advisory Committee considered the guidance at its meeting of 10 October. Feedback received at the meeting included setting out the realistic prospect test earlier in the guidance. The PAC Chair had no additional comments on the guidance and subject to the advised amendments would recommend Council's approval.

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

- a. Members sought clarification relating to the note at paragraph 27 of the guidance:

....the fact that advice was issued will become part of the Registrant's fitness to practice history.

It was asked if this advice could be drawn forward to inform a decision should the same registrant appear before the IC and if this statement should be made more transparent.

- b. Members were informed that the advice would not be made public and its purpose was to encourage compliance with standards and good practice. It was agreed that the point would be made clearer as well as including a timeframe to comply with data protection requirements.

Agreed: Council agreed to consult on the draft Investigating Committee Decision Making Guidance as shown at the Annex.

Item 10: Review of the Osteopathic Practice Standards

30. The Chief Executive introduced the item which gave an update on the consultation on the revised *Osteopathic Practice Standards*.

31. The following points were highlighted:

- a. The consultation closed on 31 October 2017.
- b. There were 311 responses to the consultation equalling 6% of registrants which compares very favourably with similar consultations from other regulators on standards showing that the osteopaths were very engaged. There were also a number of face to face meetings which had also been positive.
- c. There had been a wide range of very useful comments which would prove useful in the next revision of the document.
- d. Two key areas drawing the majority of comments would require further consideration by the Stakeholder Advisory Group and the Policy Advisory Committee:
 - B1 (*You must have sufficient and appropriate knowledge and skills to support your work as an osteopath*), and
 - C6 (*Be aware of your role as a healthcare provider to promote public health*).
- e. It was thought prudent at this stage that there be further discussion on the draft OPS at the next meeting of the PAC in March before the final document is brought to Council in May. This would not impact on the planned timeline for implementation and publication.

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

- a. The engagement with the consultation demonstrated by the profession and stakeholders was reassuring. It was also agreed that the engagement shown

by specialist and generalist audiences were critical and had also been encouraging.

- b. The Chair of the PAC informed members that at the meeting of the PAC the detailed content of the responses at that point in time had not been discussed as the consultation had not yet concluded. It was advised that prior to the draft OPS being presented to Council the analysis of the responses would need to be discussed at the next PAC meeting in March 2018 and also reviewed by the Stakeholder Group at their meeting in January.
- c. Members commented on the requests which had been made for presentation toolkits in order for regional groups to run their own sessions and engage with the consultation. It was noted that the pilot of the consultation toolkit had been a successful and very encouraging demonstrating the willingness of stakeholders to engage with the consultation process. It was planned that the toolkit model would be used again for future consultations.

Noted: Council noted the progress of the consultation on the updated *Osteopathic Practice Standards*.

Agreed: Council agreed the timetable for approval of the revised *Osteopathic Practice Standards* as outlined in the report.

Item 11: Quality Assurance contract renewal

33. Simeon London declared an interest and left the meeting for the duration of the discussion.
34. The Head of Professional Standards introduced the item which concerned the extension of the current contract for quality assurance services from August 2018 to July 2020 with the Quality Assurance Agency for Higher Education (QAA).
35. The following points were highlighted:
 - a. The PAC discussed the quality assurance contract renewal at the meeting 10 October and made the following suggestions:
 - Council should be provided with further detail about the Executive's view of the QAA's performance against key performance indicators for the contract.
 - The Executive should consider further options for an innovative quality assurance process when the contract is retendered in two years' time.
36. In discussion the following points were made and responded to:

- a. Members commented on the length of time taken for the previous tender conducted under EU procurement rules and asked what the cost of conducting the exercise was. The Chief Executive explained that the process took a year as it had been the first time it had been undertaken in the way described. A procurement consultant was hired at the cost of approximately £2,000 and the procedure managed by the Executive team. To undertake the EU procurement exercise at this time would not be cost effective financially nor in terms of staff time.
- b. The PAC Chair commented that in discussion at the PAC meeting members agreed that the contract should be extended for the two year period but that the time should also be used to explore options for the next QA contract commencing in 2020.
- c. Members asked if there were other providers beyond the QAA who could provide the services required by the GOsC. It was confirmed that there were other providers but the market was small.

Agreed: Council agreed to extend the existing contract for quality assurance services with the QAA from August 2018 to July 2020.

Item 12: Continuing Professional Development update

37. The Head of Professional Standards introduced the item which provided an update on the implementation of the new CPD scheme.
38. The Department of Health had agreed the consultation on the changes to the GOsC CPD rules which is one of the final steps to be put into place to fully bring into effect the new CPD scheme and a more flexible approach to CPD. The consultation concludes on 16 November 2017, and a timeline has been agreed with the DH which should culminate in Council being asked to agree the changes to the CPD Rules at its meeting in January 2018.
39. In discussion the following points were made and responded to:
 - a. Risk Log: members asked for clarification relating to the risk log as there appeared to be a high number of medium to high risks after mitigating actions. It was asked if the impact of the risks over time could be summarised.
 - b. The Chief Executive explained that it was important to note that the risk log was in three parts:
 - Prior to mandatory implementation
 - Post mandatory implementation
 - Effectiveness of the CPD Scheme.

- c. In light of the number of medium and high risks, it was asked whether the implementation of the scheme would benefit from being delayed. It was pointed out the risks are based on the timeline of 3-4 years and will change and evolve going forward. It was agreed that there were risks but the timeframe was manageable and the scheme would be ready for implementation as planned. Also for the profession there was no advantage in delay at this stage which would not mitigate risks.
 - d. The Chief Executive stressed that the implementation date, 1 October 2018, would not see major change in the way CPD worked but the more that was in place at that point the easier the implementation of the scheme would be.
 - e. It was commented that Council needed to be mindful of all the risks set out in all the categories and should revisit to ensure that the mitigating factors and narrative explanation are being refined to reduce the risks.
 - f. Communications Strategy: members commented that the communications strategy had been excellent and within the regional groups there was a lot of engagement with the new CPD Scheme. It was suggested that the renewal process could be used to flag that registrants must be prepared and ready for the new scheme in 2018.
 - g. Evaluation Survey: it was suggested that further consideration could be given to the phrasing of the questions to encourage registrants to add text comments to help understand what the pressures are with the new scheme. In response, members were assured that the process had undergone in-depth development and had been reviewed from a variety of different perspectives including registrants and members of Council. The survey was now live and would close in January 2018. Reports would be made in March to the PAC and in May to Council. There would be room to further develop the questions if it was found they were not generating the right information. The survey was designed to be a longitudinal measure of impact over time.
 - h. Members asked when would the £100,000 budget allocated from reserves for the scheme be finalised and Council review the budget. It was highlighted that some of the expenditure for the scheme did appear in the finance report at Item 5 Annex B. It was agreed there could be more clarity but the critical point was not to overspend the allocation. Further detail would be brought to the Council in January 2018 as part of the usual budget planning and reserves allocation processes.
40. The Chair thanked the Head of Professional Standards for her report and that the hard work of the Executive was recognised. The Executive were also commended in its ambition and determination to be and remain at the forefront in developing and implementing the new CPD scheme for the benefit of patients and osteopaths and high quality care.

Noted: Council considered and noted the progress of the implementation of the CPD Scheme.

Item 13: Registration Assessment review

41. The Head of Registration and Resources introduced the item which concerned the fees payable to registration assessors and those charged to international applicants which had not been reviewed for some time. The approval of Council was sought for an increase in the fees which could be claimed by registration assessors and to publish a consultation on increasing the charges levied on international applicants.
42. The following points were highlighted:
 - a. The Remuneration and Appointments Committee felt that the evidence collected from the registration assessors demonstrated that the total average time for activity was in excess of the half-day cut-off point concluding that £306 fee would be appropriate for registration assessment activity.
 - b. The underlying principle was that internationally qualified applicants applying for registration should pay for each stage of their registration process.
 - c. The cost of the process would be the cost of the registration assessor fee and staff time for administration of the process.
 - d. It was not expected that there would be a significant response to the consultation and therefore focus would be on the quality of the responses rather than the quantity.
43. In discussion the following points were made and responded to:
 - a. Registration assessor fees: members agreed to the increase in the fee as the work undertaken was time consuming. It was also an incentive to encourage suitable registrants to take on registration assessment roles.
 - b. Charges levied to internationally qualified applicants: it was suggested that the consultation responses might be higher than anticipated as registrants might have comments on the perceived subsidising of international applicants. It was acknowledged that this might be the case and the communications team would work to ensure the consultation was clear so that it reached as wide an audience as possible.
 - c. The Chair requested that when the report came back to Council it included the equality impact assessment. It was confirmed that this would happen and would also form part of the online consultation package.

- d. Members asked if there was any benchmarking or comparative data on which the figures given for the fees were based. Members were advised that it was difficult to draw comparisons due to the different pathways used by other professions. It was noted that the General Chiropractic Council had a fee of £2,000 payable at the end of the process and before registration can take place.

Agreed: Council agreed to increase the amount which may be claimed by a registration assessor for undertaking registration assessments to £306 for each registration assessment activity, effective from 1 April 2018.

Agreed: Council agreed to publish a consultation document on increasing the charges levied on international registration applicants.

Item 14: Registration Report

44. The Head for Registration and Resources introduced the item which provided an update of registration activity covering the six month period from April 2017 to 30 September 2017.
45. It was highlighted that the period April to September was the busiest period for the Registration Team and their hard work and maintenance of high standards were noted.
46. In discussion the following points were made and responded to:
 - a. Members asked if Return to Practice Reviewers were paid the same remuneration as Registration Assessors. It was explained that reviewers and assessors came from the same assessor pool and could undertake either activity. Assessors/Reviewers were remunerated on the work undertaken. It was also confirmed that assessors and reviewers were all registrants. Practitioners who were returning to practice did not pay a fee and the return to practice review was considered a useful part of an individual's development process.
 - b. Members commented on the registrants who had been removed from the register predominantly for reasons of CPD non-compliance or for non-payment of fees. Members asked if there might be a link in the length of time from qualification to the time of removal. The categories could be linked to retirement or issues relating a registrant's practice. The additional data might lead to a better understanding of the issues.

Noted: Council noted the content of the registration report.

Item 15: Minutes of the Policy Advisory Committee (PAC) – 10 October 2017

47. The Chair of the Policy Advisory Committee commented that a number of the topics covered by Council had been discussed at the meeting. Members at the meeting had been engaged and had made valuable contributions.
48. The Committee was still developing a balance between its policy role and its statutory education role but good progress was being made.

Noted: Council noted the minutes of the Policy Advisory Committee.

Item 16: Minutes of the Remuneration and Appointments Committee (RaAC) – 19 October 2017

49. The Chair of the Remuneration and Appointments Committee commented that a number of the topics covered by Council had been discussed at the meeting.
50. The outcome of the staff survey was highlighted and was reassuring in the feedback which had been provided.

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

Item 17: Minutes of the Audit Committee (AC) – 19 October 2017

51. Members of the Audit Committee commented that overall the meeting had gone well.
52. During discussions further detail had been requested for discussion in January 2018, about the outstanding actions relating to the IT audit and readiness for GDPR.

Noted: Council noted the minutes of the Audit Committee.

Item 18: Any other business

53. There was no other business.

Date of the next meeting: 31 January 2018 at 10.00.