



**Minutes of the Public session of the 98th meeting of the
General Osteopathic Council held on Wednesday 31 January 2018, at
176 Tower Bridge Road, London SE1 3LU**

Confirmed

- Chair: Alison White
- Present: Sarah Botterill
Elizabeth Elander
Joan Martin
John Chaffey
Bill Gunnyeon
Simeon London
Haidar Ramadan
Denis Shaughnessy
Deborah Smith
- In attendance: Fiona Browne, Head of Professional Standards
Sheleen McCormack, Head of Regulation
Simon McGechie, Fairstone Financial Management (Item 9)
Steve Oliver, Brewin Dolphin Investments (Item 9)
Matthew Redford, Head of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Tim Walker, Chief Executive and Registrar
- Observers: Kate Fawcett, Senior Scrutiny Officer, Professional Standards
Authority (PSA)
Sarah North, Policy Officer, Institute of Osteopathy (iO)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting.
2. There were no apologies.

Item 2: Questions from observers

3. There were no questions from observers.

Item 3: Minutes and Matters arising

4. The minutes of the public sessions of the 97th meeting of Council held on 1 November 2017, were agreed as a correct record.
5. There were no matters arising.

Item 4: Chair's Report

6. The Chair gave her report to Council:
 - a. The Chair stressed the importance of the January agenda with Council being asked to make a number of key decisions: to approve the business plan and budget for the year 2018-19; to make decisions regarding GOsC rules and practise in both fitness to practise and professional standards; to approve the new CPD rules; to make decisions regarding the implementation of the new CPD scheme with the launch planned for date later this year.
 - b. It was also highlighted that the GOsC investment managers from Brewin Dolphin and Fairstone Financial Management Ltd. were attending the meeting and for the first time giving Council an opportunity to ask questions and examine the way the GOsC investments were being managed.
 - c. Council was reminded of the discussions on the areas of assurance required relating to the new CPD scheme. It was noted that the Executive had produced a comprehensive update in response to the concerns raised at a previous meeting. Council would need to consider whether all the assurances required had been met or whether gaps still remained.
 - d. As a result of the last Council Development Day held in December 2017, where Council reviewed its own performance, a number of areas for development had been identified. These had been encapsulated into a draft development plan to be further considered by Council and worked on with the Executive.
 - e. The Chair commented that during the course of the Department of Health (DH) consultation on the reform of regulation, to which the GOsC had responded, there had been a change of minister and it would be interesting to see whether this results in any change of direction or renewed impetus. The Executive had prepared a measured and thoughtful response on behalf of Council which had only required minor changes following Council's review of it.
 - f. The Chair and the Chief Executive would be meeting shortly with the Institute of Osteopathy for their regular bilateral meeting. It was noted that the iO was considering a new corporate strategy and the GOsC would have the opportunity to contribute its view to the process.

Noted: Council noted the Chair's report.

Appointments and reappointments

7. The Chair introduced the item which sought approval from Council for the appointment and reappointment of a number of members of the Audit, Investigating, Professional Conduct and Health committees.

Agreed: Council agreed the following recommendations:

- a. To reappoint Helen Bullen and Caroline Guy as members of the Investigating Committee from 1 April 2018 to 31 March 2022.**
- b. To reappoint Andy Skelton as a member and Panel Chair of the Professional Conduct and Health Committees from 1 April 2018 to 31 March 2022.**
- c. To reappoint Chris Shapcott as a member and Chair of the Audit Committee from 1 April 2018 to 31 March 2022.**
- d. To appoint Sue Gallone and Eleanor Harding as Panel Chairs of the Investigating Committee for the duration of their periods of appointment to the Committee.**
- e. To appoint Mark Osborne as a Panel Chair of the Professional Conduct and Health Committees for the duration of their periods of appointment to the Committee.**
- f. To appoint Nora Nanayakkara and Pamela Ormerod as lay members of the Professional Conduct and Health Committees from 1 February 2018 to 31 March 2021 and from 1 April to 31 March 2022 respectively.**
- g. To appoint Helena Greenwood and David Propert as registrant members of the Professional Conduct and Health Committees from 1 February 2018 to 31 March 2021.**

Item 5: Chief Executive and Registrar's Report

8. 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.
9. The Chief Executive informed Council that the DH had indicated that the prospect of early primary legislation to reform healthcare regulation was not strong and it was now considering modular Section 60 orders which would allow for changes to regulators' primary legislation. The first area that might be subject to this process would be fitness to practise. However, even this was uncertain due to other parliamentary and political priorities.
10. Council was advised that progress on the merger between EFO and FORE had been positive and was scheduled to take place at the beginning of March 2018. It was explained that the new organisation would primarily comprise membership bodies as they are the predominant osteopathic organisations across Europe. The GOsC is not a membership body but would remain involved with the new organisation as an associate member as the UK competent authority for osteopathy.

11. Business Plan Monitoring:

- a. Bank of Conditions: the Chair informed Council that, in discussions with the Chair of the Professional Conduct Committee, a number of suggestions had been put forward to the Executive about the bank of conditions. Assurances were sought that these would be incorporated as part of the Business Plan 2018-19. It was confirmed the suggestions would be taken into consideration and further discussions on the bank of conditions would take place at a future meeting.
- b. Council noted that the Business Plan 2017-18 had been ambitious and challenging especially in light of significant changes to the staff structure. The Executive was commended for the impressive achievement in delivering the Plan.

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

- a. At the nine month position the budget for the year 2017-18 was on track and the GOsC was, at the time of reporting, in a good financial position.
- b. The year-end forecast had been amended and was projecting a small increase on the initial forecast £10,000 surplus before any spending from designated funds.

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

- a. Members were reassured by the recognition of savings which had been made.
- b. Members asked about the reasons why some fitness to practise expenditure appeared to be lower in the first three quarters and would expenditure be spent in the final quarter. The Head of Registration and Resources explained that in comparison to other activity undertaken, because of its nature, fitness to practise expenditure is variable and the expectation was that these areas would incur costs in the final quarter of the financial year.

Noted: Council noted the Chief Executive and Registrar's Report.

Item 6: Fitness to Practise Report

14. 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.

15. The following areas of the report were highlighted:

- a. Advertising: the data in the report showed 16 cases awaiting screening at 31 December 2017. However, all these cases had now been screened and

closed. There was one case remaining which was currently with the Professional Conduct Committee.

- b. Section 32: Council was informed that a S32 case was being prepared and a further report on this would be given at the next meeting.
- c. Determinations Review Group (DRG): a meeting of the DRG was held on 15 November 2017 and the useful discussions contributed to the wider activities of the Regulation department in dealing with professional indemnity insurance, and also feeding into the final version of the Hearings and Sanctions Guidance.
- d. FtP Dataset Quarter 3: the Head of Regulation was particularly pleased that the number of open cases showed a continuing downward trend.

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

- a. Professional Conduct Committee Hearings: members sought clarification on the number of hearings compared against the number of hearing days. The Head of Regulation explained that it was not clear if the increase in the number of hearing days was indicative of a trend but an acknowledged factor was the increased complexity of cases and the more legalistic approach taken by defence counsels which impacted on the hearings process. There were no clear reasons why this might be happening but the Regulation Team is trying to meet the challenges through the development of new guidance like the Standard Case Directions and also through meetings with the defence organisations.
- b. Investigating Committee Adjournments: members raised concerns about the number of adjournments made by the IC and asked if there was an explanation for this. The Head of Regulation responded that she had undertaken a review of the cases and it was found that the IC had conducted their duties within the requirements of their remit. There were a number of reasons for the adjournments during the reporting period:
 - Two cases were adjourned as the committee had been inquorate due to a member being unwell.
 - A postponement was requested by a registrant so that they could adequately prepare and was granted by the IC.
 - Additional information was requested by the IC for two cases in order to formulate additional allegations and charges.
- c. It was noted that the Regulation Team investigates cases before they are submitted to the IC, witness statements are taken, expert advice is sought, and patient records are requested. Members were informed that the IC was in receipt of a considerable amount of information and it is particularly thorough in its scrutiny and will often seek additional information. New IC

guidance and training was being developed and it was hoped these would lead to fewer adjournments.

- d. Members commended the Head of Regulation and her team for their work especially in the handling of advertising cases which had been managed with great care and consideration.

Noted: Council noted the Fitness to Practise report.

Item 7: Business Plan and Budget 2018-19

17. The Head of Registration and Resources introduced the item which provided Council with drafts of the 2018-19 Business Plan and Budget.

Business Plan 2018-19

18. The following areas were highlighted:

- a. It was noted that the Business Plan also represented the final year of the Corporate Strategy 2016-19. It was recognised that the Business Plan was ambitious but was the correct way forward for the GOsC and was considered deliverable with the resources available.
- b. The plan reflected the lead departments and areas of cross-departmental collaboration for activities during the coming year. It was also highlighted that an additional governance column had been included to show the points that key decisions would be required from Council and committees.

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

- a. Members agreed that the addition of the governance column would be helpful as it had been difficult to identify where decisions might be required in previous planning/monitoring documents. It was also commented that the addition could lead to more balanced agendas for the committees.
- b. Members asked if it might be possible to see additional information related to the CPD audit in light of the anticipated changes to the CPD scheme. Members were informed that the audit activity outlined in the business plan represented the current scheme, 20% of summary forms and 2% of record folders, and would be ending during the transition to the new CPD scheme. Further information would be provided in the Registration Report to Council at the May meeting.
- c. Members suggested that with the introduction of the new CPD scheme an enhanced level of reporting would be required in order to scrutinise how the scheme was developing.
- d. Members asked if General Data Protection Regulation (GDPR), coming into effect in May 2018, had been considered and integrated into the relevant

objectives outlined the Business Plan. It was explained that the feedback from the preliminary findings of the recent data protection audit conducted by Ward Hadaway at the end of 2017, had been positive and that, although some adjustments were required, the GOsC was in a good place to comply with the new requirements.

- e. The Chair commented that the Business Plan was very ambitious but she was reassured that it had been appropriately stress tested by the Executive to ensure that it was manageable and deliverable within the resources available. Members added that they were also reassured that there were plans in place in order for the GOsC to continue to meet its statutory obligations in the event of unforeseen circumstances that might impact on the organisation.
- f. The Chair stressed the importance of appropriate and robust communication between the Council and the Executive in association with the plan. It was asked that those areas of the Business Plan requiring the Executive's decision should be clear to Council so there would be an understanding of developments in particular areas of the Business Plan and allow members the opportunity to examine those areas at future meetings.
- g. The Chief Executive commented that the Business Plan was ambitious but it was important to note that failing to complete all the activities set out in the plan was not an indicator of being unsuccessful. The key was to ensure that the resources were in place to manage the organisation and ensure its obligations could be met.
- h. The Chief Executive also pointed out that as well as items for reporting being built into the Business Plan it was also for members to indicate areas they would like to see reported or discussed. It was hoped that more agenda planning could be achieved through the Business Plan monitoring process.
- i. The balance between meetings of Council and the committees, especially the Policy Advisory Committee (PAC), had been acknowledged. It was thought there was less of an imbalance than perceived due to the scheduling of statutory Education Committee items such as the annual quality assurance reports of the OEIs in March, follow-up to these in June, and items of policy in October. The PAC Chair commented that the planning schedule was very helpful as it highlighted the impact of PAC on the decision making process and the importance of good planning and preparation.

Budget

- 20. The Head of Registration and Resources introduced the Budget for 2018-19, highlighting the following:

- a. A cautious approach had been taken in preparing the Budget taking into account factors including known course closures and the impact on registrant numbers with the UK's exit from the European Union.
- b. The income/expenditure position for the year 2018-19 was not dissimilar to 2017-18 but there would be some significant pieces of work being undertaken as highlighted in the paper. Also highlighted was the new approach being undertaken by the Communications team to improve the GOsC's engagement with regional groups, and improve the organisation's on-line presence and its use of new media.
- c. Additional information on the £100,000 designated funds for the implementation of the CPD had been provided as requested by members.
- d. The stress test undertaken gave the reassurance that resources would be available to deliver and continue the GOsC's key objectives in the event of any unforeseen circumstances.

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

- a. It was noted that there was no change in the fitness to practice budget and members asked about the possible risks if there were an increase in the number of cases, hearings and associated processes. It was explained that there would always be risks associated with fitness to practise but the trend demonstrated that the number of cases is decreasing. There were also a number of initiatives being developed by the Regulation team to improve processes such as the listings protocol and improved guidance and training for committee members which would help to keep costs and the number of hearings in check. It was noted that any increase in fitness to practise costs could be offset and any risk of overspend would be reported to Council.
- b. It was noted that the budget for assessments had reduced and members asked for clarification about this. It was explained that following the consultation on charges for overseas applicants the expectation was that more of the costs for international applications would be met by the applicants therefore making assessments cost neutral.
- c. Members asked about the cost of registrant renewal printing and postage and if it was correct that posting renewal documentation was a statutory requirement. The Head of Registration and Resources confirmed this was the case.

Agreed: Council agreed the Business Plan 2018-19.

Agreed: Council agreed the Budget 2018-19.

Noted: Council noted the indicative governance schedule.

Item 8: Development of the Corporate Strategy 2019-22

22. The Chief Executive introduced the item which asked Council to consider the process for development of the Corporate Strategy 2019-22.
23. Council was reminded that at its development day in December 2017 some ideas for the timetable of the Corporate Strategy 2019-22 were outlined. The Chief Executive commented that the previous strategies 2013-16 and 2016-19 had been closely matched and suggested that it might be time to consider a new approach.
24. Council was advised that it was not too early for Council and the Executive to begin to consider the themes for the new Corporate Strategy. It was planned to hold discussions and receive feedback from key stakeholders including the iO and the OEIs as this would inform the future direction of travel for the GOsC.

Agreed: Council agreed the outlined timetable and process as set out in the report.

Item 9: Review of reserves and investment

25. Simon McGeachie, Fairstone Financial Management and Steve Oliver, Brewin Dolphin, were welcomed to the meeting.
26. The Head of Registration and Resources introduced the item which invited Council to review and consider the reserves and investment position of the GOsC.
27. Council was reminded that the GOsC holds reserves to ensure it has sufficient funds to guard against unforeseen events. To protect its cash reserves, the GOsC also has a managed investment portfolio held through Brewin Dolphin and a separate 120-day bond held with Secure Trust Bank.

Reserves

28. The following areas of the report were highlighted:
 - a. In managing the GOsC reserves the key risk profile remained the same as the previous year: an increase in the number of complaints; judicial review appeals; GDPR and infringement of data protection law; and an increase in quality assurance activity.
 - b. It was believed that the GOsC should be holding funds within a target range of £350k - £700k. It was anticipated that at the end of the financial year 2017-18 the GOsC would fall within the target range.
29. Members asked of the total funds held, how much of the creditor balance (c.£1.46m) shown in the balance sheet position of the financial report (Item 5,

Annex B) is related to registration fees. It was confirmed that approximately 90% of the sum related to deferred income arising from registration fees.

Investments

30. The Head of Registration and Resources set out the key points relating to the investments:
 - a. The GOsC had a £500k investment with Brewin Dolphin which at the beginning of January 2018 was valued at £579,228.
 - b. The GOsC 120-day bond investment with Secure Trust Bank was also highlighted and at 31 December 2017 was valued at £575,850. In recent years the level of interest had reduced and during the coming year the bond would be monitored to assess whether or not it would continue to provide value for the investment and remain the correct approach for the GOsC.
 - c. In summary Council was given the assurance that the GOsC stock market investment and 120-day bond had performed well and that no remedial action was required.
 - d. It was noted that it was the first time investment managers had attended a meeting of Council. The opportunity for members to put questions to the investment managers was welcomed.
31. Steven Oliver gave a brief outline on the work of Brewin Dolphin and the management of the investment it had held on behalf of the GOsC since July 2017, when the organisation gained its charitable status. The transition of funds was completed at the end of 2017.
32. The risk mandate agreed with Brewin Dolphin was one in which the GOsC was looking to maintain the value of the capital over a long period and ensure the purchasing power is maintained against inflation without taking on full equity market risk making the GOsC a 'cautious with risk' client. This means that the GOsC has a high degree of security with a broad fixed interest portfolio and exposure to alternative asset classes.
33. In discussion the following points were made and responded to:
 - a. Members asked if there was a view that the GOsC was being overly cautious in terms of its investment and risk appetite. It was not considered that the GOsC was being overly cautious. Members were advised that it was not the right time to change the current approach. It was a discussion which could be returned to in the future once Council had established a degree of comfort with the investment processes being undertaken.
 - b. The Head of Registration and Resources added that with the GOsC's position as a regulator, public body and charitable entity, an area for consideration

would be the organisation's management of its stock market investments and the perception of stakeholders. It was important to demonstrate that the GOsC was not 'gambling' on the stock markets. The position was similar for other regulators and caution was the correct approach.

- c. Members asked how income yield was viewed moving forward. It was explained the GOsC's investment was focused on income return which was Brewin Dolphin's mandate. It was explained that it was not expected that income yield would get any lower as once a base position is reached yield moves steadily even within a return mandate and would look to be growing ahead of inflation annually.
 - d. It was confirmed that the GOsC had a segregated mandate which invests in collective vehicles. A combination of investment trusts, unit trusts and trackers were used to get the best rates. Currently Brewin Dolphin was receiving a commission rate of 0.3%.
 - e. Members asked if it was possible to mitigate against reputational risk of investing in companies which may not share in the values of the organisation. It was explained that investing ethically was difficult. While Brewin Dolphin had an overview of the underlying portfolio it was difficult to view all changes to all holdings on a daily basis. It was possible to have ethical investments if an investor had individual stocks but in a pooled vehicle it was difficult.
 - f. It was confirmed that the gross income was re-invested as directed by the mandate. It was advised that the GOsC not only had the cash deposit but also the secure bond of equal amount therefore the investment would work better on the compounding of the return over time.
 - g. Members asked if there was generally a relationship between risk appetite and the availability of a more ethical portfolio. It was explained that if an investor has a cautious viewpoint then they would tend to have more bonds and less equities with a tendency towards the mid to large areas of the stock market rather than in growth areas. Looking at the make-up of ethical funds they usually have higher degree of exposure to smaller companies as they are easier to monitor.
 - h. It was explained that the estimated gross income figure was based on the last reported dividends paid by the respective funds. To realise the cash value of the investment would take five days subject to market fluctuations.
34. The Chair thanked both Steve Oliver and Simon McGeachie for their presentation and engaging with Council. She also thanked them for their detailed account on the management of the GOsC investment.

Noted: Council considered and noted the review of the reserves position.

Noted: Council considered and noted the GOsC investment position.

Item 10: Hearing and Sanctions Guidance

35. The Head of Regulation introduced the item which invited Council to consider the draft Hearings and Sanctions Guidance. The changes proposed would further enhance transparency and consistency in decision making of the Professional Conduct Committee (PCC) whilst ensuring any sanction imposed by a Committee is both targeted and proportionate.

36. The following areas of the report were highlighted:

- a. The Hearings and Sanctions Guidance had been developed to replace the Indicative Sanctions Guidance (ISG) and provide further transparency and consistency to the fitness to practise process.
- b. The guidance had gone through a substantial consultation process and feedback had been received from the Fitness to Practise User Group, including lawyers and members of the fitness to practise committees.
- c. There were nine responses following the public consultation including a response from the PSA. In their response the PSA suggested there should be a separate section focusing on indemnity insurance and what the GOsC has sought to do is develop and issue separate guidance on professional medical insurance which features in the draft Business Plan 2018-19.
- d. The feedback to date has been positive and the guidance would have a final review by Council prior to publication.

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

- a. Members asked the Head of Regulation for her thoughts on the response relating to the examples of dishonesty which was stated 'are stretching the point too far'. The Head of Registration responded that the examples of dishonesty were in compliance with the *Osteopathic Practice Standards* (OPS) the key document for purposes of fitness to practise. It was explained that dishonesty of itself differs; because an example exist in an allegation did not mean that it was true but was indicative of types of behaviour. All responses were welcomed as they fed into the wider conversation and in this case had led to improvements.
- b. Clarification was sought relating to the final bullet point of paragraph 4 of the guidance:
 - *The Registrant has been included in the children's or adult's list.*

It was explained that the sentence is contained within the Osteopaths Act and previously guidance had only included conviction, competence and UPC.

The new guidance would reflect what statute says. It was suggested that inserting 'safeguarding in England, Wales and Northern Ireland' and separately 'safeguarding in Scotland' as this is what the sentence refers to.

- c. It was suggested that the following sentence of paragraph 16 in the guidance could be simplified for clarity:

...While this does not lower the threshold required for misconduct, the conduct in question, to be unacceptable professional conduct, does not need to be of such gravity that an admonishment would be too lenient.'

- d. It was asked if the statement at paragraph 21 was correct, that if an individual committed an offence outside the UK it would not be considered by the PCC:

'Convicted of a Criminal Offence in the United Kingdom (UK)' refers to a determination by a criminal court in the UK.'

It was confirmed that this did appear in the Osteopaths Act but the *Osteopathic Practice Standards* would allow for a case to be brought against an individual who had criminal convictions outside of the UK.

- e. Members suggested that for clarity/consistency Rule 8 should be referenced in the Hearings and Sanctions Guidance.

Agreed: Council agreed the draft Hearings and Sanctions Guidance as shown at Annex B.

Item 11: Standard Case Directions – draft Practice Note

38. The Head of Regulation introduced the item which proposed the introduction of standard case management directions for the progression of cases from referral by an Investigating Committee (IC) to a final hearing before a Professional Conduct Committee (PCC).
39. The following areas of the report were highlighted:
- a. Members were reminded that the Standard Case Directions Practice Note was voluntary and there was no provision for it in the Osteopaths Act or Rules.
 - b. The purpose and aim of the Standard Case Directions Practice Note was to implement a change in ethos and encourage a more compliant approach to the hearings process. These changes would make the process more time efficient and less combative. It was envisaged that with the implementation of the practice note there would be a positive impact on costs, adjournments, registrants, and witnesses.

- c. The Policy Advisory Committee considered the Practice Note at its meeting in October 2017. A meeting was then held with the defence organisations in November 2017 where they gave their feedback. Further consultation would allow for further development and buy-in from stakeholders and the wider community.
40. Members asked how individuals would be made aware that the Standard Directions Practice Note was voluntary. It was explained that all practice notes are voluntary and drafted in a way that if a registrant was self-representing the document would be less 'legalistic' for them. The Practice Note was drafted in a way that sets a standard of approach for all parties and would hopefully enable the fitness to practise committee chairs and panellists to take parties to task on how they have approached a case/hearing which, in turn, would lead to improvements in the process.

Agreed: Council agreed to consult on the draft practice note on standard case directions.

Item 12: Rule 8 Practice Note

41. The Head of Regulation introduced the item which proposed an updated and modified Rule 8 Practice Note. The modified Practice Note provides a framework for decision making which was focused on the GOsC's overarching objective to protect the public and will assist Committees to dispose of appropriate cases proportionately.
42. The following areas of the report were highlighted:
 - a. The reason for the review of Rule 8 was to make greater use of consensual disposal of cases and ensure appropriate safeguards were in place so that the rule was not used for more serious allegations.
 - b. The safeguards in place were:
 - consultation with the complainant who has made the allegation
 - agreement with the Chair that the matter is appropriate for disposal
 - consideration by a Committee convened to consider if the disposal is appropriate and who may not agree to the disposal for purposes of the public interest.
 - c. Changes had been made to the guidance following feedback from and meetings with the PSA who had expressed a concern about removing the exclusion criteria.
 - d. It was pointed out the Practice Note had been modified to include exclusion criteria as shown at paragraph 31 demonstrating the type of serious allegations which would not be considered for consensual disposal under Rule 8 procedures.

43. In discussion the following points were made and responded:
- a. It was suggested that the heading at paragraph 31 should be amended to reflect the text and list of allegations.
 - b. Members asked if it would be necessary for the Practice Note to be reviewed by the PSA following the modification to the exclusion criteria. It was explained that it was the duty of Council, not respondents, to decide on matters following consultation and whether the proposals made by the Executive were appropriate.
 - c. Members asked if the number of respondents had agreed or disagreed with questions posed in the consultation. It was explained that many of the respondents had chosen to respond with comments on the proposals for this particular consultation and was the reason for setting out fully the responses received in the report.
 - d. It was noted that the Rule 8 Practice Note would be referenced in the Sanctions and Hearings Guidance.

Agreed: Council agreed the draft Consensual Disposal: Rule 8 Practice Note as shown at Annex B.

Item 13: Continuing Professional Development (CPD) Rules

44. The Head of Professional Standards introduced the item which sought Council's approval of the amendments to the CPD Rules.
45. The following points were highlighted:
- a. Council was reminded that in order to implement the new CPD scheme amendments to the CPD rules were required.
 - b. A consultation on the new CPD Rules took place in autumn 2017 and a total of 15 responses were received. Many of the comments related to the scheme and communications highlighting areas that might require consideration.
46. In discussion the following points were made and responded to:
- a. Council was given assurance that all appropriate and legal steps required had been taken with the Rules amendments from the drafting of the consultation agreed with the Department of Health, to approval from Privy Council and agreement on the date which the Rules could be laid before Parliament. Once the rules had Council's approval the final stages to the implementation of the CPD scheme would advance as scheduled.

- b. The Chair asked that in the current political climate was there a possibility that Parliamentary approval of the Rules could be delayed due to other priorities. It was agreed that there was no guarantee and that other priorities might halt the progress which had been made thus far but currently there were no apparent barriers to the Rules amendments continuing the passage through Parliament without hindrance.

Agreed: Council agreed to make the General Osteopathic Council (Continuing Professional Development) (Amendment) Rules 2018.

Item 14: Continuing Professional Development (CPD) update and guidance

47. The Head of Professional Standards introduced the item which asked Council to agree to consult on the Continuing Professional Development (CPD) and Peer Discussion Review (PDR) Guidance following agreement of the amended CPD rules and provided an update on key aspects of the implementation of the CPD scheme.

48. The following points were highlighted:

- a. The provision of an update with particular reference to the risk log which was raised as a matter of particular importance at the meeting of Council in November 2017.
- b. The further consultation on the CPD Guidance and Peer discussion review guidelines which would be an opportunity to raise awareness of the scheme and capture the comments and thoughts of those who have not already responded.

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

CPD and Peer discussion review guidance

- a. Members commented that they were reassured by the draft guidance as it gave more detail and was much clearer about the scheme.
- b. Members asked if there could be a little more clarity about what professional practice was in relation to CPD, with more emphasis on case management and safeguarding.
- c. Members asked how the GOsC would undertake the task of recommending a peer reviewer to an osteopath. It was explained that this would work in two ways, working with other organisations and also working with registration assessors who have agreed to act as peers. It was suggested and agreed that consideration should be given to conflicts of interest as this might pose a risk and also the issue of peer mutuality should be considered. The Chief Executive suggested that in relation to the conflicts issue it would be more

important for the GOsC to be aware that a conflict existed as, due to the nature of the profession, it was likely that people would be familiar with each other.

- d. It was confirmed that to comply with the CPD Standards and achieve sign-off the osteopath must submit a completed Peer Discussion Review form. It was also confirmed under the current CPD scheme osteopaths can be removed from the register if they have not met the requirements for CPD and that they receive a warning that if they did not comply within 28 days they are at risk of being removed from the Register.
- e. Members suggested that the CPD Guidance and the Peer Discussion Review Guidance could be combined into one document without losing emphasis on all the necessary material. It was also suggested that the request for evidence might appear earlier in the document to highlight the importance of this requirement.

Implementation update

- f. Members commented that they were assured seeing the detail presented in the document.
 - g. It was asked if there would be enough resources in place to manage and properly scrutinise the number of registrants completing CPD under the new scheme. The Head of Registration and Resources explained that there always have been and will be peaks and troughs as demonstrated with the current annual renewal cycle. With the new scheme the annual summary form would be eliminated but it would mean an expanded registration form. Members were informed that the Registration team had recently held an away day to discuss the scheme and its operational management in detail and there was confidence that the new scheme could be managed without any undue impact.
 - h. The Chief Executive informed members that the evaluation for the second year had closed. The final number of responses was 518 compared to approximately 370 in the previous year which is equal to almost 10% of the Register and showed that engagement with the scheme was growing.
 - i. Members commented on the work to date and the significance for the profession and engagement in the wider health community.
50. The Chair commended the Head of Professional Standards and the team for the excellent paper and the work to date. She suggested that for the May meeting of Council the focus be on communications and evaluation to give members the opportunity to review how the plans for communications on the scheme were being developed and used from a practical viewpoint

Agreed: Council agreed to consult on the Continuing Professional Development incorporating the Peer Review Discussion Guidance.

Noted: Council noted the progress on the implementation of the CPD scheme.

Item 15: Quality Assurance Review

51. The Head of Professional Standards introduced the item reviewing the consultation on changes to the quality assurance (QA) process including removal of Recognised Qualification (RQ) expiry dates and the publication of information between reviews.

52. The following points were highlighted:

- a. The Policy Advisory Committee (PAC) had reviewed the consultation document at its meeting in October 2017 and points highlighted were: risk; publications of conditions and requirements; removal of RQ expiry dates; maturity of QA systems; frequency of visits and visit specifications.
- b. The PAC was also keen to look at QA processes and be innovative and creative in its consideration.
- c. The consultation would focus on: the removal of expiry dates; what quality assurance matters should be published; the *Osteopathic Practice Standards*; and quality enhancement.

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

- a. Members requested clarification on the perceived tensions relating to quality assurance. It was explained that the tensions have primarily been about process and making explicit what is implicit.
- b. In reviewing Appendix 1 it was argued that the GOsC was not ensuring graduates met the standards set out in the OPS but attends to process and whether the OEIs are operating to the required standards. The question was put that if the OEI was operating with conditions to improve were there cohorts of students graduating below the required standard. The difficulties relating to reporting the five year reporting cycle were recognised and to address this it was suggested that there should be centralised training for examiners and that examinations reflect the OPS. It was suggested that the quality of the OEIs was variable and to effect change they would need assistance from the regulator. Looking forward there should be a deeper standardisation of the exam process to ensure what is being taught matches the OPS.
- c. There was some agreement about the assumption and suggestions made about the system of quality assurance. The discussion at the PAC was

recognition of the Committee's role and its responsibility in assuring the quality of the institutions but it was a difficult area to address. There were also a number of issues which impacted on any changes to the current system:

- the commercial considerations of the institutions
 - the validating bodies of the institutions
 - the danger of undermining the current system.
- d. It was commented that the RQ process was a proxy measure to give assurances that the institutions were producing students that graduated as safe and effective osteopaths. It was also asked how the QA review would impact on the next quality assurance contract to ensure needs are met.
- e. It was noted that it was not the role of the GOsC to examine students and the GOsC should trust the external examiners to do the job expected of them to ensure the institutions meet the standard required. It was acknowledged that the number of examiners was limited and more members of the profession should be encouraged to take on these roles.
- f. The Head of Professional Standards responded saying it was important to review and keep in mind the statutory responsibilities of the GOsC. In response to the suggestions and comments she agreed there was a discussion to be had on the best approach to assessment and quality assurance. The level of data submitted by the institutions was substantial and presented on a regular basis. The opportunity to conduct smaller-scale visits was available to the GOsC and the PAC could commission a visit at any time. Currently the QAA are commissioned to undertake the visits, the recruitment and training of examiners and analysis of the Annual Reports.
- g. It was agreed that there were many challenges and questions to answer in relation to the QA review and some answers may be provided through the consultation mechanism.
- h. The Chief Executive informed members that in the past the GOsC had a national exam and assessors attended the exams which took place within the institutions. The process ended in 2004 and would be difficult to reinstate. He agreed there were some areas of concern but it was not believed these were at an institutional level. From a fitness to practise point of view issues lay with experienced osteopaths who are further along in their career not new graduates. If the GOsC was to follow the route of more involvement in assessments and related processes external quality assurance would still be a requirement.
- i. A way forward and to establish best practice would be for the institutions to interact and develop an understanding on the best ways of establishing final assessment outcomes. It would be for the profession to look at developing a wider pool of examiners for which the GOsC could provide support.

- j. Members commented that they were not advocating a return to high stake examinations but did want to highlight the need for the GOsC and the OEIs to recognise the examiners whose role is very stressful. It was also noted that there was a tension to 'gateway' students who may not be up to standard or be borderline for progression.
- k. The Chair of the PAC commented that there was a need for the Committee to assure itself that it is taking the right approaches in its statutory education role and this would be discussed further with the Executive.
- l. It was confirmed that the main target audience for the consultation were the OEIs. It would not be possible to quantify the expected number of responses.

Agreed: Council agreed to consult on changes to the Quality Assurance process.

Item 16: Values Project

- 54. The Head of Professional Standards gave a presentation and update on the Values Project which is being undertaken in conjunction with the General Dental Council.
- 55. In discussion the following points were made and responded to:
 - a. Members welcomed the presentation which they found informative.
 - b. Members commented on how this kind of research could result in concrete solutions suggesting that when discussing values looking at how it could be hard-wired for practical use was the challenge. It was agreed that there were challenges in applying and measuring the research but there was a plan on how it might be measured. However, but it was not clear if it would work successfully and there would be a further discussion at a future meeting of Council. It was suggested that a desired outcome from using the research would be the possible reduction in fitness to practise cases.
 - c. It was commented that there was a lot of research around safety and learning from the patient experience. Evidence from the values-based approach would help to build action plans to avoid errors and improve safety.
 - d. It was noted that other organisations and sectors have also researched values-based thinking and it has been found that there is a marked reduction in complaints when a values-based approach is applied.
 - e. It was suggested that applying values from an education perspective was challenging as the idea of values are not fully appreciated by students until

they take on the role of caring for patients. It was difficult to apply this and other behavioural elements of care but the educational institutions are taking the ideas on-board.

Noted: Council noted the update on the Values Project.

Item 17: Preparing for the General Data Protection Regulation

56. The Head of Regulation introduced the item which gave an update on the approach to updating the GOsC Information Governance Framework to meet the new requirements of the General Data Protection Regulation (GDPR).

57. The following points were highlighted:

- a. The executive summary compiled by the data protection auditors Ward Hadaway demonstrated that overall the GOsC's compliance with data protection legislation was good particularly in areas where the most sensitive data is held – in regulation and fitness to practise, registration and IT.
- b. Although the GOsC was compliant with existing data protection legislation there was a need to develop more key documents to compliment the already existing Information Governance Assurance Framework which was comprehensive but would need to be enhanced.
- c. The auditors highlighted that for data protection purposes the employees of the GOsC were competent in particular in Registration and HR. It was also highlighted that there were key champions for data protection throughout the organisation.
- d. There were areas identified for development relating to physical security due to the open plan layout of the GOsC offices especially with the location of the Regulation and the Professional Standards teams. The security was noted as minimal risk but would be addressed.
- e. There was also a need to ensure there was comprehensive training for all staff which was planned to take place before the GDPR implementation date.

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

- a. Members asked if there were any areas in particular where the GOsC was open to data protection infringements and whether these were reported to the Information Commissioner.
- b. Members were advised that the GOsC has protocols for the handling and reporting information. A log of data protection breaches is also kept and there are criteria for reporting to the ICO. The GOsC adheres to guidance issued by the Health and Social Care Information Centre which has a checklist for reporting, managing and investigating data breaches. If it was

required the GOsC would self refer breaches to the Information Commissioner's Officer and also report to the Audit Committee.

- c. Members were advised that appropriate data protection training is currently being planned for non-executives.

Noted: Council noted the update on the General Data Protection Regulation (GDPR).

Item 18: Any other business

59. There was no other business.

Date of the next meeting: Thursday 3 May 2018 at 10.00.