



**Minutes of the Public session of the 96th meeting of the
General Osteopathic Council held on Tuesday 18 July 2017 at
176 Tower Bridge Road, London SE1 3LU**

Unconfirmed

Chair: Alison White

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

In attendance: Steven Bettles, Professional Standards Policy Manager (Item 8)
Fiona Browne, Head of Professional Standards
Sheleen McCormack, Head of Regulation
Margot Pinder, Senior Communications Officer (Digital) (Item 14)
Matthew Redford, Head of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Chris Shapcott, Chair, Audit Committee (Items 7 and 15)
Tim Walker, Chief Executive and Registrar

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)
Stacey Towle, Senior Communications Officer (Engagement)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Chris Shapcott, Independent Chair of the Audit Committee, observers Maurice Cheng, Chief Executive, the Institute of Osteopathy, and Stacey Towle, recently appointed as the Senior Communications Officer (Engagement).
2. Apologies were received from Kevin Morgan, Regulation Manager.

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 95th meeting of Council held on 2 May 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. The main points were:
 - a. The Chair had been engaged with the process of annual reviews for Council and other non-executive members. The sessions have been useful giving an opportunity to reflect on the past year, and also think about the skills required for the year ahead in order to address the challenges of the business plan. Members who might have comments/views on the Annual Review process itself were invited to submit their comments to the Chair in order for the procedures to be reviewed.
 - b. The Chair's own annual review would be conducted in due course. Haidar Ramadan and Joan Martin would conduct the review and any development points would be agreed at the next meeting of Council.
 - c. The time invested by non-executives in the work of Council was acknowledged. The Chair informed members she recognised the commitment made by members conducting non-executive work for the Council and that a lot of good will was involved from all parties.
 - d. The Chair and the Chief Executive had discussed the December training day in terms of building and enhancing relationships. As recent training days had been about structural skills such as equality and diversity, it was proposed the focus should be on softer skills. Members were invited to submit their suggestions to the Chair for consideration.
 - e. The Chair had met with George Jenkins, the Chair of the Professional Standards Authority (PSA). The continuing good performance of Council as evidenced in the latest PSA annual review was discussed. It was suggested by the Chair that the PSA might consider how it achieves a better balance between review of data and sharing of best practice between regulators. The prospects for legislative changes were also discussed in the wake of the general election, and departure of the key minister.
 - f. The Chair noted the work of the new external auditors whose report would be presented at the meeting. Having completed a thorough audit they had presented a positive report for the GOsC.

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. GOSc/GDC values workshop: a very useful and constructive event was organised and held in conjunction with the General Dental Council. The meeting's focus was to look at consultation and communications with patients. A report would be published in the coming months.
 - b. EFO/FORE merger: a working group had been established and was working towards establishing the new organisation. Progress was being made in a number of areas including finding agreement on new statutes, membership criteria and also a new name for the organisation. It is planned for the merger to be finalised during 2018.
 - c. Education quality assurance contract: the Executive is looking to extend the current contract with the Quality Assurance Agency for Higher Education (QAA) which was awarded in July 2015, for a further two years or introduce a new procurement process for the contract. Members were advised that the Policy Advisory Committee would consider the options in October 2017 and a report and recommendation would be brought to Council in November 2017.
 - d. Business Plan Risk Assessment: as part of the Risk Register process the risk assessment is part of the preparatory work conducted in conjunction with the Business Plan. Members were advised that as the business plan monitoring had not been presented at the meeting in May the risk assessment was being presented at this meeting for reference only.

9. In discussion the following points were made and responded to:
 - a. Department of Health legislation: members asked if the likelihood of GOSc successfully acquiring a Section 60 order (making changes to primary legislation) was remote. They also asked what changes were being sought in making amendments to the GOSc's rules. The Chief Executive set out the briefly how the legislative process works and the impact that current issues such as Brexit may have on change to primary legislation through Section 60 orders. Rule changes such as those currently being sought for CPD were more likely to be successful, as they required a different and slightly simpler process. It was possible changes could also be sought so as to improve current procedures but there was no defined list at present.
 - b. Professional Standards Authority: members asked if there would be any implications for the GOSc with the PSA's planned publication of policy documents. It was explained that the PSA began developing the process of creating policy documents in order to inform the legislative change debate but how they will now be used is uncertain.
 - c. Brexit/recognition of professional qualifications: it was confirmed that the number of qualified EU osteopaths currently based in UK was approximately thirty.

- d. Quality Assurance contract: members asked if there was reason to assume anything is gained in not extending the contract if it was thought that the QAA is giving value for money. The Chief Executive explained that the QAA contract is the largest that the GOsC retains and one that is governed by EU procurement rules. It is therefore a requirement that a formal process is undertaken in relation to the current contract. A full tender process would be required to take place in 2019-20 before the end of the five year contract (if Council agreed to extend this in November). Members were also informed that there were other agencies which could compete with the QAA in undertaking the work they currently do. The PAC would consider the contract options in October and a full discussion would be required by Council in November.
- e. Members asked if the contract extension was limited to two years or were two one-year periods permissible. The Chief Executive explained that either period would be possible but it was reasonable for a contract to be in place for the longer period if the provider was performing well.
- f. It was confirmed that there would be a review of the QAA's performance with the subsequent report being presented to the Policy Advisory Committee in October 2017.
- g. The Chair stressed that when renewing the contract consideration should be given as to whether or not a different type of quality assurance process is required for the GOsC rather than assuming the same approach.

10. Progress against the 2017-18 Business Plan and Business Plan Risk Assessment:

- a. In response to members seeking reassurance that the 2017-18 Business Plan was manageable the Chief Executive agreed it was important to maintain transparency with work undertaken. With an ambitious and comprehensive business plan it was not possible to plan for every contingency and there would be some slippage before the end of the year.
- b. The Chair of the Audit Committee (AC) was invited to comment on the Business Plan. He gave brief explanation as to the purpose of the Audit Committee in particular its role in the oversight of the business plan in terms of risk, risk appetite and assurance mapping. The Audit Committee through number of mechanisms assess and ensure the management of risk is working but ultimate ownership of risk lays with Council. It was noted that for first quarter the risk status for the majority of activities listed in the business plan was 'green' (on track) but the reason for this was that we are at the beginning of the 2017-18 programme and, as the year progressed, there would probably be some slippage.

11. In discussion the following points were made and responded to:
 - a. It was stressed that the most important part of the business plan risk assessment was its assurance mechanisms in relation to Council and Policy Advisory Committee oversight, and whether scrutiny was being properly undertaken. It was agreed that assurance mechanisms were most important and that, especially for the members of the Policy Advisory Committee, there should be assurances that members fully appreciated their role in relation to risk and scrutiny.
 - c. In response to the comment on risk mitigation and proactive monitoring the Chief Executive explained that monitoring and assessment have been constructed to look at initial risk and then considering whether the mitigating actions are sufficient. This approach ensures that Council are more engaged in the detail of risk management.
 - d. Further commenting on risk appetite the Chief Executive pointed out that there was a difference between activity completion and activity success. The risk appetite was not about what could be done but whether areas of work were being tried with less guarantee of success as can be seen with developmental activities and new approaches to embedding standards.
 - e. Although there were no real concerns about achieving the targets and meeting the expectations set out in the Business Plan, the areas that were most high risk related to fitness to practise, major projects and level of resources available.
 - f. General Data Protection Regulation (GDPR): members asked what the expected impact might be on the healthcare professions with the introduction of GDPR. It was explained there would be an impact on the GOsC and in particular its information governance framework. In advance of implementation of GDPR there would be a regular discussion item on the Senior Management Team agenda and there would also be a report to the Audit Committee in October.
12. Financial Report: the Head of Registration and Resources introduced the financial report highlighting the following:
 - a. At the end of month two there was a small surplus.
 - b. During the recent restructuring there were a number of cost elements including redundancy costs and notice period pay, the latter has been included in the opening two month accounts. The Head of Registration and Resources indicated that this was a one-off cost.
 - c. Council was informed that the Executive is continuously looking to make savings and it was planned to bring costs back into line by the end of the

financial year. If it was clear that this would not be the case then Council would be informed of the position.

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

- a. In reference to fitness to practise and the forecast that costs would be contained within budget, members asked for clarification on the additional unknown cost factors such as interim suspension orders or additional hearing days. It was explained that there were always unforeseen issues especially in relation to fitness to practise and that, where possible, these costs would be covered by the savings already identified.
- b. It was confirmed that although the total expenditure for administration and establishment was £62k, the overspend of £7k in this area was due to the business rate charge not being levied at the reduced rate. It was confirmed that this would be resolved and corrected in the coming months.

Noted: Council noted the proposed approach for the renewal of the education quality assurance contract.

Noted: Council noted the Chief Executive'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. Complaints and Hearings Guidance for registrants: Council was informed that a mock up hard copy of the hearings guidance for registrants document was available at the meeting and members were invited to review this prior to its planned publication.
- b. Concerns relating to advertising: since March 2017 concerns relating to advertising by osteopaths have recommenced and the Regulation team has received approximately 15-20 per month although no concerns have been received for July (at the time of reporting to Council). The concerns are being managed under the Initial Closure Procedure approved by Council in 2016.
- c. Determination Review Group (DRG): the inaugural meeting of the Determination Review Group was held on 9 May 2017. At the request of Council in May, a copy of the terms of reference for the DRG are available as an annex to the Fitness to Practise Report. The minutes of the meeting have been circulated to the Chair of the PCC only. He has advised they should be circulated to all members of the fitness to practise committees as learning points of general application to ensure focus is not on individuals but directed to development and the identification of relevant training topics.

- d. External Audit of Cases where no UPC found: it was confirmed that the Terms of Reference for the audit to be conducted by external legal auditors had been agreed and the audit is underway. It is expected that the findings of the audit will be included in the FtP quarterly report to Council in November 2017.
- e. Data Report:
 - i. In response to the Chair's request in Council's meeting in May 2017 for the reasons for cases that go beyond the Key Performance Indicators (KPI), a review of these cases disclosed no individual reason or particular theme emerging as to why cases go beyond the KPI. The oldest case being dealt with involved an external investigation including NHS England and would be going back to the Investigating Committee for further consideration.
 - ii. A number of cases have also been part-heard, of which a number were due to Committees running out of time to conclude. Council was given an assurance that the majority of part-heard cases from this quarter have already been relisted and all the cases are being progressed.
 - iii. The number of PCC cases for Q1 in comparison to previous periods Q2 – Q4 has increased demonstrating how busy the team have been in handling/disposing cases.

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

- a. Complaints and Hearings Guidance for registrants: it was confirmed that the guidance would be available on the GOsC website when launched later in the month.
- b. Advertising concerns: themes of the concerns submitted about advertising remain similar. These relate in the main to claims made by osteopaths on treatments offered for children and pregnant women and cranial osteopathy.
- c. Dataset KPIs: in response to a question about the KPI for health cases members were advised that given the nature of these cases were unique and require multiple review hearings where conditions are imposed, there was no limit to the time required to conclude a health case . It was agreed that scrutiny of health cases was still required when they did arise.
- d. It was suggested that the previous equivalent quarter could also be presented in the dataset i.e. Q1 2016 and Q1 2017. It was agreed that the Executive would consider the suggestion.
- e. Members asked if the number of hearing days reflected more complex cases being heard by the IC and PCC. It was explained that the number reflected

the amount of older and more complex cases going through to final hearing and requiring more days before the committees. It was also pointed out that as a result of the number of cases being brought before committees, hearings have been scheduled back to back which is reflected in the number of hearings and hearing days over the last quarter.

- f. In response to a question about how the number of days for a hearing was planned, it was explained that originally the default for scheduling was five days but with the introduction of the listing protocol the aim is to acquire relevant information from parties in advance to better plan and assess the time required. It was also confirmed that hearings with osteopaths who had no representation took longer to conclude.
- g. Members asked if it was the perception that the seeming extended length of time defence organisations sometimes take in handling cases was due to lack of organisation or other factors. It was agreed that this was a wider issue within healthcare regulation. The issues had been discussed at a meeting with all interested parties in 2016 and another meeting was due to take place in 2017 to further look into issues impacting on the regulators, registrants and defence organisations.
- h. Determination Review Group: it was confirmed Council would have sight of areas of policy that may require review or revision as identified by the DRG. This would include training needs and dealing with matters relating to part heard hearings.
- i. Members queried why the DRG criteria did not explicitly mention KPIs. It was explained that the group were looking at the quality of decisions as opposed to procedure. Although it was pointed out that time and cost were not an area for the DRG's immediate consideration it was something which would be taken on board by the Executive to review, for example, where a case may take a very long time to reach a hearing and the impact on witnesses.
- j. Members asked if the DRG would also be taking determinations made by the Investigating Committee (IC) into account. It was explained that the difficulty in widening the remit of the group to include IC decisions was that if the case had been referred and was still ongoing, it therefore inappropriate for review. It was agreed that it would be possible once a case had concluded that a review of an IC decision could be undertaken and the Executive would look into this.
- k. Investigation Committee meetings: members asked when planning and listing for the IC how did the team determine that the correct number of meetings have been scheduled for the period. It was explained that IC meetings are listed at least twelve months in advance. Concerns are reviewed as they are submitted and any additional meetings required are

then mapped out. It was confirmed that the availability of IC members to sit is not an issue when arranging meetings.

17. The Chair on behalf of Council thanked the Head of Regulation and her team in recognition of their hard work.

Noted: Council noted the Fitness to Practise report.

Item 7: Annual Report and Accounts

18. The Head of Registration and Resources introduced the item which sought Council's approval for the publication of the Annual Report and Accounts for the financial year 2016-17.

19. The following areas were highlighted:

- a. This was the first audit report for the GOsC by Crowe Clarke Whitehill LLP (CCW) as auditors.
- b. Members attention was drawn to paragraph 5 of the report which summarised the issues considered by the Audit Committee:
 - The AFR provides assurance that the internal financial controls and operational processes continue to be robust.
 - The AFR provides assurance that matters raised by our previous auditors had been fully addressed.
 - The AFR highlights two very minor system and control points which the Executive are currently considering.
- c. The Chair of the Audit Committee added that both he and the members of the Committee were happy with the auditors and their findings and were also happy with the accounts as presented.
- d. It was noted that the Letter of Representation to be signed by the Chair of Council stated that the financial statement had been completed in accordance with UK Generally Accepted Accounting Practice (UK GAAP) rather than FRS102. It was confirmed by the Head of Registration and Resources that this was the correct terminology. The terminology had also been confirmed as correct by the auditors.

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

- a. Members highlighted the comment at page 11 of the auditors' report where it was suggested that as part of Council's corporate governance responsibilities the listed questions should be asked of the Executive to ensure appropriate management of third party risk. It was considered a useful approach in bringing further scrutiny to audit matters and it was

asked if the listed questions would be taken forward as part of the GOsC's risk management procedures. It was confirmed that this would be the case, the questions had been discussed at the June meeting of the Audit Committee and would form part of the ongoing risk management environment.

- b. Although this was the first full audit conducted by CCW the Executive said the experience of working with the auditors to date was positive. An audit evaluation was completed by CCW allowing them to give their reflections on the audit process and in the coming months because the auditors are still a relatively new appointment the Executive would work with CCW to further develop their understanding the GOsC as an organisation.
- c. In relation to the Letter, members asked about the statement at point 15 referencing controls over the maintenance and integrity of the website. How could assurances be given about this? It was explained that the paragraph sought assurances which the Executive were confident could be upheld and following the recent IT and security audit conducted by CCW although there were areas marked for improvement the website is secure.
- d. Members sought clarification in relation to statements contained in the Letter about error, fraud and suspected fraud and how the assessment is conducted. It was explained that the Executive provide assurances to the Audit Committee at each meeting which would subsequently give its assurances to the auditors. It was added that there were processes in place for fraud reporting which deals with fraud, information security and whistleblowing. A detailed statement of financial controls is also given to the Audit Committee.
- e. It was confirmed that following previous audit advice the Registration and Resources team had been expanded to ensure a segregation of duties. In relation to on-line payments this was being reviewed as part of the IT action plan.

Noted: Council noted the Audit Findings Report and the Letter of Representation to be signed by the Chair of Council.

Approved: Council approved the Annual Report and Accounts to be signed by the Chair.

Item 8: Review of the Osteopathic Practice Standards (OPS)

21. The Policy Manager introduced the item which gave an update on the review of the *Osteopathic Practice Standards* and sought Council's approval of the consultation and strategy for the OPS.
22. The following areas were highlighted:

- a. There had been broad input into the development of the document from the initial call for evidence and subsequently from stakeholders including patient groups, the Institute of Osteopathy (iO), National Council for Osteopathic Research (NCOR), the Osteopathic Alliance (OA) and the osteopathic education institutions (OEs). The groups are broadly in agreement but there were areas where there is less consensus and these areas had been identified in the consultation.
- b. At the meeting of the Policy Advisory Committee in June a number of issues were raised which had been acted upon:

- i. In relation to Standard A7: '*You must make sure your beliefs and values do not prejudice your patients' care.*' and the guidance:

If carrying out a particular procedure or giving advice conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and advise them they have the right to see or be referred to another osteopath.'

Advice was sought and the paragraph subsequently removed from the current draft.

- ii. The reference to 'philosophy and principles' is now in the revised B1 guidance. Some members of the Stakeholder Reference Group felt that there should be reference to philosophy as well as principles in the standard. The PAC felt that both philosophy and principles should be in the guidance. This will be included in the consultation.
- c. Due to concerns about the actual content and length of the consultation document, it had been agreed that the consultation document would be broken down and be made more accessible on the website to encourage as wide as possible engagement in the consultation process. The website would summarise aspects of the consultation document and people would be able to answer the questions that they chose to.
- d. Engagement planning was underway to ensure the broadest possible consultation including face to face meetings and the use of social media.

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

Content of the Osteopathic Practice Standards

- a. The Chair of the Policy Advisory Committee commented that a lot of time had been devoted to reviewing and discussing the OPS in depth. Much of the discussion had been on the philosophy of osteopathy and there had been no clear view on what the opinion of the majority of osteopaths would be therefore it should be something to be included in the consultation. Also

there were clear views on conduct external to a practitioner's osteopathic duties.

- b. Members expressed some concern that some stakeholder groups might have undue influence to the exclusion of others and that there should be safeguards against this. There were also differing views expressed about the place of 'osteopathic philosophy and principles' in the standards, guidance or in the document at all (the arguments for all these approaches were outlined in the consultation document). It was agreed that wording on this consultation question was critical.
- c. The Chief Executive stressed that it was important to reflect that a wide range of views had contributed to the OPS to date including those of patients and that this should be noted. It was also important to recognise the difference between guidance and standards. Members attention was drawn to the proposed current and revised standard B1 and also suggested guidance 1.2:
 - i. Current: You must understand osteopathic concepts and principles, and apply them critically to patient care.
 - ii. Revised: You must have sufficient and appropriate knowledge and skills to support your work as an osteopath.
 - iii. Guidance 1.2: An understanding of osteopathic philosophy, principles and concepts of health, illness and disease and the ability to apply this knowledge critically, in the care of patients.

The Chief Executive stressed the importance of having a distinction between the current and revised standard. What was indicated at the PAC meeting was that the standards must both reflect the professional behaviours of an osteopath and the expectation of what an osteopath looks like. The revised standard and guidance reflected this requirement but also retained the core ideal relating to principles and philosophy.

- d. It was explained that the Benchmark Statement for Osteopathy and the Guidance for Osteopathic Pre-registration Education referenced osteopathic principles and philosophy so students would have some grounding in these areas. The difficulty would lie for those studying overseas and the guidance would define the expectation of the knowledge and skills required. Again, it was noted that these matters were highlighted in the consultation document.
- e. A correction was noted paragraph 16a of Annex B which should read:

Combining the standard of proficiency, Code of Practice under the four themes of the Osteopathic Practice Standards.
- f. The Head of Professional Standards drew Council's attention explicitly to the consultation document discussion on philosophy and principles and asked for

feedback about these. She suggested that the consultation would not be a 'vote' but would be about developing the quality of the arguments in relation to the different options being offered. The basis for Council's decision on this point during 2018 could be on the quality of those arguments, taking into account all the differing perspectives.

- g. The Executive was asked to review the use of the word 'accessible' in the questions posed in the consultation document.
- h. Members asked about the timeline following the consultation, would there be further discussion at a meeting of the PAC. It was suggested that, dependent on the responses to the consultation, it was likely that there would be further discussion at the March 2018 PAC meeting. The OPS would then be presented to Council to be signed off at the May 2018 meeting and publication would follow with the Standards coming into force in autumn 2019.
- i. It was pointed out that reference to practitioners' legal responsibility relating to female genital mutilation (FGM) was mentioned in the consultation but did not seem appear in the standards. Also the information relating to patient records and data protection was not clear and required clarification.

Challenges with engagement

- j. It was agreed that there would be some osteopaths who may be hard to reach as they did not wholly engage with the GOsC or other stakeholders for a variety of reasons. It would be a challenge and every effort would be made to reach those registrants to ensure there would be as diverse a range of participants as possible. It would be important to engage with registrants from the outset to raise awareness but it was highlighted that when the OPS was published in 2012 a survey showed an awareness of 70% for the new standards.
- k. It was suggested that another hard to reach group might be patients. It was advised that it was imperative that patients were also engaged in the consultation process and identifying their responses. Again, the website was designed to be easy to access with simple summaries to support both patients and osteopaths to engage easily with the consultation.

Agreed: Council agreed the *Osteopathic Practice Standards* for consultation.

Agreed: Council agreed the consultation strategy for the *Osteopathic Practice Standards*.

Item 9: Hearings and Sanctions Guidance consultation

- 24. 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 whilst ensuring any sanction imposed by a Committee is both targeted and proportionate.

25. The following areas were highlighted:

- a. Members' attention was drawn to page 15 of the guidance which highlighted how members of the Professional Conduct Committee should approach issues of dishonesty, duty of candour and sexual misconduct and raising concerns. The Executive were not seeking to influence judgement of the committee but if the factors were present in the case then the Committee should be seeking sanctions or removal from the Register.
- b. A six week consultation has taken place on a discussion paper to explore in advance a range of topics relevant to Unacceptable Professional Conduct (UPC) and sanction. The consultation page had 203 views and 20 written responses were received. All feedback was carefully reviewed.
- c. In addition the Chair of the Policy Advisory Committee commented that following discussion at its meeting and reviewing the guidance he would not describe it as prescriptive but was clear as to the actions that should be taken by the PCC and why.

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

- a. Members asked how long a sanction remained on an osteopath's register entry. It was explained that an admonishment stays on the public register for six months but what was retained internally was different.
- b. It was asked if the publication was solely guidance or did it feature areas which were mandatory. It was explained that the document was for guidance, Council had approved separately drafting determinations guidance in 2016 and within that it is made clear that the PCC should follow the guidance or take it into account. If it did not follow the guidance then reasons for not doing so would need to be clear. Reference to the drafting determinations guidance was included in the Hearings and Sanctions guidance.
- c. It was confirmed that the Hearings and Sanctions guidance consultation would run over broadly the same time as the OPS consultation as they are linked. It was pointed out that the Hearings and Sanctions guidance was aimed at a more specialist audience but it was hoped that osteopaths would also engage with the consultation. It was suggested that those who had experienced fitness to practice procedures should be approached to take part in the consultation.

Agreed: Council agreed to consult on the draft Hearings and Sanctions Guidance as shown at the Annex.

Item 10: Support for the Council of Osteopathic Educational Institutions (COEI)

27. There were no conflicts of interest declared by members of Council for this item.
28. The Chief Executive introduced the item which proposed making a small annual grant to COEI over the next three years as part contribution to its employment of a part-time staff member to support COEI's development.
29. The following areas were highlighted:
- a. COEI is a small under-resourced organisation which has the potential to develop a more strategic role within osteopathy and the wider healthcare education sector.
 - b. The GOsC and the IO with COEI are looking to help the COEI with its proposal to appoint a part-time staff member to help support COEI's development. COEI has drafted an outline proposal shown at the annex and have made a request for assistance to fund the post at the cost of £9,000 p.a.
 - c. The GOsC is not a grant making body and a set of criteria had been set out by Council for funding projects but not specific groups. The GOsC was recently made a beneficiary of the will of the late Marjorie Smith who left a small portion of her estate to the GOsC in the sum of £11,680. The legacy is proposed to go towards the provision of a grant of £3,000 p.a. for three years to support the COEI part-time development officer post.
30. In discussion the following points were made and responded to:
- a. Members asked if the strategic vision of COEI was appropriate and, if it was, should the investment to support its development be larger and would this assist in furthering osteopathic education. The Chief Executive explained that it was not for the GOsC to question COEI's strategic vision but from a small beginning, if progress is positive, there maybe growth of the role within a period of time. He added that it was right for the GOsC to be involved with this project to help take forward and develop osteopathic education.
 - b. It was confirmed that all nine OEIs are members of COEI. It was the view of COEI that it was time to make changes and work together to effect the change.
 - c. Members asked if the model was sustainable and whether the OEIs would come forward to help build on what was being developed. It was advised that it would be a benefit for the OEIs to invest and that capacity was developing.

- d. The Chair advised that for this development project and partnership appropriate governance needed to be in place and also appropriate risk tolerance proposed, agreed, be in place and reviewed by the GOsC and the OEIs.

Agreed: Council agreed to make a grant of £3,000 per annum to COEI for the next three years, subject to a matching commitment from COEI and the Institute of Osteopathy, and progress being made against agreed objectives.

Item 11: Continuing Professional Development Update

- 31. The Head of Professional Standards introduced the item which gave an update on the implementation of the continuing professional development scheme.
- 32. The following areas were highlighted:
 - a. The process work stream is where most of the project work is being undertaken.
 - b. Discussions are taking place with organisations about ways of sustaining the e-portfolio.
 - c. A lot of work has been undertaken with the Early Adopters and it is planned to conduct further seminars towards the end of the year.
 - d. Discussions with the Department of Health are ongoing in relation to the CPD rules changes. Council will be kept informed of progress.
- 33. In discussion the following points were made and responded to:
 - a. It was explained that in the last financial year with Council's approval the allocated spend on the CPD project had been moved into the operational budget and therefore it had not as yet been necessary to utilise the £100,000 reserve which has been carried forward into the current financial year. A sum of approximately £4,000 had been spent so far and it was confirmed that areas of spend had been specifically identified for the CPD project. It was agreed that a revised spending programme would be brought to Council for a future meeting. It was the view of Council that required project expenditure should not be skimmed upon.
 - b. In looking at the first three year cycle in 2021, it was asked if there was a plan B for those registrants who did not demonstrate compliance with the scheme. It was explained that it would be the responsibility of the osteopath to show compliance and identify their peer reviewer but strategies were in place to assist registrants including annual check points.

- c. It was asked if there were any themes or messages emerging about compliance. The Head of Professional Standards commented that to date the message from Early Adopters had been positive. There were a lot of conversations taking place about the CPD scheme beyond the scope of the GOsC which was reassuring and showed that people were engaging with the scheme. There were some concerns about those registrants regarded as 'hard to reach' or who were solo practitioners in ensuring that they were completely engaged with the new scheme and peer review which was critical. Registrant members who are involved in the Early Adopters scheme commented that their experience had been very positive and groups were engaged with the process.
- d. It was explained that the introduction of the new CPD Scheme would be a gradual process and in the meantime the annual returns would continue until registrants entered into the three year cycle from October 2018 onwards (depending on when their renewal date fell). Registrants currently going through the renewal process are being advised of the new scheme in their renewal packs and also via the website.
- e. Members asked at what point in time would the GOsC be able to evidence the success of the scheme and where the areas risks lay. It was explained that the scheme would come into effect in October 2018 with the first renewal declaration in October 2019 (year 1) and additional information would be requested at that point. It was thought that the risk group would be those who delay or don't engage by year 2 (2020) but those who did not participate/make a submission would be identifiable. Council asked for this to be kept under close review.
- f. It was confirmed that the IT aspects of the CPD scheme were being discussed across departments to ensure all systems would be in place to capture the information required to support the implementation of the scheme.

Noted: Council noted the update on the implementation of the CPD Scheme.

Item 12: PSA Performance Review

- 34. The Chief Executive introduced the item which noted the findings of the Professional Standards Authority 2016-17 Performance Review.
- 35. Members' attention was drawn to the extract taken from the full PSA report containing comparative fitness to practise data from across the regulators. The data was clear indicator of the strength of the GOsC's performance compared to others and worth reflecting on and was a credit to the systems in place and the Regulation Team.

36. Members asked if there were any examples of issues raised in the Performance Reviews of other regulators used to inform the work of GOsC. The Chief Executive had no specific examples but did explain that he reviews the annual reports of other regulators and organisations to inform his thinking on similar issues that might affect the GOsC.
37. The Chair on behalf of Council thanked the Chief Executive and his team for their work and maintaining high standards.

Noted: Council noted the content of the report.

Item 13: Strategic Plan evaluation 2016-17

38. The Chief Executive introduced the item which provided an update on the progress with the 2016-19 Strategic Plan based on the evaluation measures agreed by Council in May 2016.
39. In discussion the following points were made and responded to:
- a. It was confirmed that there would be a new approach to stakeholder management and the stakeholder survey would be part of informing the approach.
 - b. A number of areas were noted which contained the comment *'this is an area that we will continue to keep under review for appropriate measures'*. It was asked if any measures have been considered or supported to be a more active area of work. It was explained that there were no objective measures in some of the areas but there could be an impact due to other areas of work for example the requirement for undertaking compulsory CPD activity which could have a measurable impact on complaints/concerns to the GOsC and/or insurers; it is area that would remain under review.

Noted: Council noted the content of the report.

Item 14: Welsh Language Scheme Annual Report

40. The Senior Communications Officer (Digital) introduced the report. Under the Welsh Language Act 1993, the GOsC is required to publish an annual report on the implementation and progress of its Welsh Language Scheme. The paper introduced the sixth annual report, and provided an update on the forthcoming introduction of Welsh Language Standards.
41. The following areas were highlighted:
- a. The Executive was pleased to have been able to add to the Register the practice details of Welsh spoken.

- b. There was still no indication of when the new system of standards (duties) relating to the use or treatment of the Welsh Language, would come into effect. It was noted that this had been downgraded on the risk register.
42. In discussion it was commented that the evaluation of the risk relating to the Welsh Language Standard was correct as the Welsh Government's focus was on internal matters.

Noted: Council noted the 2016-17 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.

Item 15: Committee Annual Reports 2016-17

43. The Chief Executive introduced the Annual Reports of the GOsC Committees, Audit (AC); Policy Advisory (PAC); and Remuneration and Appointments (RaAC).
44. Audit Committee: the Audit Committee Chair highlighted the following:
- a. The IT audit had been particularly helpful in identifying areas which required improvements.
 - b. The audit conducted by the newly appointed auditors Crowe Clark Whitehill LLP had been very thorough and the Committee were pleased with the outcome and subsequent report.
45. The Chair of Council thanked the Audit Committee and Chair for their work.
46. Policy Advisory Committee: the Policy Advisory Committee Chair highlighted the following:
- a. The Committee had been operating for one year and overall had worked well. The introduction of observers with speaking rights and stakeholder input had been a positive innovation. An evaluation of the committee by its members had also had a positive outcome.
 - b. The Committee had covered a lot of ground in a number of important areas over its three meetings especially in discussions on the review of the OPS and the new CPD Scheme.
 - c. The Committee still needed to develop and establish its identity in terms of its role in scrutinising, giving assurances and also assisting the Executive in developing policy.
47. Remuneration and Appointments Committee: the Chair made no additional comments.

Noted: Council noted the reports of the Audit Committee, the Policy Advisory Committee and the Remuneration and Appointments Committee.

Item 16: Minutes of the Policy Advisory Committee – 8 June 2017

48. There were no additional comments relating to the minutes of the Policy Advisory Committee.

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

Item 17: Minutes of the Remuneration and Appointments Committee – 20 June 2017

49. There were no additional comments relating to the minutes of the Remuneration and Appointments Committee

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

Item 18: Minutes of the Audit Committee – 20 June 2017

50. There were no additional comments relating to the minutes of the Audit Committee.

Noted: Council noted the minutes of the Audit Committee.

Item 19: Any other business

51. There was no other business.

Date of the next meeting: Wednesday 1 November 2017 at 10.00.