



**Minutes of the of the 104<sup>th</sup> meeting of the General Osteopathic Council –  
Public, held on Wednesday 17 July 2019, at Osteopathy House,  
176 Tower Bridge Road, London SE1 3LU**

*Confirmed*

- Chair: Alison White
- Present: Sarah Botterill  
John Chaffey  
Elizabeth Elander  
Bill Gunnyeon  
Simeon London  
Joan Martin  
Haidar Ramadan  
Denis Shaughnessy  
Deborah Smith
- In attendance: Fiona Browne, Director of Education, Standards and Development  
Hannah Doherty, Regulation Manager (Item 7)  
Kabir Kareem, Quality and Assurance Officer (Items 10)  
Leonie Milliner, Chief Executive and Registrar  
Sheleen McCormack, Director of Fitness to Practise  
Simon McGeachie, Financial Advisor, Fairstone (Item 13)  
Liz Niman, Head of Communications and Engagement  
Matthew Redford, Director of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Chris Shapcott, Chair, GOsC Audit Committee (Items 8, 16 and 20)
- Observers: Daniel Bailey, Registrant  
Claire Conley, Senior Publications Officer  
Robin Shepherd, Registrant (from 11.30)  
Sheena Wynn, Senior Regulation Officer

**Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting. A special welcome was extended to Chris Shapcott, Chair of the Audit Committee, registrants Daniel Bailey and Robin Shepherd, Claire Conley, Senior Publications Officer, and Sheena Wynn, Senior Regulation Officer.
2. Apologies were received from Maurice Cheng, Chief Executive of the Institute of Osteopathy (iO), and Steven Bettles, Professional Standards Policy Manager.

**Item 2: Questions from Observers**

3. There were no questions from the observers.

**Item 3: Minutes**

4. The minutes of the 103<sup>rd</sup> meeting of Council held on 8 May 2019 were agreed as a correct record.

**Item 4: Matters arising**

5. Reasons for resignations from the Register: It was confirmed that processes are in place to check the on-line presence of individuals who have resigned or have been removed from the register and that they are no longer using the protected title. If there is evidence to the contrary it is reported to the Regulation team for further investigation.

**Item 5: Chair's Report and Appointments**

6. The Chair gave her report to Council. The following areas were highlighted:
  - a. This meeting was one of the most important of the year with the consideration of the Annual Report and Accounts by Council. The Chair of the Audit Committee would report on the audit findings and the recommendation to endorse the Annual Report and Accounts later in the meeting.
  - b. High Court Judgment – Beard: Council was reminded that it would have had sight of the reported judgment handed down by Mr Justice Kerr in the Beard case. The Executive would report on the learning arising from the case and how it is proposed to address this in terms of fitness to practise actions. Council's primary concern would be the financial impact and possible reputational matters resulting from the judgment. The Chief Executive would inform Council about the plans to address these matters.
  - c. London College of Osteopathic Medicine (LCOM): A further area of challenge for Council would be the decision regarding the renewal of the LCOM Recognised Qualification. Council would be aware of the matters considered by the Policy Advisory Committee when it considered in-depth the very serious and challenging issues at its meeting in June 2019.
  - d. PSA Performance Review: Since the last meeting, the PSA has confirmed that its standards of regulation have been achieved by GOsC for the past year and is excellent news. There were a number of issues mentioned in the report which the PSA would continue to monitor. It was expected that Council would be able to review the action plan addressing these and the issues identified in the previous PSA report at the November meeting.

- e. PSA/GOsC Meeting: The Chair with the Chief Executive met with the Chair and Chief Executive of the PSA to discuss the relationship between the organisations in more depth and so that Council could be assured that the work the GOsC is doing is consistent with what the PSA expects. The meeting which took place on 11 June was positive and reassuring, in that the PSA reported they had no current matters of concern which they wished to discuss.
- f. The PSA were updated on the progress in the development of the GOsC's strategic plan and the broad themes emerging from that, including the intention to optimise the development of the profession whilst it still had the focus of a single-profession regulator, the possibility of investing more resources in this, and the need to address some of the challenges emerging in terms of higher education funding, the pressure on the sector and the role the regulator might play in this. The Council's ongoing focus on its regulatory and public protection roles was emphasised and touched on the latest work the GOsC is doing to effect improvement in that regard.
- g. The PSA reported on their own strategic plan which is to be published later in the year and the potential scope for changes in regulatory legislation in the context of Brexit.
- h. The future of Healthcare Regulation: The Government response to its 2017 consultation on the future of healthcare regulatory reform has been published and members were encouraged to read it if they had not already done so. The Government has set out that it intends to effect changes in secondary legislation to modernise fitness to practise processes, to improve support to professionals and to increase the flexibility of legislation. Progress would be dependent on the priority this is given by a new Government.
- i. Equality and Diversity: Council's attention was drawn to the PSA's pilot of the new standard in this area. It was noted that it had been some time since members had received training in equality and diversity and options were to be considered for Council's training day in the autumn. In looking at the progress made it would be useful to refresh action planning in this area at the same time. Due to diary pressure a new date for the training is to be identified.
- j. Annual Reviews: Council was informed that the annual round of review discussions was part way through. With regards to her own review, due to a potential conflict of interest for those members seeking re-appointment it had been agreed that the Chair's review would be undertaken by Sarah Botterill and John Chaffey. A report on the review will follow in due course.

**Noted: Council noted the Chair's report.**

## Appointments and reappointments

7. The Chair informed Council that interviews to appoint two registrant members to the Investigating Committee took place on 5 June 2019. Council's approval was sought for the appointment of registrant members Jeremy Ruddock and Penny Sawell to the Investigating Committee.

**Agreed: Council agreed the appointments of Jeremy Ruddock and Penny Sawell to the Investigating Committee for the respective terms of four years from 1 August 2019 to 31 July 2024.**

8. The Chair informed members that the interviews for the appointment of an independent member to the Audit Committee on 4 June 2019 had been unsuccessful and a second recruitment exercise had commenced. Council was informed that for this round the qualification and competence requirements for the role had been revised and that arrangements were now in place to ensure all vacancies for non-executive roles are listed on the Cabinet Office Public Appointments website.
9. To ensure the candidate is appointed in time to attend the next meeting of the Audit Committee in October 2019, Council will be asked to consider and approve the appointment of the recommended candidate by email after the conclusion of the interviews, scheduled for 12 August 2019.

**Noted: Council noted that the appointment of an independent member of the Audit Committee would be considered by email in late August/early September 2019.**

## Reappointments

10. The terms of office for Bill Gunnyeon, Joan Martin and Deborah Smith are due to end on 31 March 2020. As all three members are all eligible for reappointment it was acknowledged that they were conflicted and left the meeting for the duration of the discussion. It was confirmed that the meeting remained quorate.
11. The Chair explained that due to the updated PSA guidance on making appointments the GOsC would need to demonstrate that reappointments could be made without open competition and the re-appointee could be shown to have been appraised and demonstrated satisfactory performance. The process would also require third party and key stakeholder feedback for the reappointment to be considered.
12. Due to the meeting of the Remuneration and Appointments Committee of 27 June being inquorate the decision as to whether the reappointments should be made with or without open competition could not be made. It was therefore necessary for Council to consider and agree whether the reappointments should be made without open competition and if so, the updated reappointments process. It was noted that members who had attended the Remuneration and Appointments Committee meeting had agreed that on balance it would be

appropriate for the reappointments to be made without open competition and to adopt the enhanced process for reappointment.

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

- a. It was noted that continuity was essential to Council and that if an open appointments process was pursued, it could result in a significant loss of continuity. In addition, any further recruitment would be an additional pressure for the Executive, which was already managing the recruitment of a new Chair and two new Council members.
- b. Members supported the enhanced reappointment process, although it was noted that if reappointments were made through closed competition it should be acknowledged that there were equal opportunity and diversity implications. It was noted that the process reduced the opportunity for others to apply for the non-executive roles and therefore reduced the opportunity of a more diverse Council beyond the GOsC's statutory requirements.

**Agreed: Council agreed that the reappointment of three members of Council would be held without open competition.**

**Agreed: Council agreed the enhanced process for recommending whether to reappoint or to not reappoint of members to Council.**

#### **Item 6: Chief Executive and Registrar's Report**

14. The Chief Executive introduced her report which gave an account of activities and performance since the last meeting and not reported elsewhere on the agenda.

15. The following points were highlighted:

- a. PSA Performance Review 2017-18: The GOsC had again met all the PSA's Standards of Good Regulation. Areas of improvement or areas where further work was required had been identified and would be considered by the Executive and included in the analysis for discussion at the meeting of the Audit Committee in October 2019. The Chief Executive thanked SMT and staff for all their work and support which contributed to a successful report.
- b. Regulatory Reform: The Government response to the 'Promoting professionalism, reforming regulation' consultation has been published. Health regulators were now waiting for the draft legislation to understand the impact of the proposals and the Executive were engaging with other healthcare regulators to better understand the detail of the policy instructions which will inform the drafting of the proposed secondary legislation.
- c. Charity Commission: A query had been submitted to the Charity Commission on an aspect of unitary boards and the relationship between staff sitting on a

board as a full member and trustee status as this required clarification. It was pointed out that there could be little objection from the Charity Commission as they have a unitary board.

- d. Institute of Osteopathy Roadshows (iO): The series of roadshows organised by the iO and attended by GOsC have concluded in the following locations:
- Coventry – 15 February
  - Bristol – 29 March
  - Manchester – 10 May
  - Perth – 9 June
  - Maidstone – 21 June

The GOsC covered topics on the new Continuing Professional Development (CPD) Scheme and the updated Osteopathic Practice Standards (OPS). The presentations were well received and feedback from the presentations was positive.

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

- a. PSA Performance Review: It was reported that the number of factual inaccuracies contained in the draft PSA Performance Review report were significant including spelling mistakes, numerical and transpositional errors which once corrected made a significant difference to conclusions drawn, and an incorrect listing of bullet points. The letter to the PSA highlighting the inaccuracies was robust and the corrections requested were made.
- b. Human Resources: It was confirmed that the post of the Regulation Assistant was not a new role. The post-holder, Nyero Addoh, joined the GOsC on a temporary three-month contract and is now confirmed as a permanent member of staff.
- c. Interviews for the Audit Committee: It was considered that a contributing factor to the unsuccessful recruitment exercise to select an independent member of the Audit Committee was due to the role not being advertised widely enough. For the second recruitment round the job-description had been amended to emphasise the need for financial qualifications and the role re-advertised more widely. At the time of the closing date, 15 July 2019, there had been four applications. It was confirmed that the remuneration for the role was the same as other non-executives in similar positions, £306 per day.
- d. Healthcare Regulator's joint statement, 'Benefits of becoming a reflective practitioner': Members welcomed the work which had been undertaken by the health regulators to date. It was suggested that the Executive in building on the work might get maximum value by collaborating on this initiative in partnership with stakeholders, including the OEIs, and, as a regulator, do more to develop its own reflective thinking.

- e. Allocation of resources for peer discussion review: Council supported the initiative to contribute and support the iO's peer matching platform in the sum of £15,000 over three-years but sought clarification on how oversight of this initiative would be maintained. Council was given assurance that a full and costed business model had been considered by the Executive team including governance arrangements and that the initiative supported the delivery of the new CPD scheme and reduced a key risk around the identification of peers.
17. Business Plan 2019-20: Monitoring to 30 June 2019: It was noted that all the core areas of work being undertaken were currently on track for the reporting period.
18. Financial Report: two months to May 2019
- The Director of Registration and Resources gave his financial report for the two-months to 31 May 2019. The following was highlighted:
- a. The financial report to the end of 31 May 2019 showed that the financial position was on track and healthy.
19. In discussion the following points were made and responded to:
- a. Further clarification about a possible independent review was given by the Chief Executive. Concerns about such an investigation and the governance relating to the matter were raised. It was the view of Council that such a matter was a decision for Council rather than the Audit Committee.
20. **10.45a.m: Note - The Director of Fitness to Practise, Sheleen McCormack, had not been present at the start of the discussion. Returning to the meeting due to the sensitivities relating to the Independent Review and on her advice, it was agreed that the discussion would continue in private session.**
- The Chair asked that all non-members of Council leave the meeting for the duration of the discussion. Those requested to remain were: Leonie Milliner, Sheleen McCormack (for the introduction of the private discussion only), Hannah Doherty (for the introduction of the private discussion only), Marcia Scott and Chris Shapcott.**
21. 11.04a.m: The public meeting resumed.
22. Budget Strategy: It was confirmed that the Executive would be considering budget and the strategy to support the development of the new Strategic Plan. A budget strategy report would be submitted to Council at its November meeting.

**Noted: Council noted the Chief Executive's Report.**

### Item 7: Fitness to Practice Report (Q4 1 April to 30 June 2019)

23. The Director of Fitness to Practise introduced the item which gave the quarterly update on the work of the department and the GOsC's fitness to practice committees.
24. Council noted the following points:
- a. Statutory Appeal – Beard decision: Kerr J allowed the appeal on the main ground that the fairness of the hearing was compromised by the questioning of the Appellant by the lay panel member of the PCC. The Judge considered both the content and tone of the questioning which he considered to be hostile, too long, and the relevance of which being nil or 'so tenuous' as to amount to 'vexing' the Appellant rather than illuminating the factual issues. For these reasons Kerr J was satisfied that there was a procedural irregularity that was so serious as to render the decision unjust. Costs in the region of £22,000 were awarded against the GOsC.
  - b. Initial Stages External Audit: The PSA would not be undertaking an initial stages audit this year as, following a successful annual review, they are content with current fitness to practise procedures. To provide assurance, an external review of fitness to practise initial stages has been commissioned to take place during July/August 2019, which will include an audit of all processes up to and including the Investigating Committee stage. The terms of reference are mapped against the PSA standards and have been considered by the Audit Committee. Council will be informed on the outcomes of this audit at its meeting in November 2019.

Rule 8 Practice Note: Since the introduction of the practice note in February 2018 four cases have been considered; three where the application was made by a registrant and one by the GOsC. The number of cases is not sufficient to draw any specific conclusions as to the impact of the practice note. The application of the Rule 8 process will be kept under review.

- c. Dataset:
  - i. There have been a higher number of concerns this quarter, the main sources being conduct which transgressed professional boundaries and/or were sexually motivated.
  - ii. The end-to-end performance target has not been met due to one case which has been put on hold pending a police investigation. This case alone has extended the median by 10-weeks. Excluding this case, the performance for the quarter was 52 weeks, meeting the target.
  - iii. There were 11 cases at the end of the quarter waiting to be considered by the IC of which four were outside the target. Of the four the oldest is 6-weeks outside of the target.



- iv. The number of cases older than 52 weeks has slightly increased and all but two of the cases are listed to be heard by the end of 2019. It is anticipated the two cases will also be listed by the end of 2019.

In discussion the following points were made and responded to:

- a. It was agreed that the KPIs are challenging and as shown in the dataset, given the GOsC caseload, one case can change the median significantly and therefore affect whether the performance target is achieved. As a small regulator, the GOsC compares favourably against other regulators in meeting its targets. The KPIs will remain and reporting on performance against the targets will be the primary focus.
  - b. Draft Restoration Guidance: It was confirmed that interim guidance was in place for restoration to the Register. The finalised guidance and report will be submitted to Council in November, including feedback from the Determinations Review Group.
25. Judicial Review: Beard v the General Osteopathic Council: The Chair informed Council and others attending the meeting that due to the sensitivities of the case if it was deemed necessary the public discussion would be suspended and continue in private.
- a. It was explained that at the time of the questioning at the PCC hearing no objections were raised by the appellant's legal team at the time regarding the tone or relevance of the questions. Indeed, the appellant's solicitor commended the PCC on the questions they asked. The matter went part heard after the PCC had made findings against the appellant. In the interim the appellant's solicitor engaged a QC who at the reconvened hearing made an application for the PCC panel to recuse themselves and/or that the lay panellist recuse herself. The Committee provided detailed reasons as to why they did not accede to the request to recuse themselves. This decision formed part of the appeal, but the judge considered this added nothing to the main ground of appeal.
  - b. It was advised that it must be borne in mind that there is a separation of responsibility between Council and the Executive. Council could not direct the Executive in the appropriate action to be taken for the way individual cases are presented. It was for the Executive to consider how cases should proceed after taking the appropriate legal advice.
  - c. It was confirmed that the annual PCC training day has been arranged for November 2019. The training day will focus on the management and questioning of witnesses including patient complainants. A consultant, who has previously worked with Victim Support and with the General Medical Council, has also been engaged to provide a session at the training day.

- d. It was confirmed that Fitness to Practise Panel Chairs receive additional training every year. It was confirmed that training in equality and diversity is mandatory with all panellists required to undertake this before being eligible to sit on hearings. Also, additional training may be convened where any new guidance is introduced.
  - e. It was explained the statutory system (i.e. within the Act and rules) is set up to be adversarial but hearings are a hybrid with an inquisitorial approach favoured providing for panellists to ask questions as they are a tribunal of inquiry. This has evolved from the 5<sup>th</sup> report to the Shipman Inquiry where Dame Janet Smith had stated that panellists should be encouraged to ask questions and explore issues which they think is relevant. The case was the first within this fitness to practise context where the high 'threshold' had been reached and has resulted in the whole hearing being rendered unfair. It was the Judge's view that all the questions had been adequately asked by the GOsC barrister. A line of questioning had been pursued by the lay panellist who in 'entering the arena' may have influenced the decision of the other panel members in an in-camera discussion. It was confirmed that the panellist in question was still sitting on the Committee.
  - f. It was confirmed there were several safety mechanisms in management of a hearing. The primary role of the Panel Chair and the Legal Assessor is to ensure the proceedings are fair, and the lawyers attending for the prosecution and the defence may also intervene. The Legal Assessor is required to inform the PCC immediately of any irregularity in their consideration of the allegation or in the conduct of the hearing. In relation to this case the Legal Assessor suggested a break which in the Judge's view did not happen early enough.
  - g. It was explained that it was for the Executive to determine if a case should be re-heard, taking into account the protection of the public as a factor, but also acknowledging the ruling of the Judge.
26. **11.50: Due to the sensitivities relating to the case of Beard v The General Osteopathic Council, it was agreed that the discussion would continue in private session. The Chair requested that all non-members of Council and observers leave the meeting for the duration of the discussion. Those requested to remain were: Leonie Milliner, Chris Shapcott, and Marcia Scott**
27. 12.35: The public meeting resumed. The Chair informed the meeting the Executive would take forward the actions recommended by Council relating to the judgement in the case of Beard v the General Osteopathic Council.

**Noted: Council noted the Fitness to Practice report**

**Item 8: Annual Report and Accounts**

28. The Director of Registration and Resources introduced the item which asked that Council approve the publication of the Annual Report and Accounts for the financial year 2018-19.
29. The following points were highlighted:
- a. A successful financial audit had been completed by the auditors, Crowe. The systems tested were considered to be robust and appropriate for the GOsC.
  - b. The Audit Committee considered the report at the meeting of 27 June, and the Committee also met in private with the auditors prior to the meeting. It was agreed at the meeting there were no significant issues to report.
  - c. It had been noted that there was a transposition error in the Annual Report and Accounts which had been corrected and, in lieu of this, for the reporting period 2019-20 additional proofing of the report would be introduced.
30. In discussion the following points were made and responded to:
- a. It was noted that this was the first incidence where an error had been found in the Annual Report and Accounts submitted to Council. In light of this the Chair advised that in addition to the proofing to be introduced by the Executive she would request that the Audit Committee introduce a technical review of the figures in advance of the submission.
  - b. It was noted that the £175,000 business rate rebate from the London Borough of Southwark would prevent a deficit in the reserves position. It was also confirmed that the rebate was yet to be transferred to the GOsC account.
  - c. It was explained that audit findings reports are confidential to the organisation that commissions the audit and it is standard practice not to publish the report online. To publish the audit findings report to the wider public could lead to misinterpretation of the conclusions which were for Council's use only.
  - d. It was confirmed that once the Annual Report and Accounts have been laid before Parliament the process for submission to the Charity Commission will commence.

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

**Agreed: Council approved the Annual Report and Accounts for signing by the Chair of Council.**

**Noted: Council noted the annual reporting requirements associated with the Charity Commission.**

**Item 9: London College of Osteopathic Medicine (LCOM) – Renewal of Recognised Qualification (RQ)**

31. John Chaffey declared an interest and left the meeting for the duration of the discussion.
32. The Director of Education, Standards and Development introduced the item which concerned the London College of Osteopathic Medicine (LCOM) seeking renewal of its current recognised qualification (RQ) for: Member of the London College of Osteopathic Medicine.
33. The following points were highlighted:
- a. The conditions recommended in the Visitors’ report had been amended to reflect the discussions of the Policy Advisory Committee at its meeting on the 13 July:

e.	The London College of Osteopathic Medicine must finalise and implement the revised admissions arrangements through the introduction of the process, to include, where applicable, for assessing clinical competence.
f.	The London College of Osteopathic Medicine must implement a proportionate governance approach and associated assurance processes to inform and assure the Board of Trustees and stakeholders that the London College of Osteopathic Medicine fulfils its responsibility for the delivery of the Osteopathic Practice Standards.

- b. The renewal of the RQ had been discussed at some length at three previous meetings of the Policy Advisory Committee for the following reasons:
- Due to a meeting being inquorate a decision could not be agreed in March 2019.
  - Evidence presented to the Committee was considered insufficient to make a decision in May 2019 and further evidence was requested.
  - Further evidence was submitted for the Committee’s consideration in June 2019 and amendments were agreed for recommendation to Council.
- c. Discussions have taken place with LCOM subsequent to the PAC meeting in June, after which LCOM was notified in a formal letter dated 8 July 2019 the decisions of the Committee. To date the following actions have been taken by LCOM:
- A moderator and an external examiner have been appointed for the current students and both hold roles in separate institutions. Both have

been subject to inductions and the moderator has attended the mock FCCA on 8 June 2019.

- The induction for the External Examiner was held on 25 June 2019. The induction focused on process and paperwork.
- An Examination Board has been constituted comprising of a Trustee, a Manager and a member of the faculty, the Moderator and External Examiner. The Committee had sight of the Terms of Reference and the Board will meet on 10 June 2019.
- The Independent Reviewer has been appointed. The interview panel comprised a Trustee, the Course Director and the Deputy Course Director. A discussion about the independent review has taken place and it has been planned to commence in early August 2019.
- There will be a consultation on the Action Plan with the staff and students of LCOM.

34. The Chair of the Policy Advisory Committee (the Committee) commented that the issues relating to LCOM were the most difficult that had come before the Committee. The Committee were conscious that its decisions and subsequent recommendation to Council could be subject to a Judicial Review and therefore had required very careful consideration of the evidence and assurances:

- i. Did the Committee have the assurance that the students due to graduate in September 2019 met the requirements of the Osteopathic Practice Standards (OPS).
- ii. Could the Committee be assured that students who might graduate in the future will meet the requirements of the OPS?

35. The Committee Chair highlighted the following:

- a. In the private session each member of the Committee had been asked to comment on the evidence first and then each member was asked to give their opinion based on the evidence. In conclusion and on the balance of probabilities it was agreed that the evidence did not show that the current students would not meet the OPS and, in particular, would be assisted by the final assessment of External Examiner and that therefore there were no grounds for revoking the RQ.
- b. The Committee also concluded that if all the conditions and requirements of the Action Plan were implemented future students, on the balance of probabilities, would meet the requirements of the OPS. It was agreed there was a need to strengthen the action plan relating to the institution's governance, but that future students would meet the requirements of the OPS.
- c. The Committee also asked that it continue to receive the minutes of the Trustees' meetings and that further visits, including unannounced visits, could take place if there were reasons for concern. A request was also made for a letter conveying the concerns of the Committee to be sent to LCOM.

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

- a. It was confirmed that a detailed Action Plan had been scrutinised by the PAC and sections of this had been presented to Council. It was also noted that the Committee had asked that the original plan be strengthened, and that the plan would continue to be closely monitored. Additionally, it was explained the reason the Committee would continue to see the minutes of the Trustee meetings was to that to ensure that sufficient scrutiny and oversight of processes were taking place.
- b. It was confirmed that if it was clear that LCOM demonstrated that it would be unable to meet the requirements of the Action Plan or the Conditions as set out then the RQ could be withdrawn by Council on the recommendation of the Committee, subject to the approval of the Privy Council.
- c. It was explained that the Committee had been thorough in its review of the renewal of the LCOM RQ. The Committee had considered and communicated to the institution the possibility of the RQ not being renewed. It should be borne in mind that there is now a new leadership team and a strengthened governance structure in place, an independent review will be undertaken, a number of safeguards have been put in place and there will be careful monitoring of the institution. The LCOM are aware of the seriousness of the situation and although not the ideal on the balance of probabilities it would be the correct decision to renew the RQ.
- d. It was confirmed that the submission of annual accounts would be part of the conditions/action plan for LCOM as it is for all the institutions.

**Agreed: Council agreed to renew the recognition of the qualification Member of the London College of Osteopathic Medicine awarded by the London College of Osteopathic Medicine, subject to the conditions outlined as set out for a period of three-years from 17 July 2019 to 16 July 2022, and to seek approval of the recognition from the Privy Council.**

**Item 10: Swansea University: Renewal of Recognised Qualification (RQ)**

37. Simeon London declared an interest and left the meeting for the duration of the discussion.
38. The Quality Assurance Liaison Officer (QALO) introduced the item which concerned Swansea University seeking renewal of its current Recognised Qualification for its Master of Osteopathy programme.
39. The following points were highlighted:
  - a. The visit to Swansea University was completed in February 2019 and a report submitted to the Policy Advisory Committee (Committee) at its meeting in June 2019, with a recommendation to approve the recognised qualification (RQ).

- b. Overall the report was positive, highlighting areas of strength and areas for development.
- c. The Review Team have made a recommendation for approval without specific conditions in their final report.
- d. The Committee noted concerns in the final report relating the institution's approach to quality assurance processes. Following discussion by the Committee, it decided to recommend to Council that it recognises the RQ with one specific condition:
  - Develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed.
- e. It was noted that the condition imposed by the Committee was an area for development in the Visitors' Report therefore Council was asked to renew the RQ as outlined in the paper.
- f. The Committee Chair added that it had been unusual for the Committee to impose a condition which had not been recommended by the Visitors. The Committee considered that the institution's adherence to internal quality assurance processes could be improved and recognise the requirement to adhere to GOPRE (Guidance for Osteopathic Pre-Registration Education).
- g. It was confirmed that due to the Condition imposed Swansea University would not be included with the institutions that are subject to the removal of RQ expiry dates.

**Agreed: Council agreed to renew the recognition of the Master of Osteopathy qualification awarded by Swansea University for a period of five years from 15 December 2019 until 14 December 2024 subject to the condition as set out and to seek approval of the recognition from the Privy Council.**

#### **Item 11: Rule 19: Cancellation of Hearing Draft Practice Note**

- 40. The Director of Fitness to Practise introduced the item which proposed the introduction of a Practice Note on Rule 19 GOsC (Professional Conduct Committee)(Procedures) Rules Order of Council 2000, to assist the Professional Conduct Committee (PCC) and the parties to a hearing.
- 41. The following points were highlighted:
  - a. Rule 19 of the PCC rules makes provision for the cancellation of a hearing post referral by the Investigating Committee. What the rules currently do not do is set out what the procedure is, the process or the safeguards.

- b. The practice note will assist the PCC and other parties involved in the hearings process to improve transparency and consistency in approach and outcomes.
- c. The practice note has been reviewed by the Policy Advisory Committee and went through a pre-consultation engagement exercise with the FtP Forum. The practice note went to formal consultation where particular comments were invited on: on the streamlining of the process, where Rule 19 meetings would take place rather than hearings, (meaning it would not be necessary for the parties to attend to make oral submissions and a 28-day notice does not have to be given). A Legal Assessor would still be required to attend the meeting.
- d. There were eight responses including a detailed response from the PSA. The responses were all very helpful and amendments made which strengthen the document and improve its accessibility. A small number of typographical errors in the practice note were identified and these would be corrected prior to publication on the GOsC website.

**Agreed: Subject to the suggested amendments Council agreed the draft Practice Note on Cancellation of Hearings under Rule 19.**

#### **Item 12: Review of Registration Assessments and consultation**

- 42. The Director of Education, Standards and Development introduced the item which provided a report on the outcome of the consultation in relation to the review of registration assessment processes to reflect the updated Osteopathic Practice Standards and modify the process. The Policy Manager was thanked for his comprehensive work.
- 43. The following points were highlighted:
  - a. As part of the updating of the Osteopathic Practice Standards the process for the registration of international applicants to the Register also required amendments to comply with the introduction of the updated OPS from 1 September 2019.
  - b. The number of responses to the consultation was low but there were events to meet with stakeholders and their views taken on board.
  - c. In the response submitted by the PSA it was suggested that decisions should not be made based solely on financial issues but also that patient and public safety must be considered and taken into account. Steps have already been taken to develop additional support and resources to applicants based on the feedback.
- 44. In discussion the following points were made and responded to:



- a. Council was given assurance that processes were in place to ensure international applicants would meet the criteria and required standard for registration. An applicant would need to complete the relevant assessments and reviews before they could then make an application for registration. The application for registration includes the provision of a character reference, a health reference, an overseas police check and, if in the UK for a specific period, a UK Enhanced Check for Regulated Activity.
- b. It was confirmed that non-English speaking applicants are required to demonstrate proficiency in the English language.
- c. Members remained concerned and it was suggested that additional support for international applicants should be considered.
- d. It was suggested that the route to registration should be recorded for international applicants. It was noted that there had been no recorded ftp complaints relating to international applicants but the route to registration could be tracked through the CRM system.

**Noted: Council noted the outcome of the consultation.**

**Agreed: Council agreed the updated registration assessment process and documentation for implementation from 1 September 2019.**

### **Item 13: Review of Investments**

45. Simon McGeachie, Financial Advisor, Fairstone, was welcomed to the meeting.
46. The Director of Registration and Resources introduced the item which provided a review of the two investments held by the GOsC; the investment portfolio and the 120-day bond investment.

### **Investment Portfolio**

47. The following points were highlighted:
  - a. At the meeting of Council in February 2019, additional information was requested relating to benchmarking and fees charged against the portfolio and this has been provided to members in the paper.
  - b. The investment at the year-end was c£572,000. On 16 July a report was received showing the investment at c£584,000 and as at the date of the meeting the investment was at c£590,000.
  - c. The investment portfolio as it currently stands is meeting the investment principles adopted by Council and it is recommended that no change is made to the investment.

- d. Simon McGechie commented that at the time of the previous review in February 2019, it had been poor timing in reporting on the investment returns, as the market was emerging from one of the worst periods for investments in 30-years. There had now been a steady recovery in investments over the past few months and the GOsC has now showing a positive performance.

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

- a. There was a strong probability that UK shares would be at risk from a no-deal Brexit. The impact of the GOsC investment would be dependent on which funds are located in the UK.
- b. As the GOsC has an active investment Brewin Dolphin will take the necessary action and make changes accordingly to mitigate against losses. The only time there might be an issue is if the organisation wanted significant assets to be taken out at the time of a no-deal Brexit.
- c. The Chair asked that:
  - i. The Executive keep the investment portfolio under review to ensure that as far as possible the value of the investment is protected from the impact of the UK leaving the EU.
  - ii. When and where it is deemed necessary the Executive and the Financial Advisor, Simon McGechie, provide Council with interim advice in advance of the next meeting in November 2019, by email.

### **120-day Bond Investment**

49. The following points were highlighted:

- a. The rate of the bond has reduced over time from 3% to 1.24% and it was confirmed a better rate of return could be obtained.
- b. It is suggested that the 120-day notice is served to Secure Trust Bank which will provide time to undertake due diligence in the market, identify alternative options and seek Council's approval before the meeting in November to reinvest the funds.

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

- a. It was noted that the current rate of return was 1.24% and rates of up to 2% had been noted and there was the potential to almost double the investment being earned. Any new investment would not be made without due diligence.
- b. It was advised that the balance between the investment portfolio and the 120-bond investment should be considered and whether the balance should

change in light of a hostile Brexit. Appropriate advice should be sought from the Financial Advisor and other relevant sources.

**Council agreed:**

- a. To leave the Brewer Dolphin investment portfolio unchanged and to continue to review the investment annually.**
- b. To withdraw from the 120-day bond held with Secure Trust Bank.**
- c. To receive a recommendation electronically before the November 2019 meeting, outlining where to invest the funds withdrawn from Secure Trust Bank.**

**Item 14: Professional Standards Agency (PSA): GOsC Performance Review Report 2018/19**

51. The Chief Executive introduced the item which concerned the PSA 2018/19 Annual Review Report for the GOsC
52. It was noted that where areas for concern had been highlighted or good practice identified, where action was necessary, this would be added to the level of scrutiny applied by the Audit Committee from the previous PSA report.

**Noted: Council noted the PSA 2018/19 Annual Review Report for the GOsC.**

**Item 15: Equality and Diversity Policy Report**

53. The Chief Executive introduced the report which summarised the work undertaken in relation to equality and diversity from 1 April 2018 to 31 March 2019.
54. The policy was still work in progress. Data collection and analysis and how this influences policy still requires systemic evaluation and the Executive will be giving this further attention. The policy has informed the submission to the PSA Equality & Diversity Pilot which has been submitted and upon which feedback is awaited.
55. In discussion the following points were made and responded to:
  - a. The Chair commented that the report gave a snapshot of a defined period. It had been agreed that Council would also like to refresh its E&D training and discuss the current plan. It was agreed that the Chair and the Chief Executive would discuss and further develop the plan for the next year.
  - b. It was noted that Remuneration and Appointments Committee Terms of Reference did not include a reference the Equality and Diversity Annual Report as stated in the table at Annex A point 5. The Terms of Reference would be amended to reflect this at an appropriate point.

- c. It was pointed out that in the data referencing ethnicity almost half of the respondents did not reply which rendered the data unsatisfactory. It was suggested to encourage a greater response an alternative way of framing of the question should be considered.

**Council noted:**

- a. The equality and diversity report.**
- b. The updated Equality and Diversity Policy.**
- c. The PSA Performance Review Standards (2018) Standard 3, Equality and Diversity self-assessment form.**

**Item 16: Committee Annual Reports 2018-19**

- 56. The Chief Executive introduced the item which concerned the requirement that each Committee report annually on its work to Council.
- 57. Audit Committee (AC): The Chair of the Audit Committee introduced his report highlighting the following:
  - a. The Terms of Reference had been reviewed focusing on the degree of assurance being provided to Council. The changes were approved by Council in May 2019.
  - b. The Committee had a number of discussions about the Risk Register and a very useful presentation was given by the auditors, Crowe, in June 2019, to assist the discourse on the management of risk in the organisation. The outcomes of discussion are to be taken forward by the Executive.
  - c. There had been pause in the internal audit programme due to the implementation of the new CPD scheme. The internal audits will resume with a focus on fitness to practise processes and IT. It was explained the pause in conducting internal audits was not something the Audit Committee would want to prolong and had now resumed. It was also noted that during the interregnum, work had been undertaken reviewing the follow-up to the actions of previous reviews and reviewing the IT project work commissioned by Council.
- 50. In conclusion the Audit Committee Chair commented that the system of assurances is sound, but it was important to remain vigilant and cognisant to all inherent risk.
- 58. Policy Advisory Committee (PAC): The Chair of the Policy Advisory Committee introduced his report highlighting the following.

- a. It has been a particularly busy year for the Committee with a number of serious challenges and issues in terms of the policy work and the work of the statutory Education Committee.
- b. There were still some issues about how the Committee works and the role of the Observers with speaking rights who at recent meetings have been excluded due to the number of private discussions which have been required.
- c. It was noted that Bob Davies and Nick Woodhead are External Registrant members of the Committee. The corrections would be made to the report.
- d. The issue of meetings being inquorate and how best to address the issue was noted. It was agreed this was a difficulty for the PAC as it is a small committee but improving pre-meeting management was the best approach to resolving the issue.

59. Remuneration and Appointments Committee (RaAC): The Chair introduced the report of the Remuneration and Appointments Committee. It was noted that the terms of reference for the RaAC would be considered at its next meeting

**Noted: Council noted the Annual reports of the:**

**a. Audit Committee**

**b. Policy Advisory Committee**

**c. Remuneration and Appointments Committee**

**Item 17: Welsh Language Scheme Annual Report**

60. The Senior Communications Officer (Digital) introduced the item. Under the Welsh Language Act 1993, GOsC is required to publish an annual report on the implementation and progress of its Welsh Language Scheme. The paper introduced the GOsC's eighth annual report and the anticipated changes in Welsh language requirements.

61. The following points were highlighted:

- a. The report would form the basis of the annual report submitted to the Welsh Language Commissioner.
- b. Key statistics:
  - 315 Welsh language page views = 68% increase on the previous year
  - 20 osteopathic practices registered as speaking Welsh = 33% increase on the previous year.

These figures demonstrate that more osteopaths are engaging with the Welsh elements of the scheme.

- c. It was unclear whether the draft Welsh Language standards would be applied under current legislation or new legislation.
- d. It was considered that the GOsC has done well in adhering to the requirements of the scheme especially in relation to the translation of the OPS and the new CPD Scheme.

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

- a. There has been no clear indication as to how Welsh Language legislation would impact on the GOsC. It was still considered that there would be a financial impact if the legislation did come into effect and this would disproportionately impact on smaller regulators.
- b. It was thought there was always room to do a little more to improve the scheme, but it had been acknowledged that there had been significant push back to changes in legislation from the Regulators in recognition that introduction of the new legislation would be disproportionate.
- c. Members asked if there were set benchmarks to measure good practise against the Welsh Language Scheme. It was explained that the statistics are only relate to public documents which are translated as it would be disproportionate to translate everything.
- d. It was noted that holding hearings in Wales or in Scotland was viable and would be considered based on a case by case basis. The provision was not a statutory requirement and would be based wholly on the needs of the complainant and/or the registrant. It was also confirmed that translations during a hearing could be undertaken but again would be based on the needs of the registrant and/or complainant.

**Noted: Council noted the 2018-19 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.**

**Item 18: Minutes of the Policy Advisory Committee – 12 June 2019**

63. The PAC Chair had no further comments to make regarding the minutes of the meeting 12 June.

**Noted: Council noted the minutes of the Policy Advisory Committee, 12 June 2019.**

**Item 19: Minutes of the Remuneration and Appointments Committee – 27 June 2019**

64. The Chair of the Remuneration and Appointments Committee had no further comments to make regarding the minutes of the meeting 27 June.

**Noted: Council noted the minutes of the Remuneration and Appointments Committee, 27 June 2019.**

**Item 20: Minutes of the Audit Committee - 27 June 2019**

65. There were no further comments to made regarding the minutes of the meeting of 27 June for which comments had not already been made.

**Noted: Council noted the minutes of the Audit Committee, 27 June 2019.**

**Item 21: Any other business**

66. There was no other business.

**Date of the next meeting:** 20 November 2019 at 10.00