



**Meeting of Council**

**Minutes of the 108<sup>th</sup> Public meeting of Council  
held on Thursday 9 July 2020, hosted via GtM video conference**

*Confirmed*

**Chair:** Dr Bill Gunnyeon

**Present:** Daniel Bailey  
Sarah Botterill  
Professor Deborah Bowman  
Elizabeth Elander  
Caroline Guy  
Simeon London  
Dr Joan Martin  
Dr Denis Shaughnessy  
Deborah Smith

**In attendance:** Steven Bettles, Policy Manager, Professional Standards  
(Items 2 – 12)  
Sheleen McCormack, Director of Fitness to Practise  
Liz Niman, Head of Communications and Engagement  
Matthew Redford, Chief Executive and Registrar  
Marcia Scott, Council and Executive Support Officer  
Hannah Smith, Regulation Manager

**Presenting:** Nyero Abboh, Regulation Assistant (Item 11)  
Ben Chambers, Registration and Resources Officer (Item 9)  
Stacey Clift, Research and Policy Officer, Professional Standards  
(Item 15)  
Simon McGeachie, Fairstone Financial Management (Item 8)  
Adarsh Muppane, Senior Communications Officer (Digital)  
(Item 16)  
Steve Oliver, Brewin Dolphin (Item 8)  
Carl Pattenden, IT Manager (Item 14)  
Chris Shapcott, Chair, Audit Committee (Items 9, 17, 19)

**Observers:** Siobhan Carson, Scrutiny Officer, Professional Standards Authority  
(PSA)  
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Nike Gustave, Scrutiny Officer, Professional Standards Authority  
(PSA)  
Colette Higham, Senior Scrutiny Officer, Professional Standards  
Authority (PSA)

### **Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting.
2. Apologies were received from Fiona Browne, Director of Education, Standards and Development, Roisin Fairfax, Scrutiny Manager, PSA.

### **Item 2: Questions from observers**

3. There were no questions from observers.

### **Item 3: Minutes**

4. The minutes of the 107<sup>th</sup> public meeting, 11 May 2020, were agreed as a correct record.
5. It was confirmed that the minutes of the private meeting, 11 May 2020, circulated to members by email 30 June 2020, were agreed to be a correct record of the meeting.

### **Item 4: Matters arising**

6. There were no matters arising from the public minutes of Council, 11 May 2020.

**Noted: Council noted the matters arising.**

### **Item 5: Chair's Report**

7. The Chair introduced his report which provided an update on the appointment and reappointment activity to be undertaken during 2020-21. The Chair also reported on activity on behalf of the GOsC since the last meeting.
8. The following points were highlighted:
  - a. A number of non-executive appointments and reappointments are required due to members' terms of office coming to an end. The process will apply to Council, the Fitness to Practise Committees, and the Policy and Education Committee. The Remuneration and Appointments Committee (RAC) have considered the process for the appointments and reappointments and which will commence in due course. Council will be kept informed of progress.
  - b. The Chair has attended a number of meetings including:
    - Bilateral meetings with the General Chiropractic Council and the Institute of Osteopathy. Arrangements have been confirmed for a meeting with the Chair and Chief Executive of the Nursing and Midwifery Council (NMC), 24 July, and plans are being made for meetings with colleagues from the other health regulators.

- A virtual meeting was held with the staff of the GOsC to thank them for all their work transitioning from Osteopathy House to homeworking under the challenging circumstances and also inform them of Council's decision to appoint Matthew Redford to the role of Chief Executive and Register.
  - Public and Private meetings of the Policy and Education Committee (PEC) were attended to observe proceedings and a successful meeting of the RAC was chaired.
- c. The 2020 round of Annual Review meetings with members of Council, Committee Chairs and members of the PEC were drawing to completion. The Chair thanked members for their participation. The Chair's own review meeting had been completed and he would report on this in due course. Areas for specific attention would be the development of Council and building on relationships between the GOsC and the Profession. These would be areas to be given consideration as part of Council's strategy day in September.

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

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

9. The Chief Executive introduced the item which gave a review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
10. The following points were highlighted:
- a. PSA Performance Review: For the tenth year in a row all the standards had been met by the GOsC. The achievement highlighted the collaborative approach taken by the GOsC to regulatory processes. The thanks of the Chief Executive and Registrar to all who had contributed to the success of the Performance Review were noted.
  - b. Quality Assurance Tender – Mott McDonald: The QA procurement process had concluded, and Mott McDonald has been appointed to undertake the work of osteopathic education quality assurance for the GOsC. Notification of the appointment has been circulated to key stakeholders and has been made public. An introductory meeting between Mott McDonald and the OEIs has taken place and was positive. Further meetings are to be arranged for each of the OEIs to meet with Mott McDonald in due course.

Both the Chair and the Chief Executive thanked the Quality Assurance Agency (QAA) for their work with the GOsC over the past fifteen years. The professionalism and understanding demonstrated by the QAA on learning it would no longer be responsible for the provision of quality assurance services was acknowledged. It was hoped that despite the outcome of the tender process the good relationship between the GOsC and the QAA would continue.

11. Regulatory Reform: Work on regulatory reform has recommenced and a virtual meeting is scheduled to take place today, 9 July, to discuss the potential for reform in education and registration. A representative for the GOsC would be attending. It was hoped that the proposals resulting from the reform discussion would address some of the changes being sought by the GOsC. Council will receive briefings on developments and any outcomes from the reform discussions that take place, prior to Council's next meeting in November.
12. The following points were made and responded to:
  - a. PSA Performance Review: Members were pleased with the successful outcome of the PSA Performance Review in light of a what was a challenging year for the Executive team. The challenge for the Executive moving forward was for the organisation not to become complacent and to continue to develop and build on the success which had been achieved.
  - b. Public/Patient Involvement Forum: Members acknowledged the very useful feedback from the Public/Patient Involvement Forum. An area highlighted where the feedback had been used was in discussions with the OEIs considering the reopening of clinics following the partial lifting of COVID-19 restrictions and taking into account the patient perspective. It was stressed that the 'patient voice' is the basis for much of the work which GOsC undertakes and it was important for these conversations to continue.
  - c. The need to increase the diversity of the forum was acknowledged. It was noted that at the recent meeting of the PEC a number of ideas had been put forward which are to be given further consideration.
  - d. Registrant Engagement – CPD: The successful outcome of the work undertaken to engage with registrants in Northern Ireland was acknowledged. It was noted that there had been no special approach in building the relationship apart from a determination and persistence to reach out and ensure that NI registrants had the opportunity to engage. Communications with the Regional Groups continue to take place by remote means and they in turn are also using remote means to meet as well as now combining group/forum meetings.
  - e. COVID-19: Transition and return to Osteopathy House (OH): Members were advised that a risk assessment of activities that normally take at OH, including the management of fitness to practise hearings, is soon to be completed.
  - f. At this point in time there was no set date for a return to OH and it is expected staff will continue homeworking until at least the end of September. Any return to OH will be dependent on the consideration and needs of staff, and the outcome of the risk assessment. Any return to activity at OH will be undertaken through a phased approach with the lead activity being the

meetings of the fitness to practise committees which are expected to be conducted as blended hearings (remote and in-person participation).

- g. Members commented that it may not be possible for a full return to operations at OH in the near future and, building on the blended hearings approach, alternatives to carrying out the functions of the GOsC would have to be considered. Council will be kept informed as to planning and progress on the transition from 'lockdown' and any activities taking place at OH.
- h. COVID-19 and the Risk Register: The Audit Committee has oversight of risk and risk management for the GOsC. At its meeting in March it was the Committee's view that COVID-19 and the associated risks of the pandemic should be included as part of the over-arching strategic approach to risk as part of Risk Register and not be considered as a separate entity. The paper discussed at the meeting of Audit Committee would be circulated to Council.
- i. Performance Measurement Report: Members were impressed with the achievements shown in the report, but it was suggested that there were areas where the evidence was insufficient:
  - Stakeholder - evidence of levels of satisfaction
  - Public and Registrants confidence – evidence of KPIs being adequately explored.

The Chief Executive informed members that the Audit Committee would review and consider the KPIs for performance measurement.

- 13. Business Plan: Members were advised that due to the impact of COVID-19 that activities which have been delayed are being reviewed by the Senior Management Team to determine when the activities can restart.

#### 14. Financial Report:

- a. The Chief Executive highlighted the following:
  - There will be a reduction of total income for the year 2020-21 and this will need to be managed by cost reductions.
  - The number of non-practicing registrants had increased at the start of the pandemic, but the number is showing evidence of plateauing and reducing.
  - There has been no significant reduction in registrants on the Register.
  - Large numbers of student applications have started to be received and processed by the Registration team.
  - The cash balance is in a good place but the approach to the management of finances will continue to be cautious and pragmatic.

The current position is challenging but the GOsC is in a better position than expected. Given the balance of risk the Direct Debit deferral scheme could be extended to include those due to renew their registration in August.

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

- a. It was explained that the projected income loss of £85k is based on the number of registrants who converted their status from practising to non-practising, the registrants who have left the register since the beginning of 'lockdown' and the reduction of advertising income from the non-publication of an issue of the 'Osteopath' magazine. The assumption is there can be confidence that the total income will be down by £85k. What will need to be monitored is the number of registration renewals as unlike other regulators the GOsC does not have a single point for registration renewal.
- b. It was added that if there is a second wave and a further lockdown is implemented this could have a significant financial impact on the GOsC as more registrants could move to non-practising status. The GOsC is seeking to understand whether the rules could be amended around how the reduced fee is applied and a meeting is scheduled to take place with the Department of Health and Social Care to explore this further.
- c. It was explained that the 14-day notice of removal can now be issued electronically. At the end of the 14-day period registrants will be contacted and informed that they will be removed from the Register and there are some registrants who do require reminders of imminent removal. It was confirmed that if someone is removed from the Register that they will be required to undergo the complete registration process to be reinstated. The requirement is clear, and individuals should be aware of this.
- d. Members were informed that applications are being processed as quickly as possible. Applications can be received electronically but for those received as hard copy these are scanned and processed as quickly as possible. It was not believed that there are significant delays in processing applications but there is a significantly higher volume of emails being received from registrants. It was suggested that perhaps there was a need for additional resourcing to speed up the process.
- e. Member were informed that if the income deficit became larger it might mean using reserves which would be difficult to recover due to the reduced size of the Register. It was added that a reduction in income would not necessarily lead to a deficit position and reducing expenditure where possible is the approach that is being taken but was not without risk. Due to the way the GOsC conducts registration renewals means that for the foreseeable future a level of uncertainty would remain. This will mean ensuring that there is the appropriate level of resource for core statutory functions and thinking creatively about how the GOsC uses its resources in the future.

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

**Noted: Council noted the financial report to 30 June 2020**

**Agreed: Council agreed to extend the direct debit deferral scheme for those due to renew their registration in August 2020.**

### **Item 7: Fitness to Practise Report**

16. The Director of Fitness to Practise introduced the item which gave the quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.
17. The following points were highlighted.
  - a. The GOsC has continued to fulfil its statutory fitness to practise function during the COVID-19 pandemic. To provide added assurance, we are currently developing a risk register to identify and manage the risks associated with remote working as we gain greater experience throughout the current situation. The register will assist in flagging and monitoring issues and how these are responded to in a timely way.
  - b. As an overview of FtP activities, substantive hearings have been listed as remote hearings and are due to begin during the week commencing 3 July. All cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC) have been individually reviewed to consider their suitability for remote/blended hearings and the Regulation Team is in the process of listing hearings by working with the parties involved.
  - c. A successful training day took place remotely on 22 June for the members of the PCC, focusing on the interim Remote Hearings Protocol and Questioning Witnesses Draft Guidance Note. The training day was facilitated by leading counsel who also acts as a legal assessor for the GOsC. Feedback from the panellists at the training day has been incorporated into the interim remote hearings protocol and guidance note.
18. The following points were made and responded to:
  - a. Members were informed that FtP learning points feed into the all activities of the GOsC across different areas. Outcomes are also shared with stakeholders and through a number of GOsC social media and the magazine and newsletters. The Executive is also actively considering ways of ensuring learning is actively disseminated within the wider osteopathic community through the use of interactive events such as webinars.
  - b. Learning arising from outcomes in hearings is one mechanism which can be applied across functions. For example, an example of good practice was provided through learning in PII cases informed changes within registration,

was incorporated within the current OPS and has helped to shape the draft guidance on PII.

Dataset:

19. On balance the caseload remains stable despite the postponement of PCC hearings between 26 March and 3 July due to the Covid-19 pandemic.
20. The current quarter has seen a reduction in concerns in comparison to the previous quarter. A few of the concerns received have related to issues concerning COVID-19.
21. Due to PCC activity being on pause the reported performance against KPIs for the quarter relates only to the IC and screeners. The KPI for the IC has been met for the quarter and for Screeners is one week outside of the target of nine weeks.
22. In discussion the following points were made and responded to:
  - a. Members were informed that no issues had been raised regarding registration with the Information Commissioners Office (ICO). It was suggested that this may be something to consider as osteopaths may lack awareness of their responsibilities regarding data protection and related issues.
  - b. In conclusion the Director of FtP noted that it was important to reflect that the Regulation team has remained very busy working with exceptional challenges during an unprecedented time. It was recognised that, set within these challenges the team continued to maintain good practice and consistently met high standards whilst being flexible and innovative as evidenced by the development of the remote hearings protocol presented as a separate paper to Council.

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

### **Item 8: Review of reserves and investments**

23. Steven Oliver, Brewin Dolphin, and Simon McGeachie, Fairstone Financial Steve Management, were welcomed to the meeting.
24. The Chief Executive introduced the item which concerned the reserves held by the GOsC to ensure it has sufficient funds to guard against unforeseen events. In addition, to protect its cash reserves, the GOsC has a managed investment portfolio held through Brewin Dolphin.

The item reviewed the reserves position and the performance of the GOsC investment portfolio.

25. The following points were highlighted:



- a. The GOsC is within its reserves target range of £350k-£700k for the financial year ending 31 March 2020.
- b. The pandemic had had an impact on GOsC investment portfolio with a loss of c£150K but as at the 23 June 2020, a significant proportion of the loss had been recovered.

Brewin Dolphin

- c. The second half of 2019 ended with the GOsC portfolio in positive position – up by 15%, but in March 2020 there was an unprecedented impact on the markets due to the pandemic leading to the loss in the investment.
- d. Markets have now picked up, but there is a risk of a global recession which will have an impact if this materialises.
- e. The market has adapted its thinking quickly, writing off 2020 and expecting to see more normalised growth in 2021.
- f. The thinking relating to the GOsC investments shows the current positioning is correct, doing well and has taken part in the recovery.
- g. Another nationwide lockdown is not expected with a second wave of COVID-19 but where there are breakouts lockdowns it is expected restrictions will be localised therefore having less impact on the market.
- h. It is important to note that over a 10-year period there has not been a negative return in global equity markets.

Fairstone Financial Management

- i. The investment is still positioned in the best place. The cash-holding within the portfolio is currently 'overweight' and direction is required from the GOsC going forward. This is due to funds being held over and not invested due to the pandemic.

26. The following points were made and responded to:

- a. It was agreed that the suggestion for an additional risk relating to reduction in registrants/registration would be considered.
- b. It was explained that a large part of the GOsC reserves are held against the asset of Osteopathy House. It was explained that this would be articulated in the edition of the 'Osteopath' following the laying of the Annual Report and Accounts in both Houses of Parliament.

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

**Noted: Council considered and noted the GOsC investment position.**

## **Item 9: Annual Report and Accounts**

27. The Registration and Resources Officer introduced the item seeking Council's approval for the publication of the Annual Report and Accounts for the financial year 2019-20.

28. The following points were highlighted:

- a. The audit was conducted by Crowe in May 2020, and due to the COVID-19 pandemic was completed by remote means. The audit produced a clean report and no control points were identified which provided assurance to the Audit Committee that internal controls remain robust.
- b. At the meeting of the Audit Committee, 25 June 2020, the Committee and the auditors reviewed and agreed the audit findings report and the draft Annual Report & Accounts for recommendation to Council.
- c. The Chair of the Audit Committee confirmed discussions of the Audit Plan with the auditors and was pleased that all activity was completed within the planned timetable despite the challenges presented by COVID-19.
- d. It was confirmed that a typographical error which had been identified by the Audit Committee Chair on page 37 of the Annual Report and Accounts had been corrected:

*Section 8: Financial Reporting and Accounts 2019-20 – page 37, paragraph 10, second sentence: In 2019-20 total expenditure in this area decreased to £837,411 from **£905,327** in the previous year.*

This sum should read £965,327.

- e. The AC Chair also commented on the loss of income from investment which although recovered highlighted a risk. It was suggested that Council might consider its risk appetite on investments in light of this.
29. The Chair on behalf of Council thanked the staff team, the auditors and the Audit Committee for their work in preparing the Annual Report and Accounts in light the challenges presented in undertaking the work by remote means.

**Noted: Council note the Audit Findings Report**

**Noted: Council noted the Letter of Representation to be e-signed by the Chair of Council.**

**Approved: Council approved the Annual Report and Accounts for e-signing by the Chair of Council subject to the amendment at Section 8 as noted.**

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

**Item 10: Interim Practice Note on Questioning Witnesses**

30. The Director of FtP introduced the item which proposed the introduction of an interim Practice Note on questioning witnesses.

31. The following points were highlighted:

- a. The Practice Note was developed as one action arising from the outcome of a High Court judgment. It has and undergone a great deal of pre-consultation activity with a variety of stakeholders and as a consequence, undergone a number of revisions to encompass feedback received.
- b. The Practice Note has additional importance in terms of remote hearings as a mechanism of ensuring registrants and witnesses are enabled to give their best evidence.
- c. To enable the practice note can be taken into account by the PCC during remote hearings, Council were asked to agree the document as an interim practice note to be used for substantive hearings alongside the remote hearings protocol.
- d. A consultation will take place in the autumn/early next year.

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

- a. Members were informed that issues of language, the vulnerable, and those who might find it challenging using technology and remote communications had been considered. Staff are mindful that it may not always be possible or practical to take evidence by the means currently available, therefore other methods must be considered such as arranging for a witness to provide evidence at a suitable venue close to their home or receiving support from Victim Support. However, here may be cases which might not be suitable to be progressed as remote hearings while current limitations as a consequence of the pandemic remain in place.
- b. It was recognised that online meeting facilities are limited and to mitigate against unforeseen difficulties the needs of witnesses are checked, and test calls in advance of the hearing are made to ensure accessibility to remote platforms. The approach is to proceed with caution to ensure overall fairness of the hearing which is of fundamental importance.

**Agreed: Council agreed the interim Practice Note on Questioning Witnesses.**

## **Item 11: Interim Remote Hearing Protocol**

33. The Regulation Manager introduced the item which sought Council's approval for an Interim Remote Hearings protocol. In order for the GOsC to continue to discharge its statutory function effectively during the COVID-19 pandemic it is necessary to convene hearings by remote means. The Interim Remote Hearings Protocol will provide guidance for attending a remote hearing and covers the process, presentation and access to documentation together with the management of witnesses.
34. The following points were highlighted:
- a. A number of remote hearings have taken place and these experiences have been drawn on together with the approach across other jurisdictions, including crime, family and civil proceedings in the development of the interim protocol.
  - b. Where additional support is required blended hearings will be considered using Osteopathy House and remote means.
  - c. Cases will be carefully considered before a decision is made about the method to be used for a hearing to take place as it is recognised that these approaches will not be suitable for all hearings.
  - d. The protocol will be developed further as we gain more experience and a public consultation will take place at an appropriate time.
35. The following points were made and responded to:
- a. It was confirmed that the style in which the document is written will be reviewed.
  - b. The Regulation team are mindful of issues regarding access to documents but there have been no issues with the hearings held to date. A document presentation system is being piloted. All the members of the Regulation team have received training on the system, and it will be rolled out in due course if it proves to be successful.
  - c. It is the practise to receive feedback from the PCC Chair once a hearing has concluded and this will continue with remote hearings. As part of the Equality and Impact Assessment a feedback form for participants is being developed.
  - d. Case workers attending a hearing would also be available to ensure and provide appropriate additional support to the Hearings Clerk. If difficulties are experienced the IT Manager and/or the Regulation Manager can be easily contacted.
  - e. Members were given assurance that PCC members are aware of the 'Chat' function on the platform used for remote hearings and that the 'Chat log' will

form part of the hearing's record. Additionally, the Hearings Clerk has the facility to remove any individuals who might be disruptive during remote hearings at the Panel Chair's request.

- f. Members were informed that conducting blended hearings at sites beyond Osteopathy House would be considered and would be on a case by case basis.

**Agreed: Council approved the publication of the Interim Remote Hearings Protocol.**

**Item 12: Renewal of Plymouth Marjon University Recognised Qualification (RQ)**

36. The Policy Manager introduced the item which concerned Plymouth Marjon University (Marjon) which is seeking renewal of its Recognised Qualification (RQ) for the Master of Osteopathic Medicine programme (full-time and part-time).

37. The following points were highlighted:

- a. The Visit took place in January 2020 and was considered by the PEC in at its meeting in June.
- b. An action plan has been produced and will be monitored by the PEC.
- c. The Chair of the PEC informed Council that there had been a full and substantive discussion about the renewal of the RQ.

**Agreed: Council agreed to renew the recognition of the Master of Osteopathic Medicine programme (full and part-time) award by Plymouth Marjon University subject to the conditions as outlined, from 1 February 2021 until 31 January 2026, and to seek approval of the recognition from the Privy Council.**

**Item 13: GOsC Consultation approach position statement**

38. The Chief Executive introduced the paper which concerned the Professional Standards Authority for Health and Social Care (PSA) identifying through the performance review process that the GOsC does not have a written document outlining its approach to public consultations.

The paper outlines the GOsC consultation approach.

39. The following points were highlighted:

- a. The GOsC consultation approach had formed part of the 2019-20 PSA Performance Review.
- b. The approach is based five key principles shown below and best practise:

Formative	Consultations should be conducted at an early stage to be meaningful
Authentic	Consultations should be truly seeking views and scrutiny
Accessible	Consultations should be made available for anyone to respond
Inclusive	Consultations should consider the audience(s) needs
Transparent	An analysis of consultation responses and outcomes should be made

40. The following points were made and responded to:

- a. Members commented that the document is good, is concise and the principles are clear.
- b. It was noted and agreed that an element of transparency is critical to enhancing authenticity.
- c. It was agreed that for a consultation to be viewed as authentic and genuine it should be ensured that authors be open to constructive challenge as this would lead to a better product in the long run.

**Agreed: Council approved the GOsC position statement on its consultation approach.**

#### **Item 14: IT and Business Improvement**

41. The IT Manager introduced the item which described how the Coronavirus pandemic has highlighted areas of GOsC business which can be enhanced through embracing technological solutions and moving to a digital-first approach.

The paper brings these areas together for Council oversight, as well as providing an update on planned work to identify a new CRM provider.

42. The following points were highlighted:

- a. Following an independent audit of GOsC IT security in 2017 Crowe Clark Whitehill (CCW) the subsequent report was only able to provide limited assurance and identified several critical actions, as part of an action plan, that needed to be addressed.
- b. The IT action plan was implemented from May 2017 to May 2018, by the IT Manager the IT action plan. This ensured the IT security was on a more secure and robust footing.
- c. In 2019 the GOsC invited Crowe (formerly Crowe Whitehill Clarke) to carry out a follow up audit on the IT environment. The report was able to give a significant assurance rating; however, the report highlighted a critical area that concerned several aspects of the aging CRM product. These included,

not keeping up with current security standards, multi factor authentication (MFA), depth and flexibility of audit logs, and segregation of users' rights from the administrator rights.

- d. Following a review and an upgrade failure, a review of the CRM software has been conducted pending a review of the market to identify a new provider. It is proposed to utilise the services of a third-party independent consultancy, Hart Square, to source/identify an appropriate CRM product for the GOsC.

43. The following points were made and responded to:

- a. It was considered that Hart Square are good value for money and compare favourable against other providers. Members were also informed that the choice of Hart Square to provide consultancy services was based on the strong feedback and recommendations from other regulators.
- b. It was explained that new CRM systems are more integrated, web based, and web built. With the new system registrants would log-in to the CRM system with their own credentials with access to the same relevant information which GOsC staff see.
- c. It was confirmed that the system would not require renewal after seven years. It was explained that the current CRM system was already at a stage where it was ready to be replaced or upgraded to a newer version at the time of the IT audit.
- d. It was confirmed that GOsC needed to assess the market to understand what the cost of a new CRM product would be. The planned consultancy work would get GOsC to that position.
- e. The Chair commented that he was not convinced about the robustness of the proposal for the procurement of consultancy services, but it was agreed that a new CRM system was required. It was suggested that:
  - to be confident of what is being proposed, that it is supported by a clear and affordable business case which includes the cost of implementation;
  - the need for a robust, detailed specification and deliverables from consultants being considered;
  - the possibility EU procurement rules may need to be considered.
- f. It was confirmed that a briefing document would be circulated to Council in advance of the next meeting in November.

Business Improvement

44. It was explained that following a staff survey to understand how the business of the GOsC might be improved, a number of suggestions had been put forward.

These included a focus on streamlining our processes by embracing technology leading to cost savings and a more efficient organisation.

45. The Chief Executive gave his assurance that it was not a forgone conclusion that all future meetings, including meetings of Council, would be conducted by remote means as part of envisaged efficiencies. Any decision about this or other issues impacting on the governance structure would be presented to Council and relevant stakeholders before any decision was made.

**Council recommendation: Council requested that a report be prepared giving the detailed business case and procurement plan for the approach for identifying a new CRM provider.**

**Noted: Council discussed and gave their feedback on the business improvement suggestions, which build on the principle of a digital-first approach.**

### **Item 15: Equality and Diversity Annual Report 2019-20**

46. The Chief Executive introduced the item which concerned the GOsC Equality and Diversity Policy, agreed in 2018, which sets out the GOsC equality and diversity objectives and duties as a designated public authority under the Equality Act 2010.
47. The report represents the GOsC Annual Report to Council on work which has been undertaken on equality and diversity during the year.
48. The following points were highlighted:
  - a. Audit assurance work had been put on hold temporarily due to the impact of the pandemic and shift to homeworking by GOsC staff.
  - b. In the past 9-months it is felt that the approach to Equality, Diversity and Inclusion (EDI) has been enhanced and made more visible in papers presented to Council and in the work which the GOsC undertakes.
49. In discussion the following points were made and responded to:
  - a. It was confirmed that there is a specific EDI inter-regulatory group (IRG) and an LGBTQ IRG. Smaller regulators which do not have the resources to support specialist groups are able to 'tap into' and attend the forums of the larger regulators like the NMC's BAME Network which has been extended to incorporate the smaller regulators.
  - b. It was acknowledged that there are areas in which the GOsC can do better, but more work is required to implement required changes. The issue of diversity and recruitment was discussed at the recent meeting of the RaAC which will be monitoring the applications for the fitness to practise recruitment process taking place later in the year to see if any adjustment to



advertising makes a difference to the type of prospective candidate applications.

- c. It is important the data collected is the right type of data. Understanding how data can be used to influence the work which the GOsC undertakes is especially important as demonstrated in the work on the implementation of the CPD scheme.
- d. It was commented that work is required to improve accessibility to information especially for users of the website and that to ensure transparency required consideration.
- e. A number of points were raised by members:
  - The use of data and intersectionality
  - Demographic of BAME osteopaths
  - Understanding patient needs in relation to EDI
  - Challenges in broadening the diversity of the GOsC governance

In response the Chief Executive acknowledged that there was still work required in addressing some of the issues associated with EDI. It was acknowledged there was a lack of consistency due to the way GOsC data is collected but the internal audit and subsequent action plan would address some of the issues which had been raised.

**Noted: Council noted the Equality and Diversity Annual Report.**

### **Item 16: Welsh Language Scheme Annual Report**

50. The item was introduced by the Senior Communications Officer (Digital). 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 2019-20 Annual Report sent annually to the Welsh Language Commissioner.

51. The following points were highlighted:

- a. At 23 June 2020, there were 144 registrants practising in Wales.

During the year 2019-20:

- The Welsh section on the GOsC website (Cymraeg) has had 172-page views;
  - There are 23 practices which state that Welsh is spoken in their practices, an increase of 3 for the year;
  - There have been no request to conduct FtP hearings in Welsh nor complaints about Welsh language resources.
- b. In April the GOsC received an invitation from the Welsh Language Commissioner to participate in a consultation on the draft standards. The

GOsC will be submitting a response to the consultation, the deadline for the response is October 2020.

- c. Members were pleased with the report and commended the achievements of the past year.

**Noted: Council noted the 2019-20 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.**

### **Item 17: Committee Annual Reports**

- 52. Each Committee is required to report annually on their work to Council.
- 53. Audit Committee: The Chair of the Audit Committee presented his report. The following points were highlighted:
  - a. There have been some changes to the membership of the Committee. New members are Graham Masters, Lay Member, and Deborah Smith, Registrant Member of Council.
  - b. Internal audit assurance work was paused in 2018-19 due to the work on the CPD scheme. The work resumed in 2019 with Fitness to Practise and IT Security. Due to the pandemic there will be a delay with the next planned internal audit which will focus on Equality & Diversity and Governance.
  - c. The Risk Register has been revised and it is thought that management of risk is in a good place as demonstrated with current events.
  - d. Council's attention was drawn to the issue of 'situational awareness' and that focus should not be on the most immediate problems or issues but to have the ability to ensure that other problems/issues are not missed.
- 54. Policy Advisory Committee: There were no further comments made.
- 55. Remuneration and Appointments Committee: There were no further comments made.
- 56. The Chair acknowledged and thanked members for the all the work undertaken by the Committees.

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

- a. Audit Committee**
- b. Policy Advisory Committee**
- c. Remuneration and Appointments Committee**

**Item 18: Minutes of the Remuneration and Appointments Committee (RAC), 17 June 2020**

57. The Chair and members who sit on the Remuneration and Appointments Committee had no additional comments regarding meeting and the minutes of the RAC meeting, 17 June 2020.

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

**Item 19: Minutes of the Audit Committee (AC), 25 June 2020**

58. The Chair of the Audit Committee had no additional comments.

**Noted: Council noted the minutes of the Audit Committee.**

**Item 20: Any other business**

59. The Chair thanked all participants for their contributions to the meetings. He also reminded members that the Council Strategy day would take place on Tuesday 22 September. Further details about the meeting will be circulated in due course.

**Date of the next meeting:** Wednesday 18 November 2020 at 10.00