



Meeting of Council (Public)

Minutes of the 115th meeting of Council meeting held in-person and online, Thursday 14 July 2022, at Osteopathy House, 176 Tower Bridge Road London SE1 3LU, and via the online meeting platform Go-to-Meeting

Confirmed

Chair: Dr Bill Gunnyeon

Present: Dr Daniel Bailey
Sarah Botterill (*online*)
Elizabeth Elander
Caroline Guy
Shireen Ismail (CA)
Harriet Lambert (CA)
Simeon London
Dr Patricia McClure (*online*)
Dr Denis Shaughnessy (*online*)
Deborah Smith

Presenting: Steven Bettles, Policy Manager (*online*)
Fiona Browne, Director, Education, Standards and Development
David Bryan, Regulation Manager (Items 8 and 11)
Dr Stacey Clift, Senior Research and Policy Officer (*online*)
Jess Davies, Senior Engagement and Insight Officer (Item 11)
(*online*)
Sheleen McCormack, Director of Fitness to Practise
Simon McGeachie, Fairstone Asset Management (Item 10)
Dr Janice St. John-Matthews, Head of Professional Allied Health Professions, Allied Health Professions, England (Item 5) (*online*)
Matthew Redford, Chief Executive and Registrar
Maxine Supersaud, Head of Resources and Assurance

In Attendance: Liz Niman, Head of Communications, Engagement and Insight,
(*online*)
Marcia Scott, Council and Executive Support Officer

Observers: Collette Byrne, Scrutiny Officer, Professional Standards Authority
(PSA) (*online*)
Maurice Cheng, Chief Executive, Institute of Osteopathy (*online*)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Dr Patricia McClure, whose appointment as a member of Council (Northern Ireland) had recently been approved by Privy Council. A special welcome was also extended to Dr Janice St. John-Matthews, Professional Head of Allied Health Profession, Allied Health Professions, England.
2. Apologies were received from Professor Deborah Bowman, Rachel Heatley, Senior Policy and Research Officer, and Steven Oliver, Investment Advisor, Brewin Dolphin.

Item 2: Questions from Observers

3. There were no questions from the observers.

Item 3: Minutes of the meeting 10 May 2022

4. The minutes of the 115th public meeting, 10 May 2022, were agreed as a correct record.

Item 4: Matters arising

5. Item 7: Registration Modelling Report – Middlesex University has been commissioned to undertake the registration data modelling. It was confirmed that once the work has been completed the report would be presented to Council.

Noted: Council noted the matters arising.

Item 5: Presentation: Dr Janice St John-Matthews, Head of Allied Health Professions, Allied Health Professions, England

6. The Chair welcomed Dr St John-Matthews to the meeting who gave a presentation on the Allied Health Profession's Strategic Plan and its envisaged way forward for the future.
7. The following points on the presentation were made and responded to:
 - a. The iO was pleased to see, in general, how open Health Education England (HEE) and NHS England are in working with osteopaths. The iO are now aligning its development work to ensure osteopathic skills and competencies are mapped against NHS requirements in order to become part of the workforce solutions.
 - b. It was acknowledged that although progress has been made, development remains slow, and osteopaths are experiencing difficulties and facing barriers when trying to enter the AHP workforce. Dr St. John-Matthews advised that the Chief Allied Health Professions Officer (England), would receive the feedback on this and related issues raised by Council.

- c. It was confirmed that there are regular meetings between the other Chief Allied Health Professions Officer leads across the UK nations and communication lines are very much open.
 - d. It was noted AHP England, in moving towards more sustainable ways of working, is ahead within the Professional groups. AHP England is taking the lead through:
 - the Greener AHP Hub
 - the clinical fellow for sustainability who sits within the Net-zero Team.
 - Sustainable clinics pathways, utilisation, and sustainability of equipment
 - Understanding that it is the business of all AHPs and the health professions to be environmentally sustainable.
 - Encouragement through education for all AHPs with access to free online learning.
8. The Chair thanked Dr St John-Matthews for her presentation and for responding to members questions and comments.

Item 6: Chair's Report

9. The Chair introduced his report which gave an update on his activity which has taken place since the May Council meeting.
10. The key messages and following points were highlighted:

Chair's Report

- a. The Council and Committee annual performance review round for 2021-22 is almost complete. It was confirmed that the Chair's review had taken place and the objectives for 2022-23 have been set.
- b. A meeting was held with Dame Carrie McEwan, Chair of the General Medical Council (GMC), 16 June. It was a positive and encouraging meeting with Dame Carrie showing a keen interest in the work of the GOsC and the challenges faced by the profession.

Recommendations to Council

- a. Interviews for the position Council member (Northern Ireland) were held in person at the end of May 2022. A preferred candidate was identified from a strong field and Dr Patricia McClure was appointed by the Privy Council as the lay Council member, Northern Ireland, effective from 1 July 2022.

In order to return the Policy and Education Committee to its full complement it was the recommendation that Council agree to Dr McClure's appointment to the Committee

- b. Council agreed to seek the reappointment of two lay members of Council for an additional year at its meeting, May 2022. Confirmation that the two lay Council members are to be reappointed for one year from 1 April 2023, was expected from the Privy Council imminently.
 - c. Recruitment to appoint the next Council Associate from 1 April 2023, is progressing and an online question and answer session was held for interested applicants on 29 June. There has been some late interest shown in the position and, therefore, the deadline for applications has been extended by one week to 19 July 2022.
11. Council had no further comments. Council agreed and noted the recommendations as set out.

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

b. Noted: Council noted the update on the appointment of a Council member, Northern Ireland.

c. Agreed: Council agreed that Dr Patricia McClure be appointed to the Policy and Education Committee.

d. Noted: Council noted the update on the reappointment of two lay members of Council.

e. Noted: Council noted the activity to appoint the next Council Associate.

Item 7: Chief Executive's Report

12. The Chief Executive introduced the report which reviewed activities and performance since the previous meeting of Council and noted reported elsewhere on the agenda.
13. The key messages and following points from the report were highlighted:
- a. The GOsC has again passed all 18 of the Professional Standards Authority, Standards of Good Regulation.
 - b. The GOsC will be involved in the Scottish Regulatory Stakeholder Event which is scheduled for 24 October 2022 by chairing one session with a focus on patients and participating in a panel discussion on regulatory reform.
 - c. The GOsC has presented at the Institute of Osteopathy regional roadshow in Birmingham and engaged with the profession through a live broadcast with the Academy of Physical Medicine.
 - d. There has been engagement with counterparts in Australia and New Zealand and a commitment to more frequent meetings and the sharing of knowledge and insight.

- e. Performance Measurement Report: Council has previously adopted a set of measures against which the performance of the organisation can be assessed. Each year an annual performance measurement report is provided to the Audit Committee and reported to Council. The Audit Committee reviewed the report at its June meeting with the recommendation that it should be noted by Council.

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

- a. Members were informed there were no surprises in terms of the questions raised by registrants during the APM broadcast. There was a level of dissatisfaction expressed by osteopaths which included some frustration due to the GOsC not providing a fee reduction during the pandemic.
- b. It was confirmed the GOsC did not pre-select questions ahead of the session as it was important to maintain an open and transparent platform during the session with participants free to engage with the SMT panel.
- c. A transcript has been received by the Executive following the event and responses are being prepared for the comments and questions raised during the broadcast that were not able to be addressed during the 90-minute interview.

15. The Chair, on behalf of Council, congratulated the Executive and staff team on the success in again meeting all the standards set in the PSA Performance Review 2020-21, especially in light of the continued challenges as a result of COVID-19 pandemic.

16. Business Plan Monitoring: reporting period to 30 June 2022: It was noted that as at the date of the reporting period activities are on track with no significant delays. An error was noted at page 12 of the report (Goal 2: Publish and disseminate revised Standards for Education and Training and Outcomes for Pre-registration Osteopathic Education) which should be status 'green' and would be amended.

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

- a. Concerns raised by members about the number of consultation projects included in the business plan were acknowledged. It was agreed that the business plan is ambitious and commitment to deliver and follow-through on consultation projects is taken into account in the preparation of the plan. Council was advised that currently there was sufficient time to meet the commitments as outlined but it was noted that as the year progressed if it was identified that there were pressures that might impact on delivery a request would be made to Council to review the plan.
- b. It was suggested as a means of ensuring action on consultation outcomes a review might be conducted to consider feedback, evidence, and data

annually to determine resulting change/s and outcomes. This could be considered by the Audit Committee in due course.

- c. Cloud Engage Project: The Chair of the Audit Committee highlighted the Cloud Engage Project which involves the migration of GOsC's IT systems to a new platform. This is a significant undertaking for the GOsC, and the project's importance and the associated risks for the organisation were stressed. Members were advised that the project would be closely monitored and kept under scrutiny by the Audit Committee.

18. Financial Report: two months to 31 May 2022: The Head of Assurance and Resources introduced the financial report advising there were no significant issues in the first two-months of the financial year and the budget is as expected for the period.

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

- a. It was confirmed that at this point there had been no further action that could be reported in relation to the employment case concerning the Nursing and Midwifery Council (NMC). The issue is ongoing and would be kept under review and, at this stage, the provision in the GOsC budget remains.

Noted: Council noted the Chief Executive's report.

Item 8: Fitness to Practice Report

20. This item presented Council with the quarterly update on the work of the Regulation Department, the GOsC Fitness to Practise committees and reporting on the Key Performance Indicators for the period.

21. The key messages and following points were highlighted:

- a. A revised Remote Hearings Guidance and Protocol was approved by Council in May 2022. The guidance has been designed to set out the approach to managing remote and in person hearings into the future. The Regulation team have been individually reviewing cases to determine whether to list future hearings in person or remotely. The factors taken into consideration include:
 - the likely hearing length and complexity
 - self-representation of the registrant
 - the type of case (health, breach of sexual boundaries; clinical; PII etc)
 - the number of witnesses
 - the severity of the case and therefore potential seriousness of outcome
 - the stated preference of complainant and registrant
 - the health and /or mobility considerations of participants and
 - appropriate / sufficient IT facilities

- b. The reporting period for the Investigating Committee has undertaken a lot of activity: there were four applications made to the IC for the imposition of an Interim Suspension Order (ISO). One ISO was imposed, in two cases undertakings were accepted, and in another case no ISO was imposed. These cases related to transgression of sexual boundaries (3) and health of the registrant (1).

The IC met three times during the reporting period considering, and concluding, all nine cases. In five cases the IC found no case to answer. In another two cases the IC found no case to answer but provided advice to the registrant. Two further cases were referred to the Professional Conduct Committee (PCC).

- c. During the quarter the PCC sat remotely for two substantive hearings. One of the two hearings was part heard. There were no PCC review hearings or PCC Interim Suspension order applications during this reporting period.
- d. A correction to the dataset was noted of the dataset relating to voluntary removal. The introductory sentence to the 'Voluntary Removal' table (page 9) should read 'There were no applications for voluntary removal received in the quarter'.

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

- a. It was acknowledged that remote hearings may take longer to conclude but it should be noted that additional factors are taken into consideration in planning including cases which have number of witnesses and/or adversarial Defence Counsel which can lead to delays, is unhelpful to all participants and not in the public interest. It was noted that there is a need to be reflective for all participants including the members of the FtP Committees.
- b. Noting that there were two substantive PCC hearings included in the dataset it was asked whether there are difficulties empanelling members when compiling the schedule of hearings. Members were informed that there are periods, like the summer months, where the availability of PCC members may be a challenge, but it should be acknowledged that there have also been challenges for the Regulation Team in terms of resource which have now been resolved resulting in an increased number of hearings being scheduled.

Noted: Council noted the Fitness to Practise Report.

Item 9: Annual Report and Accounts

23. The Head of Assurance and Resources introduced the report which sought Council's approval for the publication of the Annual Report and Accounts for the financial year 2021-2022.

24. The key messages and following points were highlighted:

- a. The annual audit was undertaken by Crowe in May 2022.
 - b. The audit went well with only two minor control points identified relating to management override of controls through journal adjustments. These are set out in the Audit Findings Report and were scrutinised by the Audit Committee at its meeting in June 2022.
 - c. The Chair of the Audit Committee commented that the audit had been clean and that following questions put to the Executive and to Crowe, the Committee was satisfied with the accounts.
 - d. The Audit Committee recommended the Annual Report and Accounts to Council subject to Council noting the continued inclusion of a provision as a result of the Nursing and Midwifery Council employment tribunal case. The Executive proposed that the provision is kept within the accounts as this reflects a prudent and cautious financial approach to the ongoing issue.
 - e. The Annual Report and Accounts are required to be laid before both Houses of Parliament by 30 September 2022 and the accounts also are required to be submitted to the Charity Commission within nine months of the GOsC year end.
25. In discussion the following points were made and responded to:
- a. In response to the comment on the breakdown of expenditure for the Development of the Profession under the Value Proposition Component (page 47, Annual Report and Accounts) it was explained that the GOsC did not set targets for spending a proportion of its expenditure on each of the three value proposition pillars. It was agreed that the messaging would be critical when the report is published, and it was the intention that explanatory notes on how resources are used would be made available for lay readers.
 - b. It was commented that the data in the table could be misconstrued as reduction in expenditure on the development of the profession, although it was acknowledged that the primary role of the GOsC is public protection. It was noted that when publishing the Annual Report and Accounts the message to registrants and stakeholders would be carefully considered.
 - c. The Chair acknowledged the undertaking to complete the Annual Report and Accounts but asked that for the future the Executive consider how the Annual Report and Accounts can be published in a format which is more user-friendly and accessible to readers.
26. The Chair thanked the Executive and the member of the Audit Committee for their work on the Annual Report and Accounts.

a. Noted: Council noted the Audit Findings Report.

- b. Noted: Council noted the Letter of Representation to be e-signed by the Chair of Council.**
- c. Agreed: Council agreed to approve the Annual Report and Accounts for e-signing by the Chair of Council.**
- d. Noted: Council noted the annual reporting requirements associated with the Charity Commission.**

Item 10: Review of Reserves and Investments

27. The GOsC holds reserves to ensure it has sufficient funds to guard against unforeseen events. In addition, to protect its cash reserves, GOsC has a managed investment portfolio held through Brewin Dolphin.

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

28. The key messages and following points were highlighted:

- a. It is good practice to hold reserves for unforeseen events and to invest excess funds so as to protect the cash asset from inflation erosion. It is also good practice to review both reserves and investments on an annual basis, which Council does at its July meeting.
- b. Council has previously agreed a target reserves range of between £350k - £700k which is based on its assessment of risk and the possible financial impact. For the year ended 31 March 2022, the GOsC are holding funds above the target reserves range, which is due, in part, to the recovery of the investment portfolio in the prior year, in addition to prudent expenditure control this year.
- c. The investment portfolio is relatively stable at present, following significant market volatility over the past two years, though the impact of the rising price of oil and the subsequent global recession, is likely to affect investments.
- d. The most up to date investment valuation is £1.25m as at 31 March 2022.

29. Simon McGeachie, Fairstone Asset Management, gave an update on the performance of the GOsC portfolio. The following points were highlighted:

- a. The GOsC portfolio has been doing well to December 2021 but the global situation at the beginning of 2022 and subsequent fallout has had an impact on the stock market and investments.
- b. In the current political climate, with ongoing hostilities in Central Europe and the worldwide consequences, there has been an impact on investments and volatility remains.

- c. The GOsC has a cautious portfolio and therefore not as impacted as one that might be heavily invested into equities. In considering the current situation including the ongoing war, the cost-of-living crisis, fuel and energy difficulties, the Bank of England has forecast that a position of high-inflation will remain for the coming year, and it is hoped that the position will improve over time.
- d. The advice to Council at this time is that if the reserves are not required or there is no foreseeable need for a change in the current position the investment should remain as it is. Brewin Dolphin will continue to position the GOsC portfolio for the best return on its investments.

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

- a. An error was noted graph shown at page 6, paragraph 22: 'Portfolio Sustainability by Global Category'. Incorrect data was presented in the graph illustrating the proportion of rated products from the investment portfolio, by global category and this would be corrected.
- b. It was commented that with the reserves in a good position there is a need to consider the message to registrants making it clear that investments are not static and while there is global instability there is some risk to portfolio. Also, how reserves might be ring-fenced for areas that will be of benefit to the profession.
- c. It was confirmed that the table (page 4) showing 'Sale of Assets' at £1,650,250 is a reference to value of Osteopathy House which, for the purpose of the accounting, is considered as an asset and reflected as such in the accounts. It was pointed out that although the sale of Osteopathy House might be initially considered advantageous to registrants on balance when considering the costs that would be incurred it is beneficial that the building remains an asset.

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

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

Item 11: Fitness to Practise: Osteopathic Practice Standards and Adjunctive Therapies

- 31. The Policy Manager introduced the report which concerned the protection of patients and supporting stakeholders to understand the application of the Osteopathic Practice Standards (OPS) relating to the breadth of osteopathic practice.
- 32. The key messages and following points were highlighted:

- a. The report provided a summary of the outcomes of the consultation undertaken regarding the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the OPS.
 - b. A consultation on the guidance was undertaken between January and April 2022 receiving 13 responses: five from osteopaths, one from an Investigating Committee member; one from the Institute of Osteopathy and six from patients.
 - c. Focus groups were held with members of the Investigating Committee (IC) and Professional Conduct Committee (PCC). The feedback was wide ranging and with the consultation responses the draft Guidance was updated.
 - d. The consultation outcome, updated guidance, and Equality Impact Assessment (EIA) were reported to and carefully considered by the Policy and Education Committee at its meeting on 16 June 2022. The Committee agreed to recommend the guidance to Council for publication.
33. In discussion the following points were made and responded to:
- a. It was agreed that the feedback did provide an additional number of interesting points and insights which although may not contribute directly to the guidance would be useful to reflect on areas of the profession in the wider context. How this might be taken forward would be considered by the Executive.
 - b. It was confirmed that public facing documentation would be translated into Welsh but beyond that, and in general, documents were not translated into other languages. It was agreed this would be considered in the context of equality.
 - c. It was suggested that in preparing the guidance for publication the inclusion of scenarios as part of the introduction would be useful in stressing and demonstrating the purpose of the guidance.
34. The Chair acknowledged what was an important project undertaken by the Executive and thanked the team for their work.
- a. Noted: Council considered and noted the outcome of the consultation in relation to the draft 'guidance on the application of the Osteopathic Practice Standards in relation to adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths' and the changes made to the draft as a result.**
 - b. Noted: Council considered and noted the Equality Impact Assessment.**
 - c. Agreed: Council agreed to publish and disseminate the guidance.**

Item 12: Equality Diversity and Inclusion: Review of pilot findings for the osteopathic profession

35. This report considered the feedback on the findings of the equality, diversity and inclusion (EDI) pilot and consideration of next steps.
36. The key findings and following points were highlighted:
- a. Through the EDI pilot we have been able to capture more views of osteopaths with minority protected characteristics.
 - b. The majority of respondents did not feel that people from all protected characteristics had equitable opportunities to advance their careers within osteopathy.
 - c. Osteopaths tended to report a slightly higher proportion of experiences of unwelcome comments or conduct in training (43%) than in their last 12 months of practice (23.5%).
 - d. Some osteopaths report anxiety about what GOsC will do with the data and question what happens if registrants disclose a disability in terms of their registration with us. This illustrates that there are barriers and issues of trust, which make the collection of EDI data difficult, with some of those barriers built into the regulatory framework/legislation, such as the requirements around 'good health' for new applicants to the Register.
 - e. There are three options to consider in relation to EDI monitoring going forward
 1. go live with the survey
 2. incorporate collection of EDI data as part of the registration and renewal process
 3. do both of these things alongside a range of next steps to continue to promote equality and eliminate discrimination within the osteopathic profession and enhance quality of care for patients.
 - f. Policy and Education Committee met in June 2022 and preferred an option which looked at incorporating the collection of equality data into the registration renewal form, ongoing communications, actions and impact and a future survey at an appropriate point. This is essentially, the third option.
 - g. The key areas for the next steps are:
 - Education and work with the OEIs: a range of workshops are being planned one of which will focus on EDI and reflecting the GOPRE/SET.

- Communication and engagement strategy: to consider the issues of trust, more communications about EDI and the GOSCs' commitment to improvements.
- Work with the profession, regional groups and CPD providers.

37. The following points were made and responded to:

- a. In response to a concern raised about the collection of attributable and non-attributable data it was confirmed that with Option 3 information collected through the registration and renewal process data could be attributed to registrants by name and registration number. There would need to be care taken with the collection of non-attributable data with clear communications about the data required in order to correctly obtain and identify information to avoid double counting in the collection of the data, should contributors choose to submit both attributable and non-attributable data.
 - b. Although the frequency for which the data is collected is to be agreed it was confirmed data collection would be on a systematic basis by way of the registration and renewal process. It was added that to avoid contributors re-submitting survey response amongst options being considered are pop-up messages encouraging completion. Once the survey is completed messages would cease. Other options are under consideration in line with the Cloud Engage project in order to regularise the collection of attributable and non-attributable data.
 - c. It was also commented that it would be helpful to standardise EDI monitoring of protected characteristics across health regulators so as to aid comparisons in approaches to EDI, as was highlighted through the EDI focus groups findings.
 - d. It was noted and confirmed that it is planned that new forms will be incorporated as part of the migration to the system being developed with the Cloud Engage Project, but this would not happen before system integration.
 - e. It was confirmed that only EDI data (entitled About You) would be collected as part of registration and renewal process. The other complimentary non-attributable information may draw on surveys and focus groups to see if things are changing over time, so possibly recreating Section 1 of the EDI pilot entitled: Equality and diversity in the osteopathic profession ([see Annex A](#) for further details), in order that longitudinal patterns can be established around EDI in the profession and whether improvements are being made.
- a. Noted: Council considered and provided feedback on the findings of the pilot, analysis, and options for next steps.**
 - b. Agreed: Council agreed option 3 as the preferred approach in relation to EDI monitoring.**

Item 13: Equality, Diversity and Inclusion (EDI) Annual Report 2021-22

38. The Chief Executive introduced the paper which presented the GOsC (EDI) Annual Report, and the work undertaken on equality and diversity in the year 2021-22.
39. The key messages and following points were highlighted:
- This year the report reflects our activity which meets the actions outlined in the GOsC's first ever Equality, Diversity and Inclusion Framework 2021-24.
 - The GOsC met 12 out of the 15 actions outlined in the Equality, Diversity and Inclusion Framework 2021-24. Of the three which are ongoing, the GOsC have made progress against two of them.
 - The Annual Report includes an update on the research project into the under-represented groups experiences of osteopathic education and training (UrGEnT) which Council is co-funding.
 - The paper sets out the next actions to June 2023. The number of actions have been limited so that what can be achieved is realistic at a time when there is a significant amount of work ongoing across a small staff team.
40. In discussion the following points were made and responded to:
- a. It was confirmed that as part of PSA pilot of new standards in 2019 the GOsC trialled the standard for Equality, Diversity and Inclusion in which the GOsC self-checked its position on EDI. An outcome was for the GOsC to acknowledge the need to consider and improve its EDI activity. An Independent audit took place in 2019 which informed subsequent actions and current framework.
 - b. It was confirmed that in relation to the Cloud Engage Project there is an Equality Impact Assessment in place which underpins the activity and will continue to be developed as the project progresses.
 - c. In response to a question asking if there was any GOsC Guidance which might not support the EDI Framework. It was explained that the GOsC holds a Guidance and Policy Register to ensure that supporting documentation remains up to date. Although it was suggested that there might be a gap in guidance for the osteopathic treatment of 16–17-year-olds, members were advised that published guidance is available for all age groups.

Noted: Council considered and noted the Equality, Diversity and Inclusion (EDI) Annual Report 2021-22.

Agreed: Council agreed the next set of EDI actions to June 2023.

Item 14: Welsh Language Scheme Annual Report

41. Under the Welsh Language Act 1993, the General Osteopathic Council is required to publish an annual report on the implementation and progress of its Welsh Language Scheme. The paper presented this year's annual report for Council's consideration.
42. The key messages and following points were highlighted:
 - a. In June 2022, the GOsC attended a meeting hosted by Alan Jones, Head of Welsh Language Standards and Partnerships Branch, Welsh Government, where the implementation of the Welsh Language Standards was discussed.
 - b. The new Welsh Language Standards are due to take effect in October 2022.
 - c. The GOsC attended a PSA meeting on regulation in the context of the Welsh language in March 2022.
 - d. The last reporting year has seen an additional two practices stating that Welsh is spoken at their practice. This brings the current number to 34.
 - e. The member for Wales, Sarah Botterill, noted that the GOsC has consistently engaged with Welsh Language Commissioner, and that the GOsC approach and 'can-do' attitude in complying with the scheme has also been noted by the Welsh Commissioner.

Noted: Council considered and noted the 2021-22 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.

Item 15: Continuing Professional Development (CPD) Diary: next steps

43. The Director of Education, Standards and Development introduced the report which provided a brief summary of the Cloud Engage Project's progress. A decision from Council was also requested on the next steps in relation to the development of the CPD Diary.
44. The key messages and following points were highlighted:
 - a. The project work streams of the Cloud Engage project are mostly progressing to plan and the project remains on track to date in terms of the overall timeline. However, there are some additional costs and other issues that are being monitored closely by Audit Committee.
 - b. There remains a risk of slippage in the timetable with further clarify emerging in the coming months.
 - c. There is one issue which requires a decision by Council, in accordance with the governance over the project agreed by Council on 25 November 2021 which relates to the CPD Diary.

- d. The CPD Diary, the link to the journals, and the shop were additional requirements to the upgrade, revealed during the process mapping workshops, and which were not included in the original scope of work.
- e. These have now been scoped and are being undertaken within the overall timeline of the project.
- f. The Audit Committee (AC) considered the advantages and disadvantages of the options and concluded that a new clean CPD Diary and a fresh start without the complications of migrating data was the best approach.
- g. The Audit Committee Chair acknowledged that the Cloud Engage Project carries risk and anything that can be done to simplify the project would be sensible. To migrate the data associated with the current CPD diary will increase the risk of failure therefore it would be best to start afresh but will require careful and clear communications to try and ensure what would be taking place is understood.

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

- a. It was agreed the best approach to the issues relating to the CPD diary would be Option 1 and to start afresh in line with the Cloud Engagement Project ensuring registrants are kept informed.
- b. It was confirmed there is a function which permits registrants to print the PDF of the CPD diary up until the end of the CPD cycle. Once the CPD diary is archived the issue is that the themes of the OPS are lost unless resurrected into a PDF. As this situation is not satisfactory registrants are to receive a letter a month prior to the end of the CPD period explaining the actions required and while also receiving support to navigate any problems being experienced.
- c. Member were advised that the CPD Diary could not be kept live after migration but prior to that, the CPD data will be available, and registrants will be supported to ensure that they can access as the problems being experienced are recognised.
- d. The Chair advised that it was important to ensure in the communications that in selling the new diary it will be able to function as expected, and also that the timeline remains achievable acknowledging that there may be slippage.

Agreed: Council agreed the approach towards the development of the CPD Diary.

Noted: Council considered and provided feedback on communication messages to registrants.

Item 16: Engagement with osteopaths

46. The Chief Executive introduced this report which provided context on how the GOsC continues to engage with the profession and how osteopaths' views and needs inform the organisation's work.
47. The key messages and following points were highlighted:
 - a. The Communications and Engagement Strategy 2021-24 builds upon the work of the GOsC to date, by ensuring the voice of the osteopath is heard and by putting the collection and analysis of and response to insight at the heart of all that the GOsC do.
 - b. The Communications and Engagement Strategy is designed to build levels of trust using a range of approaches. These include, increasing understanding of the GOsC's role; taking a timely and responsive approach to changing situations and stakeholder requirements (based on evidence and insight); and ensuring communication channels are relevant, forward looking, and contemporary.
 - c. The core communications and engagement principles underpin all the GOsC's work. The GOsC aims to be proactive and timely, reflective, and insight-driven wherever possible. As part of this approach a Stakeholder Activity and Insight Grid (SAIG) has been established which captures cross-organisational learning and insight by stakeholder.
 - d. The SAIG is an active document and is discussed monthly by the Senior Management Team to understand the priorities of different groups, what has been heard, what insight has been identified across the full range of the organisation and what the next steps are to either address concerns or gaps, or to provide support.
 - e. To date during 2022 a range of engagement activities has been undertaken with osteopaths, for example: regional groups; those undertaking CPD; those with a specific interest in equality, diversity and inclusion; potential applicants to become Council Associates; through events run by the Institute of Osteopathy and by the Academy of Physical Medicine. The GOsC also take every opportunity to request feedback, suggestions and comments in communications with the profession.
 - f. Insights obtained have led to changes in how communications can be even more targeted and engaging. This has informed the changed approach to the ebulletin, the creation of ebulletin surveys; gathering a large number of osteopaths to help test the new **o** zone and make it fit for purpose; and the ways that resources and guidance are produce for the profession around CPD.
 - g. The fundamental aim is to continue to build trust through demonstrating the value of osteopathic regulation and the alignment of GOsC's values with those of the profession.

- h. A registrants perception survey is being planned which will be considered by the Policy and Education Committee and Council later in the financial year.
 - i. As the next strategic plan is developed, 2023 will be used to engage with the profession on the content of the strategy and to ensure these contributions and the insight gained informs the future direction towards 2030.
 - j. The participation ladder, the approach used to evaluate the GOsC approach to inform patient engagement is presented in concept form as one way in which we might consider our approach to engagement with registrants and reveal areas which are stronger and areas which could be further developed.
48. In discussion the following points were made and responded to:
- a. The Chair noted that a great deal is being done to improve communications with osteopaths and the profession, but it is still only the views of a small percentage of the profession which are known. The perceptions of the GOsC held by the registrants remain an issue and a challenge.
 - b. Members supported the perception survey as a starting point in acquiring a greater understanding including where registrants see the priorities in regulation and in the work of Council. The survey could also frame GOsC's objectives when considering the role of the regulator against the backdrop of the profession. It was noted that the Executive are considering what the future strategic direction will look like towards 2030 and it was agreed that a registrants' survey would help inform the GOsC's direction.
 - c. Members asked how the 'Ladder of Participation' might work, in particular the areas covering co-producing, co-designing, educating, and informing. It was suggested that the model, although it had potential benefits, would need to be modified to suit the GOsC's purpose.
49. The Chair in summary encouraged members to pass on additional feedback and comments on the approach to the Executive. The Chair added that the work being undertaken was not only about communications but building and developing the relationship between the regulator and the profession based on trust and mutual respect for the benefit of the public and patients.

Noted: Council considered and provided feedback on the approach to engagement and the implementation of the Communications and Engagement Strategy.

Item 17: Patients: Implementation and evaluation of values shared decision making resources

50. The Director of Education, Standards and Development introduced this item which set out the plans for the launch and evaluation of shared decision-making resources produced as part of the Values project.

51. The key messages and following points were highlighted:

- a. The GOsC is entering the next phase of the Values project, a project in which the organisation worked in partnership with osteopaths and patients, the General Dental Council (GDC) and the [Collaborating Centre for Values Based Practice](#) to develop resources to support shared decision making based on what is important to the individual patient.
- b. Six resources have been produced, four aimed specifically at patients and two resources aimed at osteopaths.
- c. The GOsC are devising a communications campaign to begin disseminating the resources over the summer and promote their use among osteopaths and osteopathic patients.
- d. A shared decision-making event will be hosted by the GOsC showcasing the resources in Autumn/Winter 2022-23 and expected to be co-hosted with the Collaborating Centre for Values Based Practice at St Catherine's College, Oxford.
- e. To evaluate the use of the resources it is planned to appoint a researcher/research organisation over a period of 6 to 12 months. A specification has been produced to commission an evaluator which the Policy and Education Committee have reviewed and provided feedback on.

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

- a. Council acknowledged the excellent work which had been undertaken to date. It was noted that the work put decision-making in an osteopathic context and would be useful to share in communications. It also was suggested this was an area of work to bring to the attention of the Allied Health professions and builds on NICE guidance on shared decision-making showing that osteopathy is abreast of developments although it was pointed out that the GOsC work predated that NICE decision-making work.
- b. It was confirmed that there would be an evaluation of how the resources are used.

Noted: Council noted the approach to implementing and evaluating the suite of shared decision-making resources as part of the GOsC Values project.

Item 18: Committee Annual Reports 2021-22

53. This item provided the Annual Reports for the Audit, Remuneration and Appointments, and the Policy and Education Committees. Each Committee is required to report on its work annually to Council. The Fitness to Practise

Committees (Investigating, Professional Conduct and Health) will report in November.

The following points were highlighted:

Policy and Education Committee:

- a. It was noted and acknowledged that the Committee has accomplished a great deal during the year.
- b. It was noted that the effectiveness of the Committee was not only built on the relationships within its membership but also by the participation of the Observers with Speaking Rights who represent: the Council for Osteopathic Education Institutions (COEI), the Institute of Osteopathy (iO), the National Council for Osteopathy Research (NCOR), and the Osteopathic Alliance (OA).
- c. It was confirmed that the PEC Terms of Reference would be amended to include the annual development day.

Remuneration and Appointments Committee:

- d. The name of the Committee has been changed to the People Committee. The Terms of Reference have been amended to reflect the change along with the change in representation with the Chair of Council no longer acting as Chair of the Committee not sitting on the Committee.
- e. The HR Manager was commended and thanked for her work throughout the year.

Audit Committee:

- f. It was noted that in the year ahead, 2022-23, a significant amount of the Audit Committee's work will focus on the Cloud Engage Project.
- g. On behalf of the Committee members and Council, the former AC Chair, Chris Shapcott, was thanked for his eight years of service and members wished him well for the future.

Noted: Council noted the Annual Reports of the:

- a. **Policy and Education Committee**
- b. **People Committee**
- c. **Audit Committee**

Minutes of Meetings

Item 19: Audit Committee (AC): Minutes of the Meeting of 23 June 2022

54. The Chair of the Committee had no additional comments in relation to the meeting.

Noted: Council noted the minutes from the meeting of the Audit Committee 23 June.

Item 20: People Committee (PC): Minutes of the meeting 23 June 2022

55. The Chair of the People Committee had no additional comments in relation to the meeting.

Noted: Council noted the minutes from the meeting of the People Committee 23 June.

Item 21: Policy and Education Committee (PEC): Minutes of the meeting 16 June 2022

56. Elizabeth Elander, Registrant Member of the PEC, had no additional comments relating to the meeting.

Item 22: Any other business

57. There was no other business.

Item 22: Questions and Comments from Observers.

58. Maurice Cheng, Institute of Osteopathy: Referencing the presentation from the AHP England, Council was informed that it has taken a number of years to break down the barriers which currently exist for osteopaths who want to gain access to the NHS. It was acknowledged progress, although slow, is being made and the continuing assistance and support of the GOsC and the Executive was welcomed.

Date of the next meeting: Wednesday 16 November 2022 at 10.00