



Meeting of Council

Minutes of the 125th Meeting of Council held in public on Wednesday 20th November 2024 at Osteopathy House 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference.

Confirmed

Chair: Jo Clift

Present: Dr Daniel Bailey
Harry Barton (Chair, Audit Committee)
Elizabeth Elander (Chair, People Committee)
Sandie Ennis
Simeon London (left at 1330)
Professor Patricia McClure (Chair, Policy and Education Committee)
Laura Turner (Council Associate)
Caroline Guy
Gill Edelman
Dr Christopher Stockport

In attendance: Fiona Browne, Director of Education, Standards and Development
Banye Kanon, Senior Quality Assurance Officer (Item 12)
David Bryan, Head of Fitness to Practise (Item 8-9)
Lorna Coe, Governance Manager
Sheleen McCormack, Director of Fitness to Practise (Online)
Liz Niman, Head of Communication, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar
Jess Davies, Senior Engagement and Insight Officer (Item 5)
Marcia Scott, Council and Executive Support Officer (Online)
Ben Chambers, Registration Manager (online)
Brian Wroe, Chair Investigation Committee (online)
Andrew Harvey, Chair Professional Conduct Committee (online)

Observer/s Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR) (Online)
Sarah North, Institute of Osteopathy (online)
Collette Byrne, Scrutiny Officer, Professional Standards Authority (PSA) (Online)
Manjeet Kuar, Institute of Osteopathy (online)
Kathryn Parkin, PhD Student (in person)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:
 - a. Brian Wroe, Chair IC.
 - b. Andrew Harvey, Chair, PCC
 - c. Lorna Coe, GOsC Governance Manager, joining the GOsC in early October.
2. Stakeholder observers:
 - a. Dr Jerry Draper-Rodi, Director, NCOR
 - b. Manjeet Kaur, Institute of Osteopathy
 - c. Collette Byrne, Scrutiny Officer, Professional Standards Authority
 - d. Sarah North, Institute of Osteopathy
 - e. Kathryn Parkin, PhD Student
3. Apologies were received from:
 - a. Gabrielle Anderson (Council Associate)

Item 2: Questions from Observers

4. There were no questions from observers.

Item 3: Minutes

5. The minutes of the 124th public meeting, 18th July 2024, were agreed as a correct record subject to the following amendment:
 - a. Caroline Guy was not listed as present - to be added.

Item 4: Matters arising.

6. The Chief Executive introduced the report which asked that Council note the workstreams completed.
7. In discussion the following points were made and responded to:
 - a. At the last meeting there was discussion about the selection process for legal assessors. The Chief Executive advised that this work was ongoing and that it would be towards the end of the business year before there will be an update. Council was given assurance that there were no associated risks with the delay.

Noted: Council noted the matters arising from the meeting of Council 18 July 2024.

Item 5: Chair's Report

8. The Chair presented her report. The following points were highlighted:

- a. Chris Stockport has been appointed as the Welsh Lay member.
 - b. Shortlisting has taken place for four new external members of Policy and Education Committee (PEC) (2 x lay and 2 x registrant).
 - c. Interviews will take place for the two new registrant members to replace Liz Elander and Simeon London whose terms will end in March 2025.
 - d. The process for replacing Laura Turner when she finishes her second term as a Council Associate member in March 2025 is also underway.
 - e. The Chair attended the official launch of the Health Services University in Bournemouth, hosted by the Princess Royal.
 - f. Further to Council's decision to be more proactive internationally the Chair attended the Osteopathy Europe Conference in Luxembourg. One new area of work within the OE which GOsC needs to be aware of is the revision of the CEN standard which is the agreed descriptors for the practice of osteopathy within at an EU level.
 - g. It was noted that the reputation of UK Osteopathy remains highly regarded in Europe.
 - h. The Chair with other health regulators Chairs, attended a meeting to hear from the Chair of the Nursing and Midwifery Council (NMC) about his perspective concerning the crisis around culture and whistleblowing at the NMC and his observations/lessons learned about what its Council could have done differently. The meeting was held under the Chatham House Rules.
9. In discussion the following points were made and responded to:
- a. It was asked if the point about shared decision making was in relation to patients and whether this was being done across the health regulators. The Chair confirmed the Health and Care Professions Council (HCPC) has started working with a number of other Health Regulators to look at shared decision making and consent in relation to patients.

Noted: Council noted the Chair's report.

Item 6: Chief Executive and Registrars Report

10. The Chief Executive introduced the item which presented a review of activities and performance since the last Council meeting and not reported elsewhere on the agenda.
11. The key messages and following points were highlighted:

- a. The Professional Standards Authority (PSA) will be launching a consultation on revising the Standards of Good Regulation with a view to implementing new Standards from April 2026.
- b. GOsC has attended and participated in regional roadshows organised by the Institute of Osteopathy.
- c. GOsC attended the Scottish Regulatory Conference in Glasgow and were involved in a number of sessions alongside colleagues from the GMC, GCC, PSA and HCPC.
- d. The Chair and Chief Executive attended productive international events in Luxembourg and Australia respectively and look forward to continuing our engagement with international partners.
- e. Work has been progressing with activities being implemented and progressed in line with plans for our response to the DJS report findings on registrant perceptions.
- f. Council was requested to agree the appointment of lay and osteopath members to the Professional Conduct Committee from 1 April 2025 to 31 March 2029.

Lay members:

Balbinder Kaur Johal
 Rachel Forster
 Andrew Howard
 Jacqueline Elizabeth Telfer
 Pauline Sturman

Osteopath members:

Tamsyn Webb
 Robert Thomas
 Catherine Hamilton-Plant

- g. Council was requested to agree the reappointment of three lay PCC members from 1 April 2025 to 31 March 2029.

Andrew Harvey
 Melissa D'Mello
 Helena Suffield-Thompson

12. The Chief Executive added to the above items:

- a. Rise Associate Report into the Independence of Culture Review at the NMC. The GOsC executive thought it important to review the report for lessons learned and consider what the report outcomes might look like in the context of the GOsC. The responses to the 36 recommendations had been shared

with People Committee which prompted useful discussion, particularly in relation to the staff survey launch.

- b. The Chief Executive highlighted the work that has taken place at the PSA Research Conference and was pleased to report that the Director of Education, Standards and Development had showcased GOSC work on boundaries.

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

- a. It was noted that in terms of overseas engagement, some initial steps have been taken and connections have been made with European colleagues who can help shape GOSC approach to building registration links with other countries. For example, Philip Sterlingot, President of the Osteopathic International Alliance (OIA) has shared how GOSC could address some potential registration matters with France. On a wider note, Susan Biggar, National Engagement Adviser at the Australian Health Practitioner Regulatory Authority (AHPRA) had shared useful findings on kindness in regulation.
- b. Clarification was sought as to whether the reference to AI offering osteopathy, paragraph 13, was advice or 'DIY' osteopathy. It was agreed this was an issue that needed careful consideration and Paul Stern, Senior Policy Officer, is working on this.

Noted: Council noted the content of the report.

Agreed: Council agreed to the appointment and reappointment of the PCC appointments outlined

Item 7: Assurance Report

14. The Chief Executive (Annex A) and the Head of Resources and Assurance (Annex B) introduced the item which provided a set of assurance reports to Council on the performance of the organisation. These were previously an annex to Chief Executive Report but are now separate items.

15. In discussion the following points were made and responded to in relation to the **Business Plan and Monitoring (Annex A)**:

- a. The new website is a new activity that was not specifically referenced when the business plan was drawn up but reference was made to an invitation to tender and the delivery will feature in the 2025-26 Business Plan.
- b. Council discussed the fact so many items were green and considered if there was genuinely nothing to worry about or whether it was not focussed enough about relevant challenges. It might be that we are not monitoring the right indicators. This had also been discussed at in Private Session in terms of the monitoring of Key Performance Indicators.

- c. The number of registration queries seemed significantly lower than would have expected and Council queried why that was and if it was something to worry about. The figure of 4600 would have been based on previous interactions however it was agreed that the Executive would look into why it was lower and update Council.

16. Financial Report 2024-25 (six months to September 2024) (Annex B)

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

- a. The Governance table of expenditure showed Council and committee costs including reappointments budgeted at circa £25K and actual spend just over £57k. Council questioned how that occurred as all those appointments were planned. It was explained that there was a small extra cost for the Council Member (Wales) recruitment but apart from this it was more down to timing with there being more expenditure in the first half of year. It was accepted that this area would still be over budget at the year-end.
- b. Council discussed whether the expenditure was spread out across the year or whether it was allocated when it actually occurs. It was explained that where possible costs are evened out over the year however with larger invoices that are received on an annual basis this will show in the month it is paid.
- c. Council members suggested that percentage variances would be helpful to spot anything of significance. The Head of Resources and Assurance agreed that this would be considered for future reports.

Noted: Council note the assurance reports as set out in Annex A and Annex B.

Item 8: Fitness to Practise Committees Annual Reports:

- 18. The Chairs of Investigation Committee (IC) and Professional Conduct Committee and Health Committee (PCC/HC) introduced the item which provided an annual report of each committee from the period 1 October 2023 to 30 September 2024.
- 19. Brian Wroe Chair of IC explained the role of this committee which is presented with evidence where complaints and cases have been brought to their attention and it decides: if there is sufficient evidence for it to go to PCC, whether there is no case to answer or whether more information/an adjournment is required.
 - a. The IC consists of 15 members – lay and registrant and is a high-quality team with another recruitment campaign ongoing at present.
 - b. The Annual reports are useful to identify trends as compared to previous years. It was noted that there are no worrying trends at the moment.

- c. Key points – 11 meetings compared to nine previous year and 13 meetings previous to that.
- d. The IC has made decisions on 30 complaints against registrants. Two cases were closed but advice given to registrants. The IC is empowered to offer advice and there is no reluctance in doing so.
- e. In total the number of transgressions of sexual boundaries cases was five, the same as previous year 2022-23. 'Inadequate clinical treatment' has risen by three and there are still cases concerning a lack of insurance despite regular communication to registrants.
- f. Interim suspension orders (where Committee considers if a registrant should be suspended pending outcome) have reduced to three compared to seven in the previous year.
- g. Recruitment process was successful and the Chair thanked those Members of Council who assisted with the recruitment process – Patricia McClure and Caroline Guy. The webinar held before recruitment led to 121 applicants (110 lay and 11 registrants). The webinar has been seen as good practice.
- h. The IC is agile in terms of learning. This year a training event was held following an employment tribunal which directly related to Social Work England but had implications for the GOsC.
- i. The Chair wished to express his sincere thanks for support the Committee receives from the Fitness to Practise team in terms of administration and support particularly responding to feedback.

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

- a. It was commented upon that GOsC is a positive outlier in terms of receiving and using feedback to improve their FtP committee work – Council concurred that this was a useful report.

21. Andrew Harvey Chair of PCC/HC introduced his report, the key points were:

- a. Chair explained it is a statutory requirement for the GOsC to have a HC and that there are only subtle differences in the process of the HC and the PCC. Due to the low numbers of HC cases the HC and PCC both use the same committee members.
- b. These Committees represent the end of the fitness to practise process and the hope is that a case will not go further, i.e. into the Courts of Appeal.
- c. There are 11 lay members and seven osteopath members – the PCC is currently one member short albeit the recommendations taken earlier by Council would resolve that situation.

- d. The Chair stated the support from the Executive Team is strongest here compared to regulatory bodies he works with. The appointment process and efforts put in to understand the issues and the support from executive makes a difference.
- e. The HC considers allegations where registrants' health plays a particular part in background to the allegations. The entirety of HC will be held in private.
- f. The Chair informed Council that there are some apparent trends, but it was considered that these were not concerning. There has been less activity than previously which could be for a good reason i.e. that there is less cause for individuals to refer osteopaths. However, it could be that potential complainants are choosing not to refer and it was put to Council that it may wish to consider if there are any obstacles to those who might want to report concerns.
- g. Members were advised that there are broadly three types of cases which the PCC consider:
 - Insurance – many of these were short term gaps in cover were not malicious and resolved using Rule 8, which is an agreement between PCC and registrant. This was a good example of the proportionate use of rules.
 - Osteopathic practice – improper in practice terms.
 - Matters of intimacy from very serious sexual misbehaviour/offending to disagreement re where hands placed for treatment which is harder to prove.
- h. Recruitment/onboarding – The approach adopted has been successful; webinars have given clarity to the role in explaining what it is and what it is not. The Communications and Human Resources teams have been of immense help. The use of case studies has helped ensure panel can differentiate the strong candidates from those who are good at applications.
- i. Diversity has been a focus to ensure diversity of thinking and voice on these panels.

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

- a. It was noted it was good to see three former members of IC successfully moving onto the PCC. It was to the Committee's advantage to harness members collective experience. Council was advised that although the Committee was not without operational challenges there was a big enough pool to manage any conflicts of interest.
- b. The Chair of Council asked about the onboarding of new committee members without regulatory experience. Council was informed that new Committee

members are offered opportunities to observe two hearings rather than one in addition to the buddy system with an experienced person.

- c. Council was advised that the Chairs of the IC and PCC meet regularly to share best practice.
- d. It was noted that the data and reports provided good qualitative evidence that Council fulfils its statutory role in terms of FtP. It was suggested the FtP report could include a mandatory section to demonstrate how the Committees contribute to the GOsC's strategic priorities (e.g. use of webinars). It was also suggested consideration might be given to changing the timing of the reports to better fit the reporting cycle.
- e. It was discussed that perhaps GOsC has not been sufficiently good at celebrating the successes e.g. the innovation in terms of recruitment, and this could perhaps help dispel misconceptions and help build trust.
- f. Council raised the question about the tenure for the Chairs of IC and PCC and the time they had remaining as members of their respective Committees. It was confirmed that the Chair of PCC has 4 years remaining and Chair of IC 2.5 years remaining. Council was advised that there is a separate recruitment process for FtP Chair positions requiring a specific skills/experience and that those who sit on the committee can apply.
- g. Council asked if there was any evidence GOsC is particularly good at supporting vulnerable witnesses, reassuring patients that GOsC is a safe place to report concerns. The Chair of the PCC confirmed that all parties are offered the opportunity to join meetings remotely if they choose to and the members of the Regulation team who handle the investigations and gather evidence do so with care and consideration. Additionally, the Chair of PCC advised that he has made great use of the Equal Treatment Bench Book which is a guide that the Judiciary use on how to achieve best evidence from a witness with vulnerabilities.
- h. Council was also reminded that there is an independent support service for witnesses and for registrants.
- i. The Chair of Council asked both the IC and PCC Chairs, thinking about Council's role in terms of horizon scanning, what their observations were regarding future challenges. Both noted that for other/all regulators the challenge is the volume of complaints with patients and the public being more willing to raise concerns. Transgression of professional sexual boundaries could increase due to reporting perceived historical transgressions and also the risk associated with the use of social media.

23. The Director of FtP addressed the above points:

- a. FtP Team demonstrates good practice with vulnerable witnesses and have protocols in place to support vulnerable witnesses during hearings.
- b. In terms of evidence and feedback, witness feedback forms are available online which the Team consider will encourage more responses rather than if provided with a physical form.
- c. The team have considered options such as taking oral feedback from vulnerable witnesses, ensuring that independent support is available to witnesses (including registrants) during the course of their evidence. This includes during remote hearings where the FTP Team cannot help them as they would do if meeting held in person.
- d. The Director of FTP and the Chair of PCC have been discussing how to enable panellists to upskill and retain that skill set given smaller number of hearings the GOsC has and how to build permanent resources for Committee members. The team are currently looking at developing an online library with induction training and resources.
- e. The Regulation team investigate cases, allocating them in bulk for the IC to consider first and obtains, where relevant, expert reports to assist the IC in determining whether there is a case to answer.
- f. Increased use of the Consensual Disposal Rule (the means by which regulatory panels can avoid the need for a contested hearing by reaching agreement to conclude a case in private which would most likely be the same outcome if hearing had been held) is a welcome development and demonstrates the rule, which was enhanced a few years ago, is providing a template for the proper and proportionate disposal of cases.

Noted: Council welcomed and noted the reports.

Item 9: Fitness to Practise Report and dataset

24. The Director of Fitness to Practice and Head of Fitness to Practice introduced the item. The key messages of the Fitness to Practise Report and dataset were:

- a. In this reporting period, there was a decrease in the number of concerns received (16) in comparison to the last quarter (23).
- b. As of 30 September 2024, four of the seventeen cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC). A breakdown of the cases awaiting hearing can be found in the quarterly dataset at Annex A.
- c. In this quarter, the PCC concluded six cases, three of which were at a hearing and the other three were considered at a meeting in accordance with Rule 8

(consensual disposal). This is providing a good template for proper and proportionate disposal of cases.

- d. Regulation Team held second training session on 10 September 2024 for Committee members (both IC and PCC) and Legal Assessors on the European Convention on Human Rights (ECHR) and the Equality Act (including the public sector equality duty) in decision.
- e. External FtP audit is being commissioned and this will feed into the comprehensive review of the threshold criteria.

25. Additional Points Raised in relation to Annex A:

- a. There were fifteen cases which was higher than usual due to having received a higher number of concerns in Q1.
- b. IC – some have been difficult to progress for various reasons e.g. complex, difficulty obtaining materials, challenges engaging with vulnerable witnesses. Some cases very complex with high number of witnesses.
- c. Breach of title – increase in concerns received with a number of complaints that relate to the same 2/3 individuals which has skewed figures but it was also a busy quarter.

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

- a. The FtP Team have seen a rise in the number of matters waiting for IC decision so have scheduled in additional IC meetings to deal with those cases in order to avoid any backlog.
- b. Council members discussed Section 32 (which says a person, whether expressly or by compulsion, describing themselves as osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist or any other kind of osteopath is guilty of an offence unless they are registered as osteopath) and whether there was any data showing trends of what is taking place in abuse of title.
- c. The Head of FTP responded that there were no statistics on deregistering but that there had been an increase in those individuals saying they use 'osteopathic techniques' which are more difficult to take action against.
- d. The Chief Executive suggested that Council may consider having a conversation during 2025 about whether to seek some form of change to Section 32 of the Osteopaths Act in order to capture osteopathic techniques as a term that cannot be used unless by a registered osteopath. Even if DHSC do not support the suggested change, a consultation alone would make our position clear which might be considered sufficient benefit in its own right.

Noted: Council noted the Fitness to Practise report.

Meeting broke for lunch 1330-1415

Item 10: Budget Strategy 2025-26

27. The Head of Resources and Assurance introduced the item which looked at the overall financial envelope for the financial year 2025-26 and set some parameters around forecast expenditure levels and registration fee income projections to inform the business plan and budget cycle.

28. The key messages and following points were highlighted:

- a. The paper set out the budget envelope for 2025-26. Council was not asked to agree the budget at this meeting. The budget will be presented alongside the Business Plan in February 2025.
- b. There are 6 set core principles (Delivery of the core statutory functions, Ensure the patient voice is heard, Look upstream, Digital first, Continuous improvement and Cost efficiency and cost effectiveness) on which the budget forecasts were developed, and which help guide GOsC through an ever-changing uncertain environment.
- c. Registration fees have been maintained for the previous ten years.
- d. Budgeted expenditure for FY2025-26 is expected to be around £3.14m before spending from designated reserves, £270k higher than the previous financial year's budget.
- e. The budgeted total income for FY2025-26 is around £3.10m, based on current student data and historic trend figures. This is £233k higher than the previous financial year's budget. The budgeted income is slightly below what is needed to cover budgeted expenditure, with a small deficit. This is largely due to the change in Employer National Insurance contributions following the Budget.

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

- a. It was confirmed that the costs associated with 'Worker status' (in relation to FtP panel members in regulatory settings) and in reference to the Sommerville case, were calculated on a 2-year basis (in line with other regulators) and equate to circa £20-£25k. There have been no specific claims and GOsC has taken legal advice throughout this process.
- b. Council was asked to agree to holding registration fees at current level for coming year although it was noted that Council would not be able to change these in any case without consultation.

- c. Council were only being asked to consider the budget envelope which has provided an indication of what the full budget might look like when presented to Council in February 2025.

Council considered and agreed the following recommendations:

- a. Considered the overall financial envelope for financial year 2025-26.**
- b. Agreed to hold the registration fees at their current level for 2025-26.**

Item 11: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

30. The Director of Education, Standards and Development introduced the item which was a proposed consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.

31. The key messages and following points were highlighted:

- a. The CPD evaluation reported to Council in July 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
- b. Consequently, the team modified the PDR template to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
- c. The Professional Standards Team have also modified the CPD Guidance, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
- d. The Professional Standards Team sought initial feedback from osteopaths and key stakeholders on our approach during September 2024, which was generally very positive.
- e. The Policy and Education committee were recommending that Council proceed to a wider consultation on the suggested changes.

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

- a. The CPD guidance made clear the importance of keeping up to date with CPD on any adjunctive therapies an osteopath may be undertaking. This has been driven by Insurers as these claims are increasing costs for them.

- b. The evaluation survey that informed the changes was submitted to Council in July 2024 and the updated CPD guidance templates and the Equality Impact Assessment have been recommended by PEC for Council approval to publish for consultation.
- c. A small correction in Annex D - p8 No 6 – the Yes and No boxes are to be removed.
- d. Council noted that respondents' feedback to the survey highlighted that registrants wanted a system that was less burdensome, more simple, more accessible and wanted to consider asking them if they see an improvement in the amended document. It was agreed that this would be built in so had some good evidence.

Noted: Council noted the suggested changes to the Peer Discussion Review template and CPD Guidance

Agreed: Council agreed to proceed to a consultation on the updated CPD Guidance and PDR Template.

Item 12: Guidance about Professional Behaviours and Student Fitness to Practise

33. Senior Quality Assurance Liaison Officer introduced the item which recommended guidance about professional behaviours and student fitness to practise in osteopathic education for publication.

34. The key messages and following points were highlighted:

- a. The paper reported on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers'.
- b. The paper summarised the issues considered and responses to these in Annex A, updated the draft guidance with the changes shown in red (Annex B). A summary of those changes is also attached at Annex C.
- c. The Equality Impact Assessment has also been updated (Annex D).
- d. Council was asked to agree this updated Guidance for publication.
- e. Next steps are a) implementation and b) ensure students are aware of the guidance. For example, via provided links on student hubs, videos etc.

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

- a. It was discussed whether a student FtP issue would remain on the Register and whether it could be used as part of the any future FtP decision. It was

confirmed that it is retained as part of the registration process on the CRM record as this is a statutory decision that needs justification but it will not be on the Register and therefore would not affect any future FtP decision. When questioned if this has any GDPR implications it was confirmed that it is a statutory requirement to retain justification for registration decisions therefore GOSC is both able and required to retain this data.

- b. It was agreed that guidance is now much clearer about the professional behaviours expected of students.
- c. Graduate outcomes and standards for education and training are considered as part of the quality assurance and these have been written based on the osteopathic standards. This ensures that students are following the same standards that protect the public and this new guidance provides consistency across all OEIs.

Agreed: Council agreed to publish the updated Guidance about Professional Behaviours and Student Fitness to Practise

Noted: Council noted the updated Equality Impact Assessment

Item 13: Registration report

36. The Registration Manager introduced the item which provided an update on registration activity covering the six-month period from 01 April 2024 to 30 September 2024.

37. The key messages and following points were highlighted:

- a. At the end of September 2024 there were 5,632 osteopaths on the Register.
- b. The number of non-practising registrants stood at 184 at the end of September 2024.
- c. Ten return to practise assessments were completed in the reporting period. Ten registration assessments connected to internationally qualified applicants were completed.
- d. Paragraph 7 number of graduates has now changed.
- e. It was advised that following staff training it became evident that where data was used for less than 10 individuals, they could be identified therefore it was decided to remove this data from report and explains why there may be some gaps compared to last report.

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

- a. Earlier in the meeting Council had a conversation about risk and the best way to focus Council time on risk indicators – the table shows that seventy-seven

students that did not come onto the register and this seemed like a risk indicator that Council would want to bring to the forefront of such a report. The Registration Manager responded that this report only runs to September and since then the number has dropped to fifty-five as they registered. It was agreed that the next report would split out the number who expect to graduate from OEIs and those that actually do.

- b. Council discussed if there was a way to find out why people do not register following qualification.
- c. Council also asked for the next report to include an insight into how the age composition of the register had changed over time. This would help Council assess risk regarding on registration numbers.

Agreed: Council noted the registration report.

Item 14: Unconfirmed Minutes of public Policy and Education Committee meeting: October 2024.

- 39. The Chair of the Policy and Education Committee had nothing to add other than noting the amount of work undertaken by the team, the number of papers that are out to consultation or are before Council for approval.

Noted: Council noted the minutes of Public Policy and Education Committee meeting October 2024.

Item 15: Any other business

- 40. It was noted that in communications with OEIs it had come to light many institutions are undergoing curriculum changes and are using the GOPRE (Guidance for Osteopathic Pre-registration Education) and SET (Standards for Education and Training). It was good to see that GOsC guidelines are influencing this work in the OEIs.

Item 19: Questions from observers

- 41. There were no questions.

Date of the next meeting: Thursday 6th February 2025 at (10.00)

Meeting closed at 1500.