



**Minutes of the Public Session of the 85<sup>th</sup> meeting of General Osteopathic Council held on Thursday 6 November 2014 at 176 Tower Bridge Road, London SE1 3LU**

Confirmed

**Chair:** Alison White

**Present:** John Chaffey  
Colin Coulson-Thomas  
Mark Eames  
Jorge Esteves  
Nick Hounsfeld  
Kim Lavelly  
Brian McKenna  
Kenneth McLean  
Joan Martin  
Haidar Ramadan  
Julie Stone  
Jenny White

**In attendance:** Fiona Browne, Head of Professional Standards  
David Gomez, Head of Regulation  
James Kellock, Chair, GOsC Investigating Committee (Item 6b)  
Matthew Redford, Head of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Brigid Tucker, Head of Policy and Communications  
Tim Walker, Chief Executive and Registrar  
Judith Worthington, Acting Chair, GOsC Professional Conduct Committee (item 6c)

**Welcome and opening comments**

1. The Chair welcomed all participants to the meeting.
2. The Chair especially welcomed James Kellock, Chair of the Investigating Committee, and Judith Worthington, Acting Chair of the Professional Conduct Committee, to the meeting.

**Item 1: Apologies**

3. Apologies were received from Richard Davies, Chair of the Health Committee, and from Brigid Tucker, Head of Policy and Communications, for late arrival.

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

4. There were no questions from observers.

## **Item 3: Minutes and Matters Arising**

5. The minutes of the public session of the Council held on 23 July 2014, were approved as a correct record of the meeting.
6. There were no matters arising.

## **Item 4: Chair's Report and Appointments GOsC**

7. The Chair gave an oral report to Council. The main points were:
  - a. The Chair had been appointed Registrar of Consultant Lobbyists, a statutory office created by an Act of Parliament. The Chair advised that there were no conflicts with her duties as Chair of Council and the appointment would be recorded in the GOsC Register of Interests.
  - b. The Chair raised the issue of conflicts of interest and Council business. She drew attention to a situation arising where members might in future become contracted with a third party organisation. The intention to seek such a contract in future might be perceived externally as a conflict of interest. The Chair reminded members they should be vigilant to situations where they are required to make decisions, and where those decisions, particularly if they are controversial, might be held up to scrutiny. She said that both she and the Chief Executive would continue work on this and asked that all members, and chairs of committees reflect on this issue when considering dealing with potential conflicts.
  - c. The Chair reminded members that a training day had been scheduled for 9 December. As agreed at the May 2014 seminar the session would be used to develop greater effectiveness in group dynamics, teamwork and interpersonal relationships.
  - d. The Chair informed members that she had had a response from the Department of Health (DH) about the implementation of the GOsC's governance proposals. Consideration is being given by the DH legislation board to approving the necessary resources for a new Constitution Order. In the event of the Board's approval the reconstitution of Council would take place from 1 April 2016. The Chair informed members that the Executive had started some preliminary work but it was too early to say what the likelihood of approval to proceed might be.
  - e. The Chair reminded members that following the departure of the previous Chair of the Professional Conduct Committee (PCC), she had completed the annual reviews for members of the PCC. A number of issues arose from the

process and these would be discussed at a meeting with the Chair of the PCC, once appointed, together with the panel chairs. She would report back on progress to Council in due course.

**The Chair's report was noted.**

**Appointments**

8. The Chair introduced the item which sought to obtain Council's approval for the appointment of the new Chair of the Audit Committee, a new Chair of the Professional Conduct Committee, and two new members and Panel Chairs of the Professional Conduct and Health Committees.
9. In accepting the recommendation for approval of the Audit Committee Chair, members were advised that due to the limited time between the interviews for the new external member position on the Audit Committee and the next meeting of Council, the appointment would need to be agreed by email.

**Council approved the following:**

- 1. The appointment of Chris Shapcott as Chair of the Audit Committee from 1 April 2015 to 31 March 2018.**
- 2. The appointment of Judith Worthington as Chair of the Professional Conduct Committee with immediate effect until 31 March 2016.**
- 3. The appointment of Brian Gomes da Costa and Andrew Skelton as members and Panel Chairs of the Professional Conduct and Health Committees with immediate effect until 31 March 2018.**

**Item 5: Chief Executive's Report**

10. The Chief Executive introduced his report which gave an account of activities undertaken since the last Council meeting and not reported elsewhere on the agenda. The Chief Executive had no additional remarks on the report and asked for Council's comments on the activities for the reporting period.
11. In discussion the following points were made and responded to:
  - a. PSA Levy consultation: members asked if the assumptions made for the proposed levy of between £2.50 and £3.00 per registrant was a worst case scenario. The Chief Executive responded that the Department of Health is conducting a consultation and for the GOsC the preferred option was a per capita levy and the assumptions made were the best estimates made by the GOsC.
  - b. Duty of candour: members asked whether there had been any discussions with insurers. The Chief Executive informed members that he had written

to the five main insurers regarding conflicts that could arise from the duty of candour statement. To date there had been no response or comment.

- c. PSA Performance Review: members questioned the benefit of a shared response to the review of the PSA Performance Review with other regulators. The Chief Executive responded that the GOsC had a more positive view than some but would continue to work with others in responding. On receipt of the new proposals from the PSA they would be circulated to Council.
- d. Values seminar: members asked if there would be a report following the Values Seminar, 12 November. The Chief Executive confirmed a report would be circulated.
- e. Business Plan Monitoring: Members highlighted the issue of student/tutor boundaries and the inclusion of clear guidance on the student/tutor relationship and the giving of treatments. The Chief Executive confirmed that the Executive were addressing these issues.
- f. Members asked if the Guidance for Osteopathic Pre-registration Education (GOPRE) was delayed, whether this would impact on the progression of the draft guidance on student and tutor boundaries in the business plan. The Chief Executive confirmed that this was correct and that that the development of the guidance on student/tutor boundaries was also dependent on Professional Standards Department resources.
- g. The Chair asked that members note the increasing costs of fitness to practise which had not been budgeted for. Members asked if there was a clearer way to forecast to improve budgeting. The Chief Executive responded that currently the trend was one of slow growth and it was unclear whether the current year would be the start of a trend, but that work was ongoing to firm up the financial forecast.
- h. Members asked whether mediation in complaints cases would bring a cost benefit. The Chief Executive responded that the GOsC was not in a position to use mediation within its rules. The Chair added the issue of increased cost of fitness to practise was a very important issue but she was reassured that the Executive have robust controls in place. Members agreed that the challenge was for the GOsC to ensure that the organisation do all that could be done and also maintain quality with the management of cases.
- i. Members suggested the addition of a column in the Risk Register showing risk impact and the ultimate damage that could befall the organisation if a risk event was to take place. After some discussion it was agreed that the Audit Committee should consider this further.

- j. The Chair advised members that observers were welcome to attend the meetings of the Audit Committee to further understand the approach taken to risk and assurance.

### **Council noted the Chief Executive's Report.**

#### **Item 6a: Quarterly Fitness to Practise Report**

12. The Head of Regulation introduced the item which gave the quarterly update on the work of the Regulation Department and the GOsC's fitness to practise committees in which the following were highlighted:
  - a. Fitness to practise case trends: there has been a significant increase in the number of cases compared to the same period in 2013. In particular and of concern was the number of cases relating to breaches of professional boundaries.
  - b. Cost considerations: in this reporting period members were informed that the Regulation Team had serviced a record number of hearings, totalling 18 in all. This was not only demanding on the team but had led to an increase in hearing costs over the financial year.
  - c. Judicial Reviews: members were updated on the two Judicial Review applications which had been lodged. One application was expected to be dismissed after a number of appeal applications. The second application is ongoing as the litigant has applied to the court of appeal for permission for the Judicial Review to be considered further. If the appeal were to be admitted there would need to be a decision by Council whether the GOsC should defend the Judicial Review or not. The issue relates to appropriate times during proceedings where certain evidence is admitted.
  - d. Peer review audit: as part of the ongoing quality work and joint working initiative Kellie Green, Professional Regulation Manager at the GPhC and former Regulation Manager with the GOsC, conducted a case review audit. There was a benefit of having the review done by someone familiar with the work of GOsC not only in terms of staff time but also with the familiarity of GOsC processes. The scrutiny was robust and a number of areas identified for improvement. The General Optical Council will be again invited to conduct a peer review audit in 2015 on Rule 19 cases.
  - e. Legal Assessor recruitment: members were given a further update on the recruitment for a pool of Legal Assessors. Members were informed that out of the 35 applications for the position 20 candidates had been selected for interview. Interviews were scheduled to commence on Monday 17 November.

13. In discussion the following points were made and responded to:
- a. Members asked if the GOsC would be awarded costs for the Judicial Review case. The Head of Regulation responded that the GOsC has an order for the costs but would not be seeking to enforce payment due to the circumstances of the individual involved.
  - b. It was agreed that in general, applications for Judicial Reviews were on the increase and that this increase did present a potential risk for organisations although the GOsC was fortunate not to have a higher number. The Head of Regulation agreed and confirmed there were risk factors to be considered and this would be an item for inclusion in future training sessions for fitness to practise committee members.
  - c. Members asked whether there had been discussions with the osteopathic educational institutions (OEIs) about the issues relating to breaches of professionalism and sexual boundaries. Members were informed that the issues have been flagged and discussions have taken place with the OEIs with further discussions to take place at future meetings.
  - d. Members also asked, when submitting their annual reports, whether the OEIs included a breakdown of the type of complaints received as well as the number of complaints. The Head of Professional Standards confirmed there is a requirement for the OEIs to report complaints. Information on student fitness to practice matters found proved are included and the nature of the complaints are fully described, as well as the sanctions, and can be used to inform decisions about registration. Student fitness to practice complaints which have not been found proved are also reported to provide an indication of the areas upon which further advice or guidance may be required for students and OEIs.
  - e. The Head of Professional Standards added that the Education and Registration Standards Committee are also aware of issues relating to boundaries. Work is being undertaken both with OEIs, faculty and students to enhance awareness in these areas. The Committee has also agreed the terms of reference for a Student Professionalism Working Group to look at boundaries and a range of related issues.
- a. Members asked if the increased use of practice notes had made an impact in the conduct of hearings. The Head of Regulation confirmed there was evidence they had made a difference making the nature of undertakings more acceptable. There have been improvements in bundles presented and all parties focused on the issues. Case management was still an area for development and it was intended to continue to look at ways to improve and fine-tune systems during the coming year.
  - b. Members raised a concern about the costs relating to fitness to practise cases and sought assurance that cost would not be a factor where

decisions were made on whether or not to pursue a case. Members were assured that cost is not a factor in determining whether to commence an investigation.

- c. Members asked about the purpose of the recruitment of a pool of Legal Assessors. The Head of Regulation explained that currently GOsC only had four Legal Assessors and that a larger pool was required to meet the needs of the fitness to practise committees and also inject new blood into the current pool which had been in place for some time.
  - d. Members asked if using Kellie Green as a peer reviewer in the recent audit could be construed as a 'soft-option' considering her previous link with the GOsC. The Head of Regulation responded that Kellie had agreed to take on the review and it had worked very well. As a reviewer she had been very thorough in her scrutiny of the cases audited and had put forward recommendations for improvements.
14. PSA Initial Stages Audit: the Head of Regulation informed members that overall the PSA Audit Report had been positive for the eight cases reviewed. The Head of Regulation agreed the auditors had made valid points on customer service and quality assurance and these points had been taken on board.
- a. Members asked if there was reason for concern with the increasing caseload which the Regulation Department was being required to manage. The Head of Regulation confirmed that case numbers were being closely monitored in order to ascertain whether the increase in complaints was a long term trend.
  - b. The Chair advised members that following the Moulton Hall report and the improvements which had stemmed from it, new approaches were now required to move on and improve the fitness to practise processes further, ensuring good customer care and quality of service. Moving forward the Chair informed members that the Audit Committee had been requested to take an overview of the PSA Audit and make any recommendations that might be helpful in order to show the PSA evidence of progress.

### **Council noted the Quarterly Fitness to Practise Report.**

#### **Item 6b: Annual Report of the Investigating Committee (IC)**

15. The Chair of the Investigating Committee introduced the Annual Report of the Committee covering the period 1 October 2013 to 30 September 2014. He highlighted the following:
- a. In conducting the annual appraisals for IC members he was happy to report on how much they enjoyed their work.

- b. The increase in the number of hearings was also to be noted along with the associated increased cost of hearings. He explained that the increase in cost and length was, in part, down to the quality of legal representation which was available to registrants. He also noted the increase in the number of sexual boundary cases.
  - c. The recruitment of two new members to the Committee and a number of procedural changes which have helped the Committee, and the increase in the number of Medical Assessors which would be helpful going forward.
16. In discussion the following points were made and responded to:
- a. Members requested clarification on the 44% of cases which were outside of the target (Targets, page 4, paragraph 13). The Chief Executive explained that the target is a median of all cases and was a standard PSA measure for this area of reporting, therefore there would always be approximately half that were not within the median target time.
  - b. Members asked if there were any clear reasons for the commercial disputes between osteopaths who may have clinics within the same vicinity in a local area. Did opticians experience the same type of rivalry? It was explained that many opticians were High Street multiples and, therefore, operate in a different way. Osteopathic practice is more fluid and often operated as very small businesses in which competition for patients is high making disputes more likely.

### **Item 6c: Annual Report of the Professional Conduct Committee (PCC)**

17. The Professional Conduct Committee Chair introduced the Annual Report covering the period 1 August 2013 to 30 September 2014. She asked members to note the following correction in paragraph 3, line 2 should read:

*...there were 14 hearings in an 11 month period...*

18. The PCC Chair highlighted the following from the Annual Report:
- a. Development in procedure and practice notes: the committee was already seeing benefit from the use of practice notes which work for all participants involved with hearings, especially with the use of written statements rather than the reading of statements, which saves time as well as distress to witness.
  - b. Use of Rule 8: although Rule 8 has only been used on one occasion, it was hoped that there would be occasions for further use under appropriate circumstances as it would save on costs.

- c. Judicial Reviews: the PCC Chair commented that mitigating evidence and the point at which it is received was an issue currently subject to Judicial Review.
  - d. Appeal cases: another point which had affected some of the findings was the case where Justice Irwin drew a comparison between unprofessional conduct and impairment as defined in the GMC's Act and Rules. It was hoped that one of the outcomes of the training day on 20 November would be to achieve a more balanced view in this area.
  - e. Sexual boundary cases: the PCC chair informed members that panels find these difficult as they spend a lot of time weighing up evidence. She informed members that the panels should be more willing to take a vote rather than let the debates run on. This area will also be covered in training and the work done by the former CHRE (Council for Healthcare Regulatory Excellence - now the Professional Standards Authority – PSA) will be considered.
  - f. Members asked if the Indicative Sanctions Guidance had been applied in all recent cases. The Chair responded that she would not be able to comment on this without an audit of the relevant cases.
  - g. Representation: work conducted by the team on improving representation had been successful and there has been some improvement in advocacy on behalf of the Council.
  - h. Allegations: the use of wrap-up clauses had been useful where there were multiple allegations. She said the drafting of allegations had improved since the last report but there were still improvements to be made.
19. In discussion the following points were made and responded to:
- a. Members asked about use of Rule 8 and cost and if the rule was about proportionate regulation. Members also asked if more information should be made available so there would be better understanding of the rule. Members were advised that there is detailed guidance available relating to Rule 8 and the GOsC had done much to publicise the procedure.
  - b. Members expressed some concern about the use of wrap-up allegations/clauses and how the registrants might perceive their use. The Head of Regulation said it was a difficult area as only focusing on one area of an allegation could result in a case being lost. Members also commented that they hoped that work on reducing the number of sexual boundary cases would continue to be reviewed.
  - c. Members queried the rising number of cases and the proportion being screened out. Was the GOsC delivering as expected and was it fit for purpose? The Chief Executive responded that it was a difficult area to

assess but on balance appeared to be correct. The dynamics may change with the implementation of the threshold criteria. The IC Chair, referring to the nature of complaints, commented that very few related to criminal offences.

- d. Members were advised that legislation was going through Parliament to restrict the incidence of Judicial Review.

#### **Item 6d: Annual Report of the Health Committee (HC)**

20. The Head of Regulation introduced the Annual Report of the Health Committee covering the period 1 July 2013 to 30 September 2014. He highlighted the following:

- a. The types of medical conditions which had featured in cases considered by the Health Committee:
  - bipolar affective disorder
  - personality disorder (narcissistic/paranoid/antisocial)
  - substance misuse, depression and hypomania
  - Alcohol Dependence Syndrome
  - paranoid schizophrenia or delusional disorder
- b. Statutory framework: the HC Chair had asked members to note the procedural matters relating to the statutory framework in paragraphs 10 and 11 referring to Conditions of Practice Orders and the requirement for the Chair to determine whether a case should go to the HC even after being referred by the IC.
- c. Medical Assessors: there had been positive feedback about the recruitment process and the training which followed. The members of the Health Committee had been impressed by the care and handling of the process.

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

- a. Members asked if there was a way to check pre-existing health issues before entry into the osteopathic profession. The Head of Regulation responded that equality and diversity legislation had to be considered when handling health matters. The Head of Professional Standards added that there was guidance available on the subject of health checks which is currently due for review.
- b. It was pointed out that any health declaration should be made at the point of registration. The Chief Executive added that he and the Head of Registration and Resources review individual applications.

22. The Chair concluded that the discussions resulting from the fitness to practise annual reports had been helpful and thanked the IC and PCC Chairs for their

reports and their contribution to the discussions. On behalf of Council she also thanked the Head of Regulation and his team for their work.

**Council noted the reports of the fitness to practise committees.**

**Item 7: Budget strategy and Draft high-level business plan**

23. The Head of Registration and Resources introduced the item which set out the budget and business plan strategy for the financial year 2015-16. The paper set out the projected 2015-16 budget envelope including expenditure forecasts.
24. In discussion the following points were made and responded to:
  - a. The Chair said that she would like to see more detail on the amounts which will be brought back from the reserves in the monthly reports. This would assist Council in their understanding of current financial status. The Head of Registration and Resources agreed this would be incorporated into the budget paper in February.
  - b. Members asked whether the proposed legislative changes would impact on the budget. The Chief Executive confirmed there would be a cost in developing new rules but probably not in 2015-16.
  - c. Members supported the recommendation to hold the registration fees at the current level and asked when registrants would be informed. The Chief Executive informed members that registrants would be advised shortly. Members added that it should be re-emphasised to registrants that fees were being held down and this should be a good news story.
  - d. Members asked if there was any further information on GOsC's charitable status proposals. The Chief Executive and the Chair both confirmed there had been no progress to date which stemmed from a number of legal issues.

**Council noted the overall financial envelope for 2015-16.**

**Council agreed to hold the registration fees at their current level.**

**Item 8: Consultation report and approval of Enforcement Policy**

25. The Head of Regulation introduced the item reminding members that the GOsC has the power to prosecute individuals who commit an offence under s32(1) of the Osteopaths Act 1993. The paper presented a draft Enforcement Policy setting out how and when powers under s32(1) would be used and the results of a three month consultation on the policy. He added the response to the consultation had not been overwhelming but the policy contained nothing considered controversial.
26. In discussion the following points were made and responded to:

- a. Members commented on paragraph 17, point 5:

*'Whether a member of the public was harmed or put at risk of harm by the offending'.*

Members asked if something could be included about maintaining public confidence. The Head of Regulation confirmed that a sentence had been included in the policy stating:

*'Whether the prosecution is likely to have a significant effect on maintaining public confidence in the profession or in deterring others from offending'.*

- b. Members asked if and how the policy might reflect on relationships with the Isle of Man and Gibraltar. Members were advised the policy did not apply as both have different legislation and Section 32 does not apply.
- c. Members advised that points on health issues should be included in the list of considerations at paragraph 17. It was confirmed that this would be done.

### **Council approved the draft Enforcement Policy.**

### **Item 9: Consultation Report and approval of Whistle Blowing Policy**

27. The Head of Regulation introduced the item reminding members that the GOsC is a prescribed body to which protected disclosures under whistle blowing legislation can be made. The item set out the proposal to introduce a whistle blowing policy and how the GOsC would deal with any disclosures.
28. The Head of Regulation also thanked members for their responses to the draft policy.
29. In discussion the following points were made and responded to:
- a. It was confirmed that disclosures made under the Whistle Blowing Policy covered both the GOsC and the OEIs. The Head of Regulation added that there was protection for those who took their concerns to an authority whoever the employer might be.
- b. Members suggested that it might be preferable to change the orders of Sections 2 and 3 so that Section 3: Matters that the GOsC will consider under this policy, would become Section 2, and the current Section 2: Matters that the GOsC cannot consider under this policy – moved down the list.

- c. The Head of Regulation confirmed that the whistle blowing email address was live on the GOsC website.

**Council approved the Whistle Blowing Policy.**

**Item 10: Continuing Professional Development (CPD) Consultation**

- 30. The Head of Professional Standards introduced the item which set out the proposed consultation and communication strategy for the new CPD scheme.
- 31. In her introduction the Head of Professional Standards thanked all who had contributed to the new scheme's development especially the members of the pathfinder groups.
- 32. In discussion the following points were made and responded to:
  - a. Members commended the report and all the work which had gone into creating an important body of work. Members asked if there would be an independent editorial review for the final publication. The Head of Policy and Communications confirmed that there would.
  - b. Members asked if the timetable outlined for the scheme's introduction was realistic. The Head of Professional Standards assured members that the timetable was feasible and that some work had already begun.
  - c. The Head of Policy and Communications highlighted that the strategy for the five month consultation was to ensure that osteopaths understood what the CPD scheme was about and also build public confidence. Although the consultation documents were long members were informed these would be presented in a number of formats allowing as many consultation participants as possible to take part.
  - d. The Head of Professional Standards informed members that the GOsC would work to ensure the widest possible engagement. This would include working with the OEIs to ensure the information about the consultation was disseminated to students as well as the regional groups and other interested parties and stakeholders.
  - e. Although the consultation documents have been tested and reviewed, with comments and advice taken on board, the Head of Professional Standards informed Council that a link was still available so that any members could test and review the questions on-line if they were interested in doing so.

**Council agreed to consult on the new continuing professional development scheme.**

**Council agreed the consultation strategy for the continuing professional development scheme consultation.**

**Item 11: Leadership development project funding application**

33. The Chief Executive introduced the item which requested Council's approval of a grant towards the development and delivery of a leadership programme for the osteopathic profession.
34. The Chief Executive added the project was an exciting opportunity for the osteopathic profession and that the Open University was also enthusiastic about the collaboration as, although involved in leadership projects in the health sector, they had not had involvement with the osteopathic profession.
35. In discussion the following points were made and responded to:
  - a. The Chair applauded the initiative although it was not clear what the take up of the project might be as the cost was not solely financial but there might also be an issue about the time commitment involved for individuals who participated in the project.
  - b. Although there were some concerns, members agreed overall that collaboration with the Open University was an excellent opportunity as there were at present no existing structures for leadership development in osteopathy. It was felt that the project would increase a sense of professionalism within osteopathy and open the way for the future leadership of the osteopathic profession.
  - c. Members suggested that the leadership project would also need a community function/focus and might need 5-6 years to see any benefits.
  - d. If approved the Chair suggested there should be a phased release of funds for the project dependent on the number expressing an interest in participating in the project.
  - e. Members asked if there had been or would be any conversation about shared funding of the project with the Osteopathic Education Foundation.
  - f. There was some concern that the OU viewed the project as a business opportunity and asked how it was intended to make the project work for the profession and also link to mainstream health environment. A number of members did not have high expectations and wondered if it would make a difference to the wider osteopathic profession.
  - g. Members felt the proposal required much more detail including whether course credits would be available.
  - h. The Chief Executive responded to the comments. He explained that the project would only happen with the GOsC taking the initiative. The course would be OU tutor-led supported with other leaders. The course would be

aimed at those who were potential leaders within the profession. He had looked at clinical opportunities in the NHS but, in the first instance, the requirements were generic rather than clinical.

- i. The course would not be accredited as this would be more costly but would provide up to a year's CPD for those who wanted to participate.
- j. The OU had been chosen as it was the most cost effective identified option with little interest shown by other providers. The lack of programme content was due to the course not yet being fully designed.

**Council agreed the initial grant of £18,560 towards the first year costs of delivering a new leadership programme for the osteopathic profession, in a phased release subject to numbers committing to the programme.**

### **Item 12: Revisions to the Governance Handbook**

- 36. The Chief Executive introduced the item which highlighted the amendments to the GOsC Governance Handbook following the discussions at the July 2014 seminar, and also changes to the Procurement Policy as recommended by the Audit Committee.
- 37. In discussion the following comments were made and responded to:
  - a. Members asked what was defined as a non-executive. The Chief Executive responded that the definition covered more than Council and committee members and was contained in the Governance handbook.
  - b. Members asked for clarification about contract authorisation and who, other than the Chief Executive, had authority to sign on behalf of the GOsC. The Chief Executive responded that he had overall authority and could delegate the power if it was necessary.
  - c. Members asked if, in relation to the Procurement Policy and budgets, the five-year time frame for contracts was too short or too long in some circumstances. The Chief Executive agreed that it might be helpful for the Audit Committee to review this.
  - d. Members reiterated that they supported the need for regular contract reviews and that the GOsC should not become complacent in re-appointing service providers following tender procedures.
  - e. A number of grammatical errors were highlighted in the Procurement Policy and these would be corrected before publication.

**Council agreed the amendments to the Governance Handbook as set out.**

**Council agreed the new procurement policy as set out in the Annex.**

### **Item 13: Performance measurement and Key Performance Indicators (KPIs)**

38. The Chief Executive introduced the item which considered Council's requirements for the reporting of KPIs and also reports on performance in 2013-14.
39. In discussion:
  - a. It was suggested that the KPIs should include reporting on public benefit.
  - b. The Chair informed members that she would be discussing the performance measurement and the KPIs with the Chief Executive. She invited members to contribute their thoughts and comments to her.

### **Item 14: Health and Social Care (Safety and Quality) Private Member's Bill**

40. The Chief Executive introduced the item which discussed the Private Member's Bill currently before Parliament which could lead to a redefinition of the GOsC's statutory objectives.
41. The Chief Executive added that, at present, he had no concerns with the Bill but if additional material was introduced then there would be a need for further consideration.
42. Members felt that the Bill would not make any major change to the GOsC although keeping it under scrutiny was the correct approach.

### **Council noted the contents of the report on the Health and Social Care (Safety and Quality) Private Member's Bill.**

### **Item 15: Registration Report**

43. The Head of Registration and Resources introduced the item which provided an update of registration activity covering the six-month period from 1 April to 30 September 2014.
44. Members were informed that the most recent data for registration assessment activity undertaken in the last six months from 1 April 2014 to 1 October 2014 was not included in the report and would be circulated under separate cover.
45. In discussion the following points were made and responded to:
  - a. Members queried the statement on the front page of the GOsC website which says:

*'Please note that Register information about some osteopaths' date of registration may not be correct, due to technical difficulties.'*

The Head of Registration and Resources advised members that once the new web platform was in place the note would be removed.

- b. Member sought clarification relating to the status of tutors and practising/non-practising status and fees. The Head of Registration and Resources advised members that clear guidance had been given to registrants as to the requirements of being non-practising. It was a matter for the OEIs whether their non-clinical staff were practising.

**Council noted the Registration report.**

**Item 16: Education and Registration Standards Committee (ERSC) – 2 October 2014**

- 46. There were no comments on the public minutes of the Education and Registration Standards Committee.

**Council noted the minutes of the Education and Registration Standards Committee.**

**Item 17: Osteopathic Practice Committee (OPC) – 2 October 2014**

- 47. There were no comments on the minutes of the Osteopathic Practice Committee.

**Council noted the minutes of the Osteopathic Practice Committee.**

**Any other business**

- 48. There was no other business.

**Date of next meeting**

- 49. Date of the next meeting: Wednesday 4 February at 10.00a.m.