



**Minutes of the Public meeting of the 101st meeting of the
General Osteopathic Council held on Wednesday 21 November 2018, at
176 Tower Bridge Road, London SE1 3LU**

Unconfirmed

- Chair: Alison White
- Present: Sarah Botterill
John Chaffey
Elizabeth Elander
Bill Gunnyeon
Simeon London
Joan Martin
Haidar Ramadan
Denis Shaughnessy
Deborah Smith
- In attendance: Fiona Browne, Director of Education, Standards and Development
Richard Davies, Chair, Professional Conduct Committee (PCC)
(Item 7)
Hannah Doherty, Regulation Manager (Item 6)
Lorraine Donaldson, Registration and Resources Assistant (Item 12b)
Philip Geering, Chair, Health Committee (HC) (Item 7)
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communications and Engagement
Matthew Redford, Director of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Tim Walker, Chief Executive and Registrar
- Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)
Colette Higham, Senior Scrutiny Officer, Professional Standards
Authority (PSA)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Colette Higham, Senior Scrutiny Officer, Professional Standards Authority, Richard Davies, Chair of the Professional Conduct Committee, and Philip Geering, Chair of the Health Committee.
2. Apologies were received from James Kellock, Chair of the Investigating Committee (IC).

Item 2: Questions from Observers

3. There were no questions from observers.

Item 3: Minutes and matters arising

4. The minutes of the 100th meeting of Council held on 17 July 2018 were agreed as subject to the following amendments:

Item 2: Opening Address: Paragraph 4a to be amended to read:

The new Council designate was motivated not just by establishing the new regulator but its continued development. Enthusiasm, energy and belief in the new organisation were apparent. It was the first new healthcare regulator established in a long time and both the Department of Health and the GOsC were feeling their way, as the organisation evolved into what would be recognised today.

Matters arising

5. Item 10 Audit Committee Annual Report Paragraph 26b: Council recognised that due to its nature IT is an area of vulnerability, but steps are being taken through continuous monitoring to alleviate risks through mitigating actions and strategic planning.
6. Draft Restoration Guidance: At the meeting of Council July 2018, it was agreed that restoration guidance should be developed to support the Professional Conduct Committee in the event of a restoration hearing. The proposed interim restoration guidance was agreed by Council by email, September 2018, in order that a hearing, now planned for December, could proceed. The development of the restoration guidance would continue in line with standard procedures. It was added that as part of the pre-consultation process the GOsC has had a helpful telephone conference with the Chair of the Parole Board to input into the development of the draft guidance.

Item 4: Chair's Report

7. The Chair gave her report to Council:
 - a. The Chair had overseen the process for the recruitment of a new Chief Executive and Registrar culminating in the appointment of Leonie Milliner, currently the Chief Executive of the Association for Nutrition. The formal announcement of the appointment was made on Monday 19 November. The current Chief Executive Tim Walker confirmed his exit date would be 6 March 2019, allowing for three days of onsite handover, but both he and Leonie would be working together during the interim period. It was confirmed that Leonie would observe the Council meeting on 6 February 2019 and participate in the move towards finalising the new Corporate Strategy 2019-22.

- b. The Chair thanked members who had provided input following the strategic planning meeting in September. The Executive would consider the feedback in continuing the development of the new Corporate Strategy.
- c. Since the last meeting news of the annual report of the Professional Standards Authority (PSA) about the GOSC's 2017-18 performance had been received. The GOSC had received a clear report despite the challenges experienced during the year. The Executive had worked hard to provide information to the PSA about the GOSC's performance and this year's achievement had been hard won. It was stressed that the GOSC must not be complacent about its performance, and the experience had underlined this. On behalf of Council the Chair thanked the Executive for its commitment and hard work in maintaining the GOSC's performance record.
- d. The Chair acknowledged the formal launch of the new CPD scheme (1 October) and the updated Osteopathic Practice Standards (1 September). It was hoped that members had had the opportunity to read the special edition of The Osteopath magazine which provided a good information resource about the changes.
- e. Council's attention was drawn to a serious issue to be considered by members regarding fraud or error in relation to registration. This was the first time such an issue had come before Council during the Chair's tenure and was central to the GOSC as a regulator and to its statutory purpose of public protection. In addition to the case Council would need to consider whether there is additional action required to mitigate the risk of a repetition in the future.
- f. The Chair's annual review discussion had taken place conducted by Bill and Haidar. In discussion the development points agreed were to:
 - *Continue to lead Council to enable its effectiveness in strategy and policy development, charitable good practice, financial capability and Executive scrutiny, and support the continued development of good relationships between executives and non-executives;*
 - *Continue to catalyse the building of capability and effectiveness across the organisation to identify, manage and mitigate risk, and ensure appropriate assurance especially in regard to key regulatory functions;*
 - *Oversee and chair the process to successfully appoint a new Chief Executive, ensuring the proportionate involvement of stakeholders throughout, and ensure that the new incumbent is appropriately inducted and integrated into the organization.*
- g. Attention was drawn to the recent social media coverage regarding a concluded fitness to practice case concerning Nick Handoll. Mr Handoll had alleged on Facebook, irregularities in dealing with complaints he had made

about his case. The Chief Executive had confirmed that proper processes had been followed and updated Council about the case:

- i. The case relating to Nick Handoll was one of many advertising cases and was submitted to the Investigating Committee (IC) for review. The IC adjourned the case as it required further information from the Advertising Standards Authority (ASA). The ASA, as an adjudication body, does not provide advice, therefore it was agreed the matter would be submitted as a formal complaint from the GOsC Chief Executive to be assessed.

- ii. There were three aspects to Mr Handoll's complaint:

- The GOsC had not followed its own complaints procedure.

On review of the documentation it was found there had been an oversight in that a corporate complaint form requested by Mr Handoll had not been sent to him for which an apology had been made.

- The GOsC had gone beyond its statutory powers in referring the matter to the ASA.

Mr Handoll asserted that the GOsC does not have the power to refer the complaint to the ASA. However, in response it will be noted that:

- a. the Investigating Committee rules are clear in that the IC can seek further information from others with knowledge of matters relating to the complaint.
- b. under the Powers of the General Council, paragraph 15(1) of the Schedule of the Osteopaths Act 1993 it provides that 'Subject to any provision made by or under this Act, the General Council shall have power to do anything which is calculated to facilitate the discharge of its functions or which is incidental or conducive to the discharge of its functions'.

Mr Handoll was advised of these provisions and was urged to seek legal advice as the most appropriate forum to make a challenge would be at the PCC hearing, as at the relevant time the fitness to practise investigation was ongoing, rather than through the Corporate Complaints process.

- There was not an independent appeals mechanism for the complaints procedure.

Complaints received through the GOsC Corporate Complaints procedure are initially considered by the Chief Executive (but not if

the complaint is about them). If a complainant is not satisfied with the outcome of the complaint it can then be considered by the Chair of Council. Beyond this a complaint can be raised with the Professional Standards Authority.

- iii. Much of what had been written about Mr Handoll's case on social media is open to interpretation. The facts were that the case had now concluded. Mr Handoll sought to leave the Register during the fitness to practise process which was not granted given the seriousness of the concerns under investigation. The PCC's final determination was that Mr Handoll should be removed from the Register. Mr Handoll decided not to appeal the decision of the PCC to the High Court. The appeal period has now lapsed.

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

- a. The approach taken to challenges and questions arising from Mr Handoll's case was to interact and respond to those who had raised issues. During the course of the investigation and adjudication of the case approximately sixty letters or emails of complaint were received and reported to the Audit Committee. All the complainants received personal responses. Most complainants were satisfied with the explanation provided but there were also some who were remained dissatisfied.
- b. There was limited support for Mr Handoll and the challenge that the Osteopathic profession should not be subject to the regulations set by the ASA. The Osteopathic Practice Standards clearly set out that registrants should follow guidance issued by the ASA. Neither the GOsC nor decision makers including Screeners and the IC are in a position to judge whether an osteopath's advertising may be in breach of ASA guidance/the CAP Code.

Noted: Council noted the Chair's report.

Item 5: Chief Executive's Report

9. The Chief Executive introduced his report which gave an account of the work undertaken since the last Council meeting and not reported elsewhere on the agenda.

10. The following points were highlighted:

- a. It was expected that the finalised PSA Performance Review Report would be made available very soon and would be circulated to members when received.
- b. The fitness to practise KPIs which were due to be updated in the Business Plan were delayed due to the lateness of the PSA Performance Review which would inform the GOsC approach to the KPIs. It was suggested that there

should be a seminar discussion at a next meeting of Council on KPIs and what kind of data is useful for Council and what is reported to the PSA.

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

- a. Continuing Professional Development (CPD): It was confirmed that there are systems in place to analyse use of the CPD website. The site had been running for some time and a new format for analysing its use had been introduced prior to the launch of the new CPD system. The types of analytics which could now be undertaken were wide-ranging and includes the type of information being downloaded, the points of entry and exit from the site, the time being spent on different pages/areas of the site. It was suggested that an addition to the analysis of usage could be to check that users had found the information required before leaving the site.
- b. It was confirmed that quality assurance checks on CPD providers advertising on the website are not undertaken which is also the case for The Osteopath magazine. The GOsC does not provide any endorsements for any particular provider but if there were areas of concern then action would be taken.

12. Business Plan:

- a. The process for expanding the pool of expert witnesses would begin in December 2018 after the PCC training day, 30 November. The Executive were aware of the matters outlined by the PCC Chair within his annual report to Council and steps were already being taken as to how best to address this. A central issue is being able to have the appropriate type of osteopathic expert available to provide evidence where the allegation involves the registrant's use of adjunctive therapies/techniques or where they are dual registered and the application of Osteopathic Practice Standards (OPS) to the registrant's practice.
- b. Members were given assurance that there were no difficulties in the main with the current pool of expert witnesses, save in one instance at a hearing. However, expanding and refreshing the pool would lead to a wider range of osteopathic expertise to draw upon and also assist the PCC in improving its decision-making. In supporting the recruitment of expert witnesses, it was highlighted that the recruitment and the widening of the pool of legal and medical assessors had been of noted benefit to the PCC.
- c. It was confirmed that the length of time an expert witness served in their role was indefinite. It was also confirmed that expert witnesses are qualified osteopaths and must show evidence of Continuing Professional Development (CPD) as well as undertaking training to become a specialist expert witness. This training is funded by the GOsC. The crucial issue was not that the experts were below the standard expected but rather ensuring the most appropriate expert was used by the PCC when hearing a case. For example: where the allegation involves the registrant employing an adjunctive therapy

or technique which only two or three other individuals in the country use. To further develop effective processes for the recruitment of the most appropriate expert witnesses it was suggested that the Executive should approach other regulators to understand their procedures and the challenges resulting from the process.

13. Financial Report: The Director of Registration and Resources introduced the report which presented the six-month position to the end of September 2018, with income and expenditure at the expected position.
14. While the position remains good, areas of expenditure prone to volatility are being kept under review, in particular areas of expenditure relating to fitness to practise.
15. It was confirmed the costs for the Chief Executive recruitment exercise was, in-part, offset by the underspend in employment cost. The costs for the recruitment process included the recruitment fee and consultancy work of the executive search agency and also the psychometric testing.

Noted: Council noted the Chief Executive's Report.

Item 6: Fitness to Practise Report

16. The Regulation Manager introduced the item which gave the quarterly update on the work of the Registration department and the GOsC's fitness to practise committees.
17. The following points were highlighted:
 - a. The median for PCC cases for the quarter showed an increase which was due to the number of complex cases which had now been completed.
 - b. The number of cases considered in the Q3 is approximately half of those in Q2. It is not considered that there would be any significant increase moving forward.
 - c. Of the 38 Section 32 cases shown as opened at 30 June 2018, a significant number had now been closed.
 - d. A correction was noted in the dataset under Key Performance Indicators – case progression. The number of 'cases that need review hearings' at Q3 should read four. There had been three cases in Q3 which resulted in 'conditions of practise' or suspensions being imposed and would be reviewed in due course. Going forward over the next few quarters, there would be a similar number of cases requiring reviews as short suspensions had been imposed.
18. In discussion the following points were made and responded to:

Key Performance Indicators

- a. It was explained that the hearing schedule, including the number of days allotted to a case, were planned well in advance. It was not the view that any cases currently listed were of a complex nature requiring an extended timeframe and, therefore, should remain within the KPI. It was added that an unpredicted increase in the length of time it took for a case to conclude might happen if the case becomes part-heard.
- b. It was explained that the number of days set for a hearing was dependent on a number of factors which could be difficult to predict. Factors to consider were the nature of an allegation, the investigations required, third party investigations (i.e. by the police), and the personal circumstances of the registrant and witness availability. It was suggested that the proposed seminar discussion in February 2019 on Key Performance Indicators should consider the types of cases (for example where there is a third-party investigation by the police which means the fitness to practise investigation is delayed until the police investigation is completed), how they are reported and whether this can be done separately and the impact on KPIs.
- c. The Executive said that extrapolating those cases where external factors impacted on the KPIs would give a more accurate picture of KPIs and the median figures.
- d. It was pointed out that there is an ongoing discussion between the regulators and the PSA about reporting particular types of cases separately due to the impact on KPIs. It was added the GOsC would be particularly sensitive to any changes in how KPIs are determined given the smaller caseload and it was thought that reporting on the median figures (as opposed to the mean) was the correct approach for the GOsC.
- e. It was explained that, as previously reported, it was not only the complexity of cases leading to increases in KPIs but also the adversarial approach taken by some defence counsel on behalf of their clients leading to a proliferation of preliminary applications and legal argument which elongates hearings.
- f. It was suggested that a footnote to the dataset might be helpful in explaining the timescale of cases and hearings. The challenge was also explained that where there was an adjournment, the difficulty lay in reconvening all the relevant parties, including the same Committee members at a time when all are available to resume proceedings. This can take up to several months.
- g. The Chair concluded that Council was reassured by the report and the forecast for future KPIs. To ensure that the work of the Regulation department remained on track the Chair encouraged the Executive that if additional resources were required then Council should be informed. This is a matter that is kept under review.

Section 32

- h. It was confirmed that to date the number of Section 32 cases had been reduced to 17, down from the 38 reported. It was suggested that the dataset could show the age and nature of the cases as it appeared that there were a high number of this type of case in relation to the size of the Register.
- i. It was explained that Section 32 describes a criminal offence and the GOsC had no statutory duty to undertake investigations or to prosecute protection of title matters. The fact that the GOsC do prosecute was to ensure and maintain confidence in the profession and the integrity of the register. The GOsC has always dedicated resources to Section 32 matters but these are considered 'low grade' and the number of individuals who attempt to use the protected title is very low. It was stressed that issues which involve patient safety and protection of the public must take priority over Section 32 issues which would remain closely monitored.

Noted: Council noted the Fitness to Practice Report.

Item 7: Fitness to practise committee Annual Reports 2017-18

Investigating Committee (IC)

19. The Director of Fitness to Practice was invited to comment on the report and the following points were made and responded to:
 - a. It was confirmed that the targets for cases to be considered would be part of the planned KPI review. It was considered that to provide a longer period for the investigation of case in conjunction with standard case directions will improve the overall timeframe for cases. It was added that 17 weeks is a median target and that if more than 50% of cases are taking place within the target it was a positive result.
 - b. The criticism about the case reading allowance of £12.50 per case was noted. Members were advised that the allowance had been set by the Remuneration and Appointments Committee (RaAC) and agreed in 2017. It was suggested that more feedback should be sought from the IC about any perceived criticisms which can then be provided for review by the RaAC.
 - c. In response to a further comment made by the IC Chair within his report, it was explained that the procedure is for case papers to be made available to IC members at least one week in advance of their meeting but on occasion there may be delays due to the late submission of additional information/ data by the registrant. It was difficult to provide these additional papers any sooner due to the procedures in place. It was also noted that the bundles for other cases would be uploaded to the on-line portal and the additional documents uploaded were not particularly burdensome to read. It was

suggested that an analysis should be undertaken into how often papers are presented after the one-week deadline and subject to the result of the analysis consideration might be given to setting a standard where documents that could not be delivered within the set timeframe should then be presented on the day of a meeting.

- d. The continuing issues relating to professional indemnity insurance (PII) were noted and members suggested that an in-depth discussion might be required in order for Council to fully understand why registrants were continuing to practise without appropriate PII. It was pointed out that there were a number of issues which had been identified and were being addressed including making clear the difference between public liability insurance (PLI) and PII, and also ensuring insurance providers are clear about the types of insurance provision in their advertising.

Professional Conduct Committee (PCC)

20. The Chair of the Professional Conduct Committee introduced his report highlighting the following:

- a. Tensions and challenges remained for the Committee Chairs and panel members to act fairly, timely and with a full understanding of decisions made within a reasonable timeframe it was therefore a significant help when cases were ready when brought before the PCC. It was noted that Standard Case Directions would have a significant impact on the fitness to practise process in ensuring that cases are coherent, key issues clearly identified and expert witnesses of parties prepared with statements of common ground. This would help alleviate some of the tensions and challenges experienced by the Committee Chairs and panellists conducting hearings.
- b. In relation to cases of Unacceptable Professional Conduct (UPC) and cases which involve professional incompetence, the introduction of the Hearings and Sanctions Guidance (HSG) makes it clear that advice can be issued where no UPC is found and that applications will be made where appropriate by the GOsC. The use of HSG has been of real benefit in terms of sustaining standards, being precise about the deficiency of standards where UPC is not found and recording these in the event of a repeat misdemeanour.

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

- a. Members welcomed the comment of the PCC's commitment to highlight the impact of the updated Osteopathic Practice Standards, the HSG and the revised Practice Note for Consensual Disposal under Section 8 of the Osteopaths Act 1993, on future annual reports. The PCC Chair responded that there was a desire to 'open up' on matters before Council without crossing boundaries. Feedback is always submitted after hearings on matters which might impact and have a policy dimension but without encroaching on the role of Council.

- b. It was noted there was continuing concern relating to combative defence advocates whose behaviours were not only aimed at the Committee but also at the Council's advocate. It was made clear bad or disrespectful behaviour would not be tolerated by anyone party to the hearings process. The Committee Chairs have considered where there is justification in reporting advocates who behave in an unacceptable manner to the Bar Standards Board but would be cautious in taking this approach. At present matters are dealt with in situ exerting the authority of the Chair and panel members with advice and direction from Legal Assessors to ensure the proceedings enable the effective participation of all parties in a respectful and professional manner.
- c. The ramifications of reporting advocates to the Bar Standards Board could have adverse implications on the registrant and the allegations being made. It was added that the GOsC take the issues of misconduct by any participant during hearings very seriously and it would be the organisation's responsibility to make a report if it was considered appropriate.
- d. The Executive was aware that the workload volume for the Regulation team during 2017/18 had been particularly challenging and this corresponded with a number of key staff leaving the team. The team is now appropriately resourced with a complement of seven, most of whom are legally qualified. If it was considered by Council that performance was slipping then it would be for the Executive to ensure the adequate resources were in place to maintain performance.
- e. Members were informed that there were a number of support mechanisms in place for staff if there were issues relating to wellbeing and a regular HR Report is given at the meetings of the Remuneration and Appointments Committee.
- f. The purpose and benefit of instituting a 'process improvement feedback' form would allow chairs to set out why an adjournment of a hearing may have occurred and allow for an in-depth review of the reasons so that they can be identified and resolved.
- g. It was hoped that if an application for a Section 60 order become possible that the Executive would consult with the fitness to practise committees.
- h. Members were advised that there were several ways in which reports from the Chairs of the fitness to practise committees can be submitted to Council:
 - the Annual Report
 - by feedback given at annual review meetings
 - by communicating with the Director of Fitness to Practise and the regulation team, the Chief Executive or the Chair of Council as appropriate.

Health Committee (HC)

22. The Chair of the Health Committee introduced his report highlighting the importance of the duty of care which forms the basis of the Committee's remit. The HC Chair also highlighted the following:

- a. The determinations reached by the fitness to practise committees are a reflection of the GOsC and the work of the Committees. The determinations need to sustain the scrutiny of Judicial Reviews, the High Court and the media, which they do due to the high standards met by the Committees under challenging circumstances.
- b. It was important for Committee and Panel Chairs to be confident in their roles and especially so when dealing with parties who might push boundaries. Taking the route of reporting an advocate to the Bar Council would not be in the best interest of the GOsC or those parties whose behaviour is considered challenging.

Noted: Council noted the reports of the fitness to practise committees.

Item 8: Fraud or Error in relation to registration – Report on the Registrar's investigation.

23. It was confirmed that no member of Council or those observing proceedings had conflicts relating to the Registrar's investigation of Mr Akhtar and related matters.
24. The Director of Fitness to Practice introduced the item which set out the report of the Registrar and the legal framework in which the report should be considered following an investigation conducted under Section 10(1) of the Osteopaths Act 1993. The investigation related to an entry in the Register which is alleged to have 'been fraudulently procured or incorrectly made' (section 10(1)).
25. The Chief Executive set out the main points of his report summarised below:
 - a. The majority of entrants to osteopathic education institutions (OEIs) are admitted on the basis of A level qualifications based on the UCAS entry process.
 - b. Recognised Qualifications (RQ) are granted on the basis that education institutions are satisfied that an individual meets the requirements to be given an RQ.
 - c. A small number of study programmes are open to those with previous qualifications in healthcare where an accelerated course of learning can be taken. It is expected that the OEIs will have satisfied themselves that individuals admitted to their courses have the appropriate qualifications.

- d. An application to admitted to the GOSc Register was received from Mr Akhtar who had completed a course of study at the London College of Osteopathic Medicine which has as its remit only to train qualified doctors. Mr Akhtar was admitted to the Register on 7 September 2017.
 - e. While undertaking a review of LCOM faculty members, a number of anomalies were noted relating to Mr Akhtar and the way he was being described on different sites. Clarification was sought from LCOM about Mr Akhtar's qualifications. He became aware of the investigation and attempted to leave the Register.
 - f. Further investigation found that he was not registered with the Pakistan Medical and Dental Council as stated and that a university qualification had been fraudulently notarised. LCOM was made aware of the situation and his RQ was immediately withdrawn.
 - g. Based on the facts and that Mr Akhtar does not meet the requirements of the good character test Council was advised that Mr Akhtar should be removed from the Register
26. It was agreed that Council, with support and advice from Counsel, would consider the report and facts as presented in camera. Non-members of Council left the meeting for the duration of the discussion to allow Council to discuss the case and make its determination as set out in the published decision notice.
27. On the conclusion of Council's determinations, the meeting resumed with further discussion on the related issues arising from the case. The following points were made and responded to:
- a. Following Mr Akhtar's suspension from the Register all documentation relating to him was reviewed. Organisations that Mr Akhtar had been associated with were contacted and advised of the investigation and its findings. The information was welcomed, and appropriate actions taken. The Police have also been informed about Mr Akhtar and it is felt that although he may continue with his activity, by maintaining vigilance amongst healthcare professions all that can be done in the circumstances is being done.
 - b. Meetings have been held with LCOM raising issues of governance for the institution. It was pointed out that LCOM is about to undergo an RQ visit and has been advised they should undertake maximum disclosure about this incident in order for the Visitors to report to the Policy Advisory Committee on the steps being undertaken to avoid a similar situation being repeated. It was also highlighted that the Policy Advisory Committee and Council can take into account additional information in determining to grant, renew or remove an RQ but at this juncture no further comment could be made. It was noted that the institution was looking to appoint a new Director for the Osteopathic Programme.

- c. At the meeting of the Audit Committee in October a critical incident had been flagged and that it would be reported in detail at the next meeting. It was considered that a review of the procedures might be a way to approach some of the issues raised from this incident.
- d. It was confirmed that the LCOM had been requested to look at all those who had graduated from their programme to satisfy themselves there was nothing else untoward relating to its students and graduates. Thus far the Executive have been reassured this has been the case.
- e. It was confirmed that the referees associated with Mr Akhtar had been contacted by the institution as well as all the patients he would have been in contact with.
- f. It was noted that Mr Akhtar in undertaking a number of courses had demonstrated his capability to succeed in completing and gaining an award.
- g. Primary Source Verification was being explored as a route to check qualifications in the future and would be something for the OEIs to implement.
- h. The Chair and Chief Executive would have further discussion to bring together the lessons to be learned from this incident and how it should be discussed by Council in due course.

Agreed: Council agreed that in accordance with Section 10 of the Osteopaths Act 1993 and (Fraud or Error Appeals) Rules 1999 (the 1999 Rules) that the Registrar should be ordered to remove Mr Akhtar from the Register.

Item 9: Budget Strategy 2019-20

- 28. The Director of Registration and Resources introduced the item which set out the projected 2019-20 budget envelope including expenditure forecasts, cost reductions and the potential impact on the registration fee.
- 29. The following areas of the report were highlighted:
 - a. Areas identified for expenditure include:
 - Provision for an external audit of fitness to practise initial stage decisions.
 - Governance expenditure to cover the appointments of a new Chair, up to three new members of Council and a new independent member of the Remuneration and Appointments Committee.
 - Provision for IT security testing
 - An allowance for consultancy to support the thinking on how activities might be undertaken differently.

- b. Departments would not be receiving a significant increase on their current levels of expenditure.
- c. The projected income during financial year 2019-20 will be approximately £2.9million based on the projections for registrant numbers. There will be no increase in registrant fees.
- d. A budget 'stress test' had identified that with the exclusion of staff costs, £230k had been identified as discretionary activity spend.

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

- a. It was confirmed that registration fees had been £750 per annum and had been reduced by 24% to the current level and have been held steady for five years. It is suggested that the aim should be to maintain registration fees at the current level for the foreseeable future. It was also explained that an increase in the fee would require approval from Privy Council; it was unlikely that a proposal to change the rules to raise the fee would be regarded favourably.
- b. It was noted that some small growth in the register and the profession continues. This is why with each budget strategy there has been a modest growth in income.

Agreed: Council considered the overall financial envelope for 2019-20 and agreed to hold the registration fees at their current level.

Item 10: Standard Case Directions – draft Practice Note

31. The Director of Fitness to Practise introduced the item which proposed the introduction of standard case management directions for the progression of cases from referral by an Investigating Committee to a final hearing before a Professional Conduct Committee.

32. The following points were highlighted:

- a. The extensive feedback from stakeholders, fitness to practise committee members, the Fitness to Practise Forum and defence organisations may have been a reason for the limited number of responses to the consultation which ran from 21 August to 15 October. Although limited the consultation did nevertheless generate substantial on-line interest.
- b. As a result of the consultation feedback an introduction has been included in the Standard Case Directions (SCD) Practice Note describing its purpose and making it clear that the PCC has no power to draw adverse inferences from either parties' failure to comply. The Practice Note is about changing culture, getting buy-in from all parties. The SCDs have the potential to enable effective participation of all parties in a hearing by having advanced, improved planning ensuring that the process is more efficient and effective,

which in turn has the potential to reduce the number of hearings going part heard.

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

- a. It was explained that the aim was to impart that while the directions are voluntary by using mandatory language, the tone and importance in which they are held are set. It was also pointed out the terminology reflected that used in other practice notes used by the committees.
- b. The directions have the same standing as the other practice notes so that parties can't choose to rely on some of the practice notes but not others.

Agreed: Council agreed the draft practice note on Standard Case Directions.

Item 11: Rule 19: Cancellation of a Hearing Draft Practice Note

34. The Director of Fitness to Practise introduced the item which proposed the introduction of a Practice Note on Rule 19 GOsC (Professional Conduct Committee) (Procedure) Rules Order of Council 2000 to assist the Professional Conduct Committee (PCC) and the parties to a hearing.

35. The following points were highlighted:

- a. The draft Practice Note was considered by the Policy Advisory Committee in May 2018.
- b. As part of the pre-consultation exercise comments were invited from the Fitness to Practise Forum, legal assessors and lawyers involved in GOsC hearings. Very useful comments were received through this activity, including a suggestion that the process could be streamlined by holding a meeting instead of a formal hearing allowing a matter to be dealt with more flexibly as done with Rule 8.
- c. In response to a question as to the form the consultation will take, it was anticipated that consultation questions would include whether a case can be held by means of a meeting (as with the Rule 8 procedure) which would still have all the other safeguards in place such as the attendance of the legal assessor but would not require the parties to attend; the workability of the practice note; matters that need to be developed further; whether the practice note will assist in ensuring fairness and transparency of our processes.
- d. The Chair suggested that once the questions had been formulated they should be circulated to Council for feedback and the consultation then to proceed.

Agreed: Council agreed to consult on the draft Practice Note on the Cancellation of Hearings under Rule 19.

Item 12a: Updates to the Governance Handbook

36. The Chief Executive introduced the item which set out a number of recommended amendments to the Governance Handbook.

37. The following points were highlighted:

- a. A small number of amendments have been made in the GOsC Governance Handbook to bring it into alignment with the Governance Charity Code as highlighted in the report.
- b. An amendment has been made to the Remuneration Policy setting out the timeframe for the submission of claims for expenses. It would be expected that claims be submitted within three months of them being incurred and after six months, would not be paid without good reason. The amendment would help to make the financial year end more manageable.
- c. For clarity, amendments had been made to the categories of interest to be declared. There has been no significant change to the types of information collected. The changes have been incorporated into the Governance Handbook and been published on the GOsC website.

Agreed: Council agreed the proposed revised sections in the Governance Handbook as shown at Annexes A to C of the report.

Agreed: Council agreed the proposed revision to the expenses policy at paragraph 10.

Noted: Council noted the changes to the categories of declarations of interest.

Item 12b: Procurement Policy Review

38. The Director of Registration and Resources introduced the item which set out a revised approach to procurement for inclusion in the Governance Handbook.

39. The following points were highlighted:

- a. The significant change to the procurement policy was the removal of the procurement criteria and replace it with a table which sets out the procurement value, governance involvement, procurement approach and sign-off authority so making a more fluid approach to procurement.
- b. The opening statement and principles of the current policy remained appropriate and would stay the same.

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

- a. Members were advised that it was not possible to say how Brexit would impact on the OJEU tender process until the departure negotiations were completed and the UK had left the EU.
- b. It was confirmed that all changes which had been made the procurement policy would be incorporated into the Governance Handbook.

Agreed: Council agreed the revised approach to procurement as detailed.

Item 13: Performance Measurement

- 41. The Chief Executive introduced the item which gave a report on performance in 2017-18 against the measures adopted in the 2016-19 Corporate Strategy.
- 42. The Performance Measurement report would normally be presented alongside the PSA Performance Review but as the review had been delayed rather than defer until next year,
- 43. was presented at this meeting. The report had also been reviewed by the Audit Committee.
- 44. It was agreed that the Audit Committee should be asked to consider how the methodology for measuring performance might be improved and that this should be considered alongside the development of the Corporate Strategy 2019-2023.

Noted: Council noted the content of the report.

Item 14: Registration Report

- 45. The Director of Registration and Resources introduced the item which provided an update of registration activity covering the six-month period from 1 April 2018 – 30 September 2018.
- 46. In addition, Council was given oversight of some initial policy thinking which was discussed at the Policy Advisory Committee in a relation to assuring applicant qualifications and registration assessor and education visitor lengths of appointment.
- 47. The following points were highlighted:
 - a. Early policy thinking was proceeding on measures which could be taken using primary source verification (PSV) to ensure that qualifications presented during the registration process were genuine. It was confirmed further details on how the system would work would be presented at the meeting of the Policy Advisory Committee (PAC) in March 2019.
 - b. Consideration on the lengths of appointment for Assessors and Education Visitors was also underway and a report is to be presented at a future meeting of the PAC. The issue had been discussed by the PAC at its meeting in October which had provided very helpful feedback.

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

- a. The issue for registrants who fell into Category C of the CPD Annual Summary Form audit was more often the way the relevancy of the activity has been described rather than the core activity itself. It has been demonstrated that after conversations between members of the Registration Team and Registrants to clarify CPD submissions the issue is often resolved.
- b. A clearer picture of how registrants were adapting to the new CPD would begin emerging over the three-year CPD cycle with the data gathered over the period. The data would begin to show how registrants are complying with the scheme from October 2019.

Noted: Council noted the content of the registration report and the initial policy thinking outlined in the paper.

Item 15: Minutes of the Policy Advisory Committee – 18 October 2018

49. Deborah Smith who attended the meeting as an observer commented that the quality of engagement demonstrated at the meeting had been high.

Noted: Council noted the minutes of the Policy Advisory Committee.

Item 16: Minutes of the Audit Committee – 25 October 2018

50. It was confirmed that both the Chair of Council and the Chair of the Audit Committee would be discussing the Audit Committee Terms of Reference in due course.

Noted: Council noted the minutes of the Audit Committee.

Item 17: Any other business

51. There was no other business.

Date of the next meeting: 6 February 2019 at 10.00