



**Minutes of the 105th meeting of the General Osteopathic Council – Public,
held on Wednesday 20 November 2019, at Osteopathy House,
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
Brenda Buckingham, Senior Registration Officer (Item 7)
Richard Davies, Chair, Professional Conduct Committee (Item 9)
Philip Geering, Chair, Health Committee (Item 9)
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communications and Engagement
Matthew Redford, Acting Chief Executive and Registrar
Marcia Scott, Council and Executive Support Officer
Hannah Smith, Regulation Manager (Item 8)
Brian Wroe, Chair, Investigating Committee (Item 9)
- Observers: Daniel Collis, Registrant
Bob Davies, Registrant Member, Policy Advisory Committee (PAC)
Colette Higham, Scrutiny Officer, Professional Standards Authority (PSA)
Matthew Rogers, Head of Professional Development, the Institute of Osteopathy (iO)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to the observers and the Chairs of the Fitness to Practise Committees.
2. Apologies were received from Maurice Cheng, Chief Executive of the Institute of Osteopathy (iO).

Item 2: Questions from observers

3. There were no questions from the observers.

Item 3: Minutes

4. The minutes of the 104th meeting of Council held on 17 July 2019, were agreed as a correct record.

Item 4: Matters arising

5. There were no further matters arising from the minutes of the meeting 17 July 2019.

Noted: Council noted the matters arising from the minutes of the meeting 17 July 2019.

Item 5: Chair's Report and Appointments

6. The Chair gave her report to Council. The following areas were highlighted

Governance

- a. Since the last Council meeting in July 2019, the previous Chief Executive and Registrar had stood down and left the organisation on 20 September 2019. The Chair on behalf of Council thanked the Senior Management Team for their exemplary service during the period of transition.
- b. Council appointed Matthew Redford as Acting Chief Executive and Registrar From 23 September 2019, and the Chair formally welcomed him to his first meeting in that position.
- c. The Chair also announced that the Privy Council had approved the appointment of Bill Gunnyeon as Chair of Council from 1 April 2020, and the re-appointment of Deborah Smith and Joan Martin from the same date. On behalf of Council, the Chair offered her congratulations.
- d. The Chair had met with Sarah Botterill and John Chaffey for her final annual review. The following objectives were agreed for the coming year:
 - 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;
 - To 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;

- To continue to support the Acting Chief Executive and Registrar and provide any support that is asked for regarding the new Chair and/or Council members.
- e. The Corporate Strategy was finalised with the agreement of Council and published on 23 September 2019.

Meetings

- f. The Acting Chief Executive and Registrar and the Chair attended a working dinner for Health Regulators, 26 September 2019, hosted by the NMC. Issues discussed included the challenges of workforce and the potential for regulatory reform. The regulators agreed they will meet again in due course.
- g. The Acting Chief Executive and Chair also attended the Professional Standards Authority PSA's symposium, 12 November 2019. The symposium theme was collaborative regulation and the PSA set out the challenges of and barriers to collaboration in the context of new and emerging challenges in health and social care. Thinking was challenged by the introduction of differential regulatory models from unrelated sectors, including economic regulation of oil and gas. Though no particular solutions emerged there was some thought-provoking discussion.

Council's Agenda

- h. The Chair highlighted the following areas on the agenda:
- i. The Annual Reports of the three fitness to practise committee Chairs which provide assurances of the independence and fairness of the fitness to practise process. The processes are not only supported by the report of the independent auditor on initial stages of the fitness to practise process, but also the specific assurances contained in the committee chair reports. This comes against the background of another report from the PSA which confirms the achievement of regulatory standards, and where the Executive has provided detail of actions being taken in response to the areas highlighted.
 - ii. Council was reminded of new metrics and associated targets for the FtP dashboard. Liz Elander had been asked to review the proposed new approach, and the work she had undertaken would be helpful to Council in arriving at a decision on that matter.
 - iii. Council would be asked to consider and approve the budget strategy for the next financial year and includes the proposal to freeze the registration fee at its current level for the sixth year in a row.
 - iv. The Chair commented that she was pleased to see how well the CPD scheme implementation was progressing. The project has been the largest and most complicated that the organisation has ever undertaken.

The Chair looked forward to the discussion on the proposed methodology for evaluating its success.

Council Training Day

- i. Members were reminded that the forthcoming training day would take place on Wednesday 15 January 2020. One area of focus would be equality and diversity and, given the forthcoming changes to the PSA standards of regulation, this was particularly appropriate.

Noted: Council noted the Chair's report

Appointments and reappointments

7. The Chair introduce the item which concerned a number of appointment activities:
 - a. To seek a Council decision to reappoint six Fitness to Practise panellists:
 - Mark Osborne (PCC)
 - Claire Cheetham (PCC)
 - Morag McKellar (PCC)
 - Jim Hurden (IC)
 - Adam Fiske (IC)
 - Laura Heskins (IC).
 - b. To provide confirmation that an Audit Committee independent member has been appointed;
 - c. To provide Council with an update on current Council and Committee appointment processes;
 - d. To seek a Council decision to change the membership of the committees as follows:

Joan Martin – leave Policy Advisory Committee, join Remuneration and Appointments Committee with effect from the date of the Council meeting.

Sarah Botterill – leave Remuneration and Appointments Committee, join Policy Advisory Committee with effect from the date of the Council meeting.

Deborah Smith – join Audit Committee with effect from the date of the Council meeting, leave Remuneration and Appointments Committee effective from 31 March 2020.

8. The following points were highlighted:
- a. Members were informed that there would be two further FtP reappointments which would require a decision from Council. Approval for these would be sought at the next meeting in January 2020.
 - b. Following the appointment of Dr Bill Gunnyeon as Chair Designate there was now a vacancy for a Lay member of Council. Along with the two Registrant member vacancies the recruitment campaign for this role was now underway. Deadlines for the applications are 4 December 2019 for the Registrant members' vacancies, and 11 December 2019 for the Lay member vacancy.
 - c. The term for the current independent member of the Remuneration and Appointments Committee will end on 31 March 2020. The recruitment campaign for this role will commence in January 2020.
 - d. It was noted that with the appointment of three new members of Council on 1 April 2020, Committee membership would need to be considered by the new Chair to ensure the combination of experience and skills would be commensurate with the needs of the committees.
- a. Council agreed to reappoint the following Fitness to Practise panellists for a period of four years from 1 April 2020 to 31 March 2024.**
- Mark Osborne (PCC)
 - Claire Cheetham (PCC)
 - Morag McKellar (PCC)
 - Jim Hurden (IC)
 - Adam Fiske (IC)
 - Laura Heskins (IC).
- b. Council noted the appointment of Graham Masters as an independent member of the Audit Committee for a period of four years from 1 October 2019 to 30 September 2023.**
- c. Council noted the update on current Council and Committee appointment processes.**
- d. Council agreed to the following changes in committee membership:**
- Joan Martin** – leave Policy Advisory Committee, join Remuneration and Appointments Committee with effect from the date of the Council meeting.
- Sarah Botterill** – leave Remuneration and Appointments Committee, join Policy Advisory Committee with effect from the date of the Council meeting.

Deborah Smith – join Audit Committee with effect from the date of the Council meeting, leave Remuneration and Appointments Committee with effect from 31 March 2020.

Item 6: Acting Chief Executive and Registrar's Report

9. The Acting Chief Executive introduced the item which gave a review of activities and performance since the last Council meeting and not reported elsewhere on the agenda.
10. The following points were highlighted:
 - a. The Performance Review process for 2019-20 is underway and a self-assessment will be completed against the updated standards. A report will be made to Council once the submission has been made to the PSA in January 2020.
 - b. A paper giving an update on the 2018-19 PSA Performance Review and actions identified from the previous year's report was submitted to Audit Committee for discussion at its October 2019 meeting.
 - c. Following the pilot of the PSA Standard on Equality and Diversity a training need was identified for GOsC members of the governance structure and staff. A rollout of on-line training on equality and diversity will be undertaken for all Council, committee members, Assessors and staff to complete. Equality and diversity matters will also form part of the Council training day which will take place in early January.
 - d. At a meeting with the PSA Chief Executive, Alan Clamp, an invitation was extended for him to attend the meeting of Council in May 2020 which would be an opportunity for him to further engage with the organisation.
 - e. The Acting Chief Executive and Registrar commended the Professional Standards team for the publication of their article in the Journal of Evaluation in Clinical Practice. The article details the values work exploring the role of the regulator in embedding standards in practice contributing to supporting person centred care and processes of shared decision making and reducing harms.
 - f. The GOsC has been approached by the Council of Deans, a membership association for Pro-Vice Chancellors, Deans and Heads of School in health disciplines across UK Universities, to attend their annual conference. It was planned that the GOsC would attend the event along with the Nursing and Midwifery Council. The conference would be an opportunity to build relationships.
 - g. Members were encouraged to publicise the follow up McGivern research survey when this goes live in January 2020. The original research 'exploring

and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice' was published in 2015 and informed our CPD scheme and the review of the Osteopathic Practice Standards. The follow-up study involves interviews with former participants and a further questionnaire aimed at all osteopaths. The study will help to explore how osteopaths and others' opinions have changed since the previous study to continue to further inform our approach to regulation.

- h. The FtP Initial Stages Audit provided significant assurance around the independence of decision-making up to the Investigating Committee stage and that no public protection issues were identified.
- i. The second IT audit considered by the Audit Committee at its meeting in October 2019 provided assurance that the IT security systems now in place have significantly enhanced the GOsC systems and processes.

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

- a. It was confirmed that it was the first time that an invitation had been extended to the GOsC from the Council of Deans. It was felt important to attend the conference to further develop relationships however GOsC would need to assess the benefits from attending post-event.
- b. There was some concern as to the outcome of the workshop between the Health Regulators and the Office of Students. It was explained that there has been a willingness from the Office of Students to engage with the workshop being planned. Post-workshop there would be an assessment as to whether further engagement would be a way forward in addressing some of the concerns identified. It was suggested that a further update could be given at the next meeting of the Policy Advisory Committee in March with a discussion on the shared and unique responsibilities of the regulators.
- c. It was agreed that using the Equality and Diversity sub-heading for Council and Committee reports more effectively could assist in improved reporting of issues across the board to highlight impact and/or demonstrate actions that had been taken.

12. Business Plan 2019-20: Monitoring to 31 October 2019: The 'Status' for the 'Activity' shown under Theme Two: Core Goals, at page 7 of the Business Plan, should be corrected to show that it is on track:

Work with patients, registrants and others to promote awareness, accessibility and usability of the Register, and to provide assurance about the Register and our registration processes.

13. Financial Report 2019-20 (six months to September 2019): It was explained that £100,000 had previously been ring-fenced from reserves for the CPD scheme. The current tranche of funds would take current spending to the end of the

financial year 31 March 2020. Ongoing resource requirements for the scheme would be considered during budgetary planning and submitted to Council. This would either be included in the operational budget or if additional resources are required from reserves this will be brought to the attention of Council.

14. Performance assessment measures: The following points were made and responded to:
- a. It was confirmed that the reporting period 2018-19, was correct covering the period to 31 March 2019 and a report was made to the Audit Committee at its October 2019 meeting. The Audit Committee would continue to review the areas of performance throughout the coming year.
 - b. Council was given the assurance that across the range of the GOsC's statutory functions and business a significant amount of work had been successfully undertaken. It was confirmed that there were no further Key Performance Indicators (KPIs) for inclusion under 'Area of Performance – Using our resources to operate effectively' listed at point 3.
 - c. It was confirmed that the two appeals referred to under 'Area of Performance – Meeting our Statutory Duties', point 4, related to the period to 31 March 2019. Further details/comments would appear in the Performance Assessment reporting period 2019-20.
 - d. It was noted that the Audit Committee considered the measures currently in place were the correct indicators of performance but Council raised concerns about retrospective reporting of the assessments. It was agreed that the Executive would consider making the report more time appropriate by presenting it to the first available Audit Committee post the end of the financial year.
 - e. It was explained that the Performance Assessment was a summary of the activity which had already taken place and which Council should be aware of by way of the reports submitted throughout the year. If there were to be any surprises as a result of the report, this would indicate a breakdown in the reporting and communications mechanisms.
15. Audit Committee – Professional Standards Authority Performance Review: The following points were highlighted:
- a. It was explained that the references to 'insufficient time' in the report did not related to issues of capacity but to the timing of the PSA report and when it is published. Due to a delay, the 2017-18 was published later than usual with the 2018-19 report following on soon after. This impacted on reporting to the Audit Committee.
 - b. It was explained that in Annex D2 to Item 6, the table relates to the 2017-18 report and management response. The work undertaken by the GOsC has

been acknowledged by the PSA and the 2018-19 report has been published showing that the GOsC has continued to meet all the standards.

- c. In reference to the change required in legislation for 'Interim orders to cover the appeal period for substantive sanctions' it was explained that currently there are no plans for legislative changes and no timeframe for when changes may be effected. It was confirmed that the need for legislative change had been highlighted to the Department of Health and Social Care (DHSC) and the PSA.

Noted: Council noted the Acting Chief Executive and Registrar's report.

Item 7: Registration Report

16. The Acting Chief Executive and Registrar introduced the item which provided an update on registration activity covering the six-month period from 1 April 2019 to 30 September 2019.

17. The following points were highlighted:

- a. The six-months to 30 September 2019 had been particularly busy with new students being registered.
- b. The KPIs were on track.

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

- a. It was noted that the report provided Council with much more detail allowing members to have a better understanding of the equality and diversity and protected characteristics relating to registrants.
- b. Members were informed that the majority of registrants who were restored to the Register were those who had previously been removed from the Register. There were a variety of reasons for removal including voluntary reasons such as maternity leave or ill health or removal for non-compliance with rules, but there were no applications from individuals removed under fitness to practice proceedings. Individuals wishing to return to the Register after two-years or more would go through the Return to Practice process involving completion of a self-reflection questionnaire which is considered by two registration assessors and who also consider the support the registrant might need in returning to practise.
- c. The Acting Chief Executive and Registrar informed members that he had not observed any correlation between people returning to practise after an extended career break and any subsequent fitness to practise activity.

- d. It was confirmed that the designation 'international registrant' refers to those individuals living and practising overseas who may either be UK qualified or internationally qualified.
- e. It was explained that Brexit did not present any immediate concerns in relation to the Register.
- f. It was suggested that it would be helpful if the data shown in the table for removals from the register (age) (paragraph 10) be given as percentages. Including this information would better represent where there were significant variations in the age groups. The Acting Chief Executive and Registrar agreed this would be added into future reports.
- g. It was noted that the highest numbers for removal from the register by age were for non-compliance of CPD. It was highlighted that with the implementation of the new CPD scheme the removal point is at the end of the three-year cycle therefore there would be some delay before this data could be properly evaluated.

Noted: Council noted the content of the Registration Report.

Item 8: Fitness to Practise Report

- 19. The Director of Fitness to Practise introduced the item which gave a quarterly update on the work of the Regulation department and the GOsC Fitness to Practise Committees.
- 20. The following points were highlighted:
 - a. Judicial Review – Alexander v the General Osteopathic Council: The review was concluded by consent order and was not conceded by the GOsC. It was considered a satisfactory outcome with cost borne by each party meaning the GOsC was liable for its own costs.
 - b. Initial Stages Audit: The audit took place during the months of July/August 2019. The audit reviewed 20% of concerns and cases closed at a number of decision points during the initial stages of the GOsC fitness to practise process up to and including decisions of the Investigating Committee (IC).
 - c. The outcomes of the audit were reassuring, and no public protection concerns were identified from the cases reviewed. An overarching theme from the review related to the adequacy of reasons given in screening decisions where concerns were closed under the Initial Closure Procedure. Training has been arranged for the Screeners in early 2020 in addition to the usual training conducted. There will also be a review of the Initial Closures Procedure in line with the recommendations of the auditor and it is expected that consolidated guidance for Screeners will be published in February 2020.

- d. Professional Conduct Committee (PCC) Training: The PCC training day, 18 November 2019, focused on the management of witnesses attending hearings. There were very useful discussions of the role Committee members play in drawing out information from witnesses. A draft practice note on approaches to questioning witnesses was presented at the training and feedback will be considered moving forward.
- e. Dataset: There has been an increase in the number of self-referrals from registrants. There is no clear pattern but there is a more than usual number of referrals due to lapses in Professional Indemnity Insurance (PII). Although the numbers are small during Quarter 2, three of the six self-referrals relate to insurance lapses. Steps are being taken to raise awareness amongst registrants about the importance of maintaining PII.
- f. The number of concerns received have been high during the first two quarters and include lapses in PII identified through the registration process conducted by the Registration Team.
- g. Key Performance Indicators (KPIs): There have been challenges meeting the 52-week KPI with the reasons being due to a number of factors including cases which were adjourned within the period and concluded outside of the 52-week timeframe, as well as a case which was postponed due to health reasons. The number of cases older than 52-weeks has reduced.

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

- a. Judicial Review: As a result of the case and reflection on the process of other health regulators it has been decided that in future sanction bids or submissions on appropriate sanctions will not be made by GOsC and the decision left to the PCC.
- b. It was explained that the cost of conducting a hearing is dependent on a number of factors but for one day the costs can be up to c.£10,000. This includes Committee member day rates and legal costs amongst other things.
- c. The Executive will clarify the Quarter 2 figure of PCC decisions 'Allegations not well founded' in due course.
- d. In relation to the Determinations Review Group (DRG) the Chair asked for a report on the generic conclusions of the group to give Council a better understanding of the conclusions and actions resulting from their deliberations on cases. It was explained that regular reports on the conclusions and actions from meetings of the DRG are provided within the Regulation report and their conclusions feed into other areas of the GOsC work programme and also into the GOsC Business Plan, but a fuller report would be provided.
- e. It was suggested that the Executive might consider the consistency of personnel (Committee Chairs and Legal Assessors) associated with adjourned

cases and the time taken by Committees in the determinations process. A quantitative review undertaken by the Executive might be helpful for Council.

- f. The Chair questioned the number of cases which remain open and which have remained at a consistent level. The Executive should consider whether sufficient resources are being applied or whether there is a need for additional staffing in order to run more panels. The Acting Chief Executive added his assurance that resources have been discussed with the Director of Fitness to Practise.

Review of Fitness to Practise Key Performance Indicators and Data.

22. Elizabeth Elander gave a summary of her review commenting that a key learning point was understanding that the improvements which have been made to fitness to practise processes in past years have been part of a wider development and well-planned reform programme. In looking at whether targets are appropriate her conclusion was that the time was right to adopt the new Key Performance Indicators.
23. The Acting Chief Executive and Registrar commented that the representation of the new KPI demonstrated the preparation of cases at an earlier stage of the process by the Regulation team.
24. In discussion the following points were made and responded to:
 - a. Members supported the transition in particular to avoid any confusion around the presentation of two sets of data in different formats.
 - b. The Executive agreed to consider the suggestion to link the key points to each table for ease of reference.
25. In summary the Chair thanked the Director of Fitness to Practise and her team for their work in developing the new KPIs and also Elizabeth Elander for conducting the review and reporting her findings.

Noted: Council noted the Fitness to Practise Report.

Agreed: Council agreed to report against the new Fitness to Practise KPIs and dataset.

Item 9: Fitness to Practise Committees: Annual Reports 2018-19

Investigating Committee (IC)

26. The Chair of the Investigating Committee introduced his report highlighting the following.

- a. Three cases were adjourned for the reporting period which is satisfactory and is a reduction in comparison to previous years.
- b. There has been a rise in complaints concerning the crossing of professional boundaries and sexually motivated conduct with patients. It was a good that people are willing and confident in reporting this type of complaint but the difficulty for the Committee is in having to consider the conflicting views of parties and that this can become one person's word against another.
- c. The lack of health referrals coming before the IC has been noted. When considering allegations, the Committee will be mindful of the advice from the Professional Standards Authority (PSA) that there should be awareness that there may be potential, underlying health reasons associated with a case.
- d. The IC Chair gave his assurance that the work of the Committee was independent and fair.

Professional Conduct Committee (PCC)

27. The Chair of the Professional Conduct Committee introduced his report highlighting the following:
- a. The PCC Chair did not report any pressing concerns but noted that the culture of the GOsC is shifting in a positive direction with the work undertaken by the Regulation Team moving to an earlier stage in the process allowing the PCC to conduct its work effectively and with sound judgments. The shift in culture has also seen greater openness, self-reflection, and more discussion and engagement between the PCC Panel Chairs and the Regulation team.
 - b. It was acknowledged that the GOsC is a small regulator and the number of appeals made to the High Court are also small, but this did not lessen the impact the appeals process has on the Regulation team and the Committee. The training provided where there are areas of concern, is helpful and positive.
 - c. It was highlighted that where Unprofessional Conduct (UPC) has not been found the fitness to practise process will still have an impact on a practitioner from which lessons should be learned, therefore the finding of UPC should not be underestimated. The Guidance on Sanctions allows the PCC to give advice and warnings to registrants.

Health Committee (HC)

28. The Chair of the Health Committee introduced his report highlighting the following:

- a. Credit should be given to a profession in which regulation includes capturing those registrants who may have health issues that could impact on their fitness to practise and be given the time to resolve the matter and manage their way back into safe practice.
- b. It is important for registrants to understand that health is a fitness to practise issue and equally to understand how to avoid problems/issues during their career.

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

- a. Issues raised by complainants – Boundaries: The IC Chair outlined the issues concerning crossing boundaries – activity such as making advances, flirting or chatting-up a patient, and sexually motivated conduct, inappropriate touching. Expert views were taken in defining what is appropriate treatment, but this can be subjective. A breakdown of the 11 cases was not available but in relation to previous years there is a significant increase.
- b. It was suggested that insufficient attention is paid to the inherent risks posed to practitioners in osteopathic practice and the pressure points that may be experienced especially by male practitioners. Conveying these concerns was an area to be considered.
- c. In response, the Director of Education, Standards and Development noted that concerns relating to boundaries remained at a consistent level according to our concerns data. However, these were areas of concern. A number of areas where approaches to better understand, raise awareness and convey the issues relating to communication and miscommunication in the context of touch have been considered both currently and in the recent past including:
 - The thematic review on boundaries conducted by Dr Julie Stone
 - The enhancement of the Osteopathic Practice Standards guidance on boundaries
 - The work undertaken on the communication and mis-communication in the context of touch: a literature review conducted by Huddersfield University
 - Members of the Professional Standards team regularly visiting and giving talks to 1st and 2nd year students on professionalism and boundaries
 - The CPD scheme includes a requirement in relation to communication and consent which was also relevant to the issues around boundaries.
- d. Members were also informed that a discussion paper is being developed on the lack of literature available relating to communication in the context of touch. Communication and consent were a challenge, but it was critical for the patient to have received the correct information and to have given consent.
- e. Health and well-being: It was noted that across healthcare regulation the well-being of practitioners going through the fitness to practise process was

an issue that required consideration. The internal KPIs of the GOsC include monitoring of all parties of a hearing are kept information about the process. There are also a number of guidance documents. The GOsC are working with the Institute of Osteopathy (iO) on a support system to provide the profession with assistance in relation issues associated with mental health.

- f. It was added that the Stevenson/Farmer¹ Review also considered workplace mental health and would be considered as part of the ongoing work in the provision of support to registrants.
- g. It was agreed that self-management of health issues and self-referral were important bars to achieve. It was suggested that the Executive could give consideration to the next cycle of CPD perhaps focusing on evaluation and reflection from the health lens of fitness to practise.
- h. It was suggested that capturing the insights and knowledge from the fitness to practise Chairs would be a valuable resource and it was confirmed that there were plans in place for the PCC Chair to share his experiences as a fitness to practise Chair and Committee member in a Podcast or as an article in the 'Osteopath' magazine.

Noted: Council noted the Annual Reports of the Fitness to Practise Committees

Item 10: Draft Restoration Guidance

- 30. The Director of Fitness to Practise introduced the item which proposed the introduction of guidance on the arrangements for, and procedure at, a hearing where an application for restoration is made after the removal of an osteopath from the register following a fitness to practise hearing.
- 31. The following points were highlighted:
 - a. The draft Restoration Guidance would replace the Interim Restoration Guidance which had been developed in order to address an application to be restored to the register which was the first in the history of the GOsC.
 - b. It was highlighted that individuals wishing to return to the Register were described as an 'Applicant' to demonstrate that they had had their status of registrant removed.
 - c. A number of safeguards have been put in place as to how an application is processed by the Regulation team as there was little guidance in legislation. This includes the notice to be given before a hearing and the documents required by the PCC.

¹ [Thriving at Work: The Independent Review of Mental Health and Employers, Paul Farmer and Dennis Stevenson, October 2017](#)

- d. Areas of concern were the input of the complainant and the length of time before an application for restoration can be made. For the GOsC this is less than a year in comparison to other regulators which ranges from two to five years. The consultation addressed both these issues and although the number of responses was small the feedback was helpful and included comments from the PSA and the Scottish Social Services Council.
- e. The public interest is central to the guidance with the matters and the approach to be considered by the Committee being more extensive than in the interim guidance.

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

- a. It was clarified that the requirement that an applicant have a recognised qualification (where relevant) was stipulated at Section 3(2) of the Osteopaths Act 1993 (as amended). Although a registrant is removed from the Register their qualification remains recognised.
- b. It was explained that where an application is made the GOsC will inform and liaise with the complainant about the application and support them throughout the process. Currently the complainant would not be able to make an impact statement as relating to the application for restoration. This was because the original matter had been adjudicated and therefore the complainant view/comment would not be relevant and could be prejudicial.
- c. It was confirmed that that there was no requirement for the applicant to attend their Restoration Hearing.
- d. To make it clear what the guidance was for, it was suggested that the title might be amended to read "Guidance on Restoration".

Agreed: Council agreed the draft Restoration Guidance as shown at the Annex

Item 11: Draft Guidance on Insurance Requirements for Osteopaths

33. The Director of Fitness to Practise introduced the item which proposed a consultation on the introduction of guidance on the insurance requirements for registered osteopaths and those intending to register as osteopaths with the GOsC.

34. The following points were highlighted concerning the guidance:

- a. The learning points from the PSA have been included as Key Points.
- b. The failure to have Professional Indemnity Insurance is a serious matter with implications for patient safety.
- c. The guidance can be used by the Fitness to Practice committees and all individuals who support registrants in practise.

35. In discussion the following points were made and responded to:
- a. The Policy Advisory Committee had fully considered and discussed the guidance at some length over two meetings. Members commented on the ease of reading and the clarity of the guidance.
 - b. It was explained that the final paragraph of the key points sets out the GOsC's position and with the purpose to ensure registrants understand the risks of not having PII, being investigated and appearing before a PCC.
 - c. It was explained that the reference to 'the public interest' at paragraph 3 of the Key Points was about the reputation of the profession and maintaining appropriate standards of conduct and behaviour. This would be made more explicit.
 - d. It was suggested that the Key Points be placed on page 1 of the document to ensure it would be seen by readers.

Agreed: Council agreed to consult draft guidance on insurance requirements for osteopaths.

Item 12: Budget Strategy 2020-21

36. The Acting Chief Executive and Registrar introduced the item which looked at the budget envelope for financial year 2020-21 and sets parameters around forecast expenditure levels, registration fee income projections and the positioning of GOsC's investments.
37. The paper also considered how the balance of the GOsC's expenditure might need to change in the future, what this means for Council decision-making and the possible impact on the level of investments and reserves.
38. The following points were highlighted:
- a. In preparing the budget for 2020-21 there was a need to consider the wider environment; changes to the leadership of the GOsC and wider political scene including the general election and Brexit.
 - b. There are also challenges within the sector such as the Office of Students and OEI student numbers and the potential impact on income.
 - c. Ensuring the delivery of the Strategic Plan and the subsequent investment required.

- d. The streamlining of processes and how this can be achieved; a move to more paperless working, more activity undertaken online.
- e. A similar budget to 2019-20 is anticipated for 2020-21 with expenditure being c.£2.94m to £2.95m. The majority of the budget would be allocated to fitness to practise, IT systems, quality assurance of education and research and upstream projects associated with Professional Standards.
- f. Based on budgetary assumptions there is no need for an increase in the level of fees.
- g. Council had agreed to withdraw from the 120-day bond. The withdrawal would be completed by mid-December 2019 and it was recommended that the funds should be invested in the existing investment portfolio with Brewin Dolphin.

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

- a. It was explained there is currently no pressure on the GOsC to reduce the current level of fees from the Department of Health and Social Care or the PSA.
- b. Members commented there needed to be caution when considering future expenditure as it was likely there would be increases in costs.
- c. It was commented that as the process for appointing a new Chief Executive and Registrar would not commence until spring 2020, this should not act as an inhibitor to change. It would be the decision of Council to be the arbiter of any change.
- d. Members were advised that spending proposals for a new CRM system were likely to reach six-figures. Discussions were currently taking place to establish the business case which would be presented to Council most likely in May 2020.
- e. It was confirmed that the OEIs share information on the forecast of student numbers which is an aid to GOsC's income forecasting.
- f. It was confirmed that the investment portfolio would be accessible if a draw-down on the funds was required.

Noted: Council noted the budget envelope for financial year 2020-21.

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

Agreed: Council agreed to invest the 120-day bond into the investment portfolio when the bond expires in December 2019.

Item 13: University College of Osteopathy – removal of expiry date from recognition of qualification

40. The Director of Education, Standards and Development introduced the item which concerned the removal of the expiry date for the following recognised qualifications awarded by the University College of Osteopathy.

- Master of Osteopathy
- Bachelor of Osteopathy
- Master of Science in Osteopathy (pre-registration)

41. The following points were highlighted:

- a. There would be no changes to the number of visits the institution might receive nor would any of the safeguards in place change.
- b. The PAC agreed the recommendation at its meeting in October and would maintain scrutiny of the institution.
- c. There were no outstanding issues of concern relating to the institution.
- d. It was confirmed that the Council's recommendation would be sent to Privy Council and that there should be no issues relating to the current purdah due to the General Election.

Agreed: Council agreed to recognise the qualifications Master of Osteopathy, Bachelor of Osteopathy and Master of Science in Osteopathy (pre-registration) awarded by the University College of Osteopathy, with no expiry date and with no specific conditions, and to seek approval of the recognition from the Privy Council.

Item 14: British College of Osteopathic Medicine – removal of expiry date from recognition of qualification

42. The Director of Education, Education and Standards introduced the item which concerned the removal of expiry date for the following recognised qualifications awarded by the British College of Osteopathic Medicine.

- Masters in Osteopathy (M.Ost)
- Bachelors in Osteopathic Medicine (B.OstMed)

43. The following points were highlighted:

- a. There would be no changes to the number of visits the institution might receive nor would any of the safeguards in place change.
- b. The PAC agreed that the recommendation at its meeting in October and would maintain scrutiny of the institution.
- c. There were no outstanding issues of concern relating to the institution.

Agreed: Council agreed to recognise the qualifications Masters in Osteopathy and Bachelors in Osteopathic Medicine awarded by the British College of Osteopathic Medicine, with no expiry date and with no specific conditions and to seek approval of the recognition from the Privy Council.

Item 15: Continuing Professional Development assurance and evaluation

44. The Director of Education, Standards and Development introduced the item which set out the ongoing evaluation and assurance about the implementation of the CPD Scheme and demonstrated that the implementation of the scheme is progressing as planned.
45. The PAC Chair added that the work and evaluation completed to date on the CPD Scheme was encouraging but the challenge would be in ensuring full implementation and making a positive difference.
46. The Chair drew Council's attention to the equality impact of the CPD Scheme, paragraph 22 of Annex D, noting the detail of the analysis and the information relating to protected characteristics.
47. In discussion the following points were made and responded to:
 - a. It was explained the most appropriate data on hard to reach registrants or those not engaging with scheme was contained in the CPD strategy. The Director of Education, Standards and Development was reassured by the results to date showing registrants were participating in more objective activities and engaging with the new scheme. Evidence demonstrated that different communities were responding, for example there were more educators who participated this year.
 - b. Members were advised that there were no registrants who could be described as 'hard to reach' as all registrants must renew their registration on an annual basis and are made aware of the new scheme. The Communications team employ a number of tools to reach out to registrants with specific information alerting them to the scheme and its requirements.
 - c. It was explained that as a regulator it was the job of the GOsC to make sure registrants are thinking about the OPS as part of their work. It was difficult make any particular area of practice mandatory. An area of interest for development is the idea of community, what it means and how it is measured. In terms of issues relating to the Allied Health Professions (AHPs)

and aging population these are being considered but not as part of the CPD Scheme.

- d. It was explained that one of the criteria of the CPD Scheme was about range of practice and doing CPD across the four themes of osteopathic practice and recognising the breadth of practice and how CPD relates.

Noted: Council noted the report on CPD assurance and evaluation.

Item 16: Minutes of the Policy Advisory Committee (PAC) – 9 October 2019

48. The PAC Chair highlighted the in-depth discussions which took place on the Guidance on Pre-registration Education (GOPRE) and adjunctive therapies.
49. Council members commented on the work of the PAC. It was acknowledged that depth of scrutiny the Committee provides is invaluable to the work and decision-making process of Council.

Noted: Council noted the minutes of the Policy Advisory Committee, 9 October 2019

Item 17: Minutes of the Audit Committee (AC) – 24 October 2019

50. Members of the Audit Committee commented on the discussion about the independent IT penetration testing. This would be further reviewed at the Committee's next meeting.
51. It was noted that the control environment was discussed in depth in light of the changes to leadership of the organisation.
52. Members were informed that the Risk Register would be presented in its new format at the next meeting of Council in private session with a risk-based discussion taking place at the Council Training day in early January.

Noted: Council noted the minutes of the Audit Committee, 24 October 2019

Item 18: Any other business

53. Issues were raised and responded to:
 - a. Homeopathy and advice on vaccinations – the impact on the osteopathic profession.

Members were advised that the OPS states that patients should be provided with a balanced view of the options to make an informed decision regarding vaccinations.

- b. First Aid in osteopathic practice: Members were advised that C5 of the OPS refers to health and safety assessment guidance which references first aid. The Executive were considering ways to highlight the guidance available.

Date of the next meeting: 29 January 2020 at 10.00