



Minutes of the Public Session of the 87th meeting of General Osteopathic Council held on Thursday 14 May 2015 at 176 Tower Bridge Road, London SE1 3LU

Unconfirmed

Chair: Alison White

Present: Colin Coulson-Thomas
Mark Eames
Jorge Esteves
Nick Hounsfield
Brian McKenna
Kenneth McLean
Joan Martin
Haidar Ramadan
Julie Stone
Jenny White

In attendance: Russell Bennett, Regulation Manager (Item 6)
Sarah Eldred, Communications Manager (Item 15)
Sheleen McCormack, Head of Regulation
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

Observer: Maurice Cheng, Chief Executive, Institute of Osteopathy

Welcome and opening comments

1. The Chair welcomed all participants to the meeting. A special welcome was extended to Sheleen McCormack, recently appointed Head of Regulation.

Item 1: Apologies

2. Apologies were received from John Chaffey, and Kim Lavelly who had submitted comments on the items for discussion prior to the meeting. Apologies were also noted from Fiona Browne, Head of Professional Standards. The Chair, on behalf of Council, asked for best wishes to be passed on to her.

Item 2: Questions from observers

3. Maurice Cheng commended the work of the Regulation Department for their handling of fitness to practise cases and also thanked David Gomez, the former Head of Regulation, for his work with the Institute of Osteopathy (iO) over the past year. He asked if there was any indication as to the reason for the rise in numbers of fitness to practise cases.
4. The Chief Executive responded saying that the GOsC were happy working in partnership with the iO and, with them, looking to investigate and understand the reasons for the rise in fitness to practise cases brought against registrants. The Chief Executive advocated some caution in reviewing some of the possible reasons for the increase in cases as it was difficult to identify clear trends. The Chief Executive agreed that there was critical work to be conducted in partnership with the iO to meet this challenge.

Item 3: Minutes and Matters Arising

Minutes

5. The minutes of the public session of the Council held on 4 February 2015, were approved as a correct record of the meeting.
6. It was noted that subsequent to the meeting of Council the Chair's recommendation that Martin Owen be appointed as the external member of the Audit Committee had been approved by Council via email.
7. The Chair reminded members that the appointment was due to Chris Shapcott assuming the role of Audit Committee Chair from Jane Hern who had come to the end of her term of office in March.

Matters Arising

8. There were no matters arising.

Item 4: Chair's Report

9. The Chair gave an oral report to Council. The main points were:
 - a. Council strategy day – April 2015: feedback from the strategy day has been positive in terms of location, content, style and quality of discussion which reviewed a diverse range of evidence and considered strategic issues to be incorporated in the next corporate plan. The Chair and Chief Executive would further discuss key themes emerging from the day's discussions and how these might be incorporated into a first draft of the new corporate plan which will come to Council in July. They agreed it would be helpful to consult with partners and stakeholders about the plan, so there would be

an opportunity to discuss the proposed consultation at that point. Any further thoughts from members would be welcomed.

- b. Members' annual reviews: the programme of annual reviews had commenced allowing the Chair the opportunity to engage not only with Council but more widely with non-executive members. In advance of the forthcoming changes to the Council's constitution, the Chair was taking the opportunity to explore the intentions of members regarding their future on Council. Council had previously agreed to collective resignation at the end of March 2016 – all but one member is eligible for re-appointment, though due to the reduction in numbers and restrictions around country representation, not everyone can be re-appointed. She advised that there were also advantages to a staged process of appointments so that the GOsC did not hit a 'brick wall' of vacancies either this year or next.
 - c. Development day: an area of development highlighted by Council is to increase the diversity of potential applicants for non-executive (and especially Council) vacancies. The Remuneration and Appointments Committee has suggested a development day addressing the challenges of the recruitment processes that are a potential barrier to those who are unfamiliar with them, especially registrants, and as a result, it is planned to jointly host a development day with the iO on Saturday 12 September 2015. The Chair would be seeking support from members to make the day a success.
 - d. Values seminar – 20 May: the Chair would be attending the follow-up seminar entitled *Moving forwards on values and standards in osteopathy*, being held on 20 May, a partnership between the GOsC and the Collaborating Centre for Values-Based Practice in Health and Social Care in Oxford. The seminar would form a continuation of the GOsC's thinking on values-based practice and the Chair looked forward to a stimulating session. Further reports would be made about the seminar to Council in due course.
 - e. Council seminar: Council's attention was drawn to the afternoon seminar which forms part of the development work from the whole-Council development plan. The seminar would consider how members could improve their understanding and scrutiny of financial issues which come before Council resulting in a strengthening of members' performance in this area.
10. In discussion the following points were raised and responded to:
- a. Values seminar: members asked for further information about the values based seminar and if outcomes from the discussions would influence osteopathic practice.

- b. The Chief Executive responded that it was too early to confirm outcomes but the discussions would help look at the conflict in osteopath/patient values and also frame the debate for the revision of the *Osteopathic Practice Standards*. Discussions would also be critical in feeding into the work conducted by Professor Gerry McGivern, on the effectiveness of regulation, and assist in considering how standards work, along with perceptions of and compliance with established standards.
- c. Members suggested that the outcomes from the values discussions could usefully feed into other areas of work currently being explored such as the ODG mentoring project. It was pointed out that sometimes ethical standards set by a professional body might not always link to the technical standards set by a regulator and that this was something to be considered to ensure integration. The Chief Executive responded that the ODG and the GOsC were reviewing service standards and how they link-up.
- d. Development day – September 12: members suggested that in preparation for the September development day a scoping exercise might be commissioned to explore barriers to registrant applications in the GOsC's recruitment processes and whether this was something the iO would consider doing with the GOsC.

Council noted the Chair's report.

Item 5: Chief Executive's Report

- 11. 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.
- 12. The Chief Executive highlighted the following:
 - a. Council reconstitution: members were advised that following the election no minister had as yet been appointed but all was in place to take forward.
 - b. Jeremy LeFroy Private Member's Bill: members were advised that the Bill had received Royal Assent and implementing regulations are expected shortly. The Chief Executive said that this should be welcomed as it enshrines the public interest in our legislation for the first time.
 - c. Professional Standards Authority (PSA) Performance Review: members were reminded that the consultation on revisions to the PSA Performance Review had been circulated and would be discussed at the next meeting of the Audit Committee in June and also at the meeting of Council in July.

- d. CPD consultation: it was reported that to date 17 meetings had taken place with approximately 400 osteopaths attending. Participation by the profession using a variety of media included:

- 70 via a webinar
- 5000 hits via the GOsC website
- 95 consultation responses received.

Overall feedback indicated that the new CPD scheme was not as complicated as envisaged and that it was a 'good thing'.

- e. Osteopathic Education Foundation (OEF) Consultation: members were informed that the OEF were conducting a consultation which reviewed their own future. The GOsC response to the OEF consultation would be circulated in due course.
- f. Business Plan monitoring: members were advised that the Business Plan was on track but some slippage was expected in the areas of work relating to Professional Standards due to long-term staff illness within the department.

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

- a. National Council for Osteopathic Research (NCOR): members asked about the funding commitment to NCOR under the new process and whether, at a point in the future, GOsC funding support would come to an end. The Chief Executive responded that the budget included a commitment to NCOR as part of a mixed funding model. He stated that NCOR was working well and had achieved a much higher level of interest in their work. There was no review of funding currently planned and, at present, it was important that the GOsC's support for NCOR continue. The Chief Executive thought that in the long-term NCOR should be funded independently but further work was required before this happened. It was suggested that in the future income needed to be generated from osteopaths and patients.
- b. Law Commission/LeFroy Bill: members asked if the LeFroy Bill implies it will be aligned with the work required by the Law Commission. The Chief Executive responded that this was dependent on the content of the Queen's Speech.
- c. CPD Consultation: members raised a concern about participation by osteopaths in the consultation programme asking how the CPD audience/participants were targeted. The Head of Policy and Communications responded that organisation for presentations were arranged with the Regional Groups. The Chief Executive added that the Northern Ireland group had not participated in the consultation as they had been part of the pathfinder groups. The GOsC had been advised by

the Scottish Regional Group that they would wait until September for a presentation as part of their AGM and Conference.

- d. Kenneth McLean informed Council that he was unaware of any communications about the consultation meetings from the Scottish Regional Group and had himself organised two seminar events to discuss the proposals. He also raised a concern relating to CPD support for osteopaths in light of current staff issues being experienced by the Professional Standards Department suggesting that an increase in resources might be a solution. The Chief Executive responded that the staff issues had been resolved and the number of staff had increased. He informed members the next major project to be undertaken by the team would be the consultation analysis and a timetable was being prepared for the summer.
- e. Constitution Order: members asked what the decision making process had been for the constitution of Council. The Chief Executive reminded members that the decision for the change in the constitution had been agreed by Council at their meeting in October 2012. Members were advised that the GOsC had drafted the proposal which had been submitted to the Department of Health. He added that some members may not have been part of Council at the time the suggested amendment was agreed. Further to this the Chair added that the request for the change had taken time because the GOsC was not a priority for action to be taken by the Department of Health.

Progress against the Business Plan

- f. Quality assurance: members asked if the OEIs' Annual Report template allowed for the inclusion of information on their finances and accounting. The Chief Executive directed members to the papers of the Education and Registration Standards Committee (ERSC) on quality assurance which took OEI finances into account. The ERSC Chair assured members that the monitoring process for conducting the reviews of the OEI Annual Reports is rigorous. The Chair added that Council members would be welcome to attend committee meetings where they were not members to observe and understand the work in other areas of governance.
- g. Student fitness to practise: the Chief Executive informed members that the work relating to Student Fitness to Practise Guidance and the boundaries project were likely to slip. There was agreement with the OEIs to take the work forward but capacity would make the project timetable challenging.
- h. Guidance for osteopathic pre-registration education: members raised a concern in looking at assessments and appropriate models for assessment in relation to the *Osteopathic Practice Standards*. It was suggested that there were challenges about assessing ethical components of practice and

looking at and considering how this was done in other areas might be helpful. It was noted that this was a workstream marked for March 2016 and to be developed.

- i. Duty of candour: members asked if this should be submitted to the Osteopathic Practice Committee for discussion. The Chief Executive responded that an early revision of the Osteopathic Practice Standards on the Duty of Candour was not planned but it was expected that some softer guidance could be developed. He informed members that Steve Vogel had been requested to extract case studies from the adverse events research to test in a registrant focus group. He added that the GOsC is in discussions with the insurers about the duty of candour and a meeting would take place in due course to resolve outstanding matters.

Financial report

14. The Financial Report was presented by the Head of Registration and Resources highlighting the following:
 - a. Financial audit: feedback from the initial findings of the audit had been positive, with the change in staffing and segregation of duties noted. The Audit Committee's findings and report would be presented to Council at its next meeting in July.
 - b. Members asked for clarification relating to regulation costs. Were costs relating to regulation activity built into accounts or a projection? The Head of Registration and Resources informed members that there would be a re-examination of information flow with the Regulation Team. He added that work had been undertaken with the former Head of Regulation and the forecasting model was in a better position but further work was required.
 - c. Members asked if anything was built into the model for the cost which might arise from a judicial review. The Head of Registration and Resources responded this cost would be met from within the budget but this was also why the GOsC held reserves.
 - d. Members asked what the Chief Executive's perspective on costs was for the future and continuing to maintain the quality of work. In reviewing past budgets the Chief Executive said he was happy that there was scope for flexibility. There were discussions taking place considering adopting a more rigorous approach and re-focusing efforts to tighten costs and it was noted that 2016-17 would be 'tight' in terms of the budget. The financial report to Council in July would demonstrate that controls were in place to ensure prudent management of the financial situation.
 - e. Members asked if the rising cost of fitness to practise was similar to other regulators and how did the budgeting work? The Chief Executive

responded that most of the regulators were experiencing increases in fitness to practise cases. Health cases in particular had increased in the past year and, due to their nature, were more costly. It was suggested by members that a contributing factor in the rise of health cases could relate to students who, once they graduated, no longer had the help and support of their institutions. With regards to numbers of Interim Suspension Orders (ISOs) it would not be clear if this was a trend for at least three years.

- f. Members asked if it would be possible to complete an analysis as to why health cases were increasing. The Chief Executive responded that although there had been an increase, the number of cases was still very low.
- g. A question was asked about why the value of fixed assets appeared to have fallen during the financial year and what items were categorised as fixed assets. The Head of Registration and Resources advised Council that included in the fixed assets line was Osteopathy House as well as the cost of other assets including fixtures and fittings and computer equipment. He explained that the Balance Sheet value had reduced because the fixed assets were all subject to depreciation.

Risk Register

- a. The Chair commented that the Risk Register still required work on the content and she would be discussing this with the Chief Executive to bring back to Council in due course.
- b. Members asked about the areas of responsibility suggesting there should be a process to pick up warning signs. What would be the next steps in developing specific indicators for Council to ensure controls were in place?
- c. Members asked for clarification as to the meaning of 'risk averse area'. The Chief Executive explained that these were areas with a lower tolerance to risk as agreed by Council.

Council noted the Chief Executive's Report.

Item 6: Quarterly Fitness to Practise Report

- 15. The Regulation Manager introduced the item which gave the quarterly update on the work of the Regulation Department and the GOsC's fitness to practise committees.
- 16. In discussion the following points were made and responded to:
 - a. Appeals: members asked if the GOsC was always awarded costs on unsuccessful appeals. The Registration Manager responded that the GOsC

would normally be awarded costs but as the number of appeals is small it is not possible to generalise.

- b. Sexual boundaries: members raised concerns about the issues of sexual boundaries. The Regulation Manager informed members that work was being conducted to address the issues but the number of cases were still small. The Chief Executive added that an additional issue was whether the actual cases were increasing or if there was more reporting. Members stressed the importance of supporting vulnerable witnesses.
- c. Members asked if more could be done to engage the public and patients in the process of understanding boundaries as osteopaths required more information. The Chief Executive informed members that a broader review of data which was already available was being considered and proposals on a way forward would be brought to Council at a future date.
- d. Interim Suspension Orders (ISOs): members asked about the proportion of ISOs applied for and the reasons for the applications. The Registration Manager explained that the applications for ISOs are made based on the perceived risk to a patient. He informed members that a training day had been organised for the Investigating Committee taking place on 18 May and would cover the decision making processes for ISOs.
- e. Members also asked whether risk tolerance was working in relation to fitness to practice. The Regulation Manager advised that the training day would take into account factors relating to risk tolerance and confirmed that risk assessments include mitigating factors.
- f. Length of cases: members were informed that the GOsC performs well in comparison to other regulators in the time it takes to complete ftp cases. The Chief Executive added that targets had been reduced from 14 to 12 months which is challenging. He expressed a concern relating to conflicting expectations in the required quality of work as opposed to the length of time to complete which all regulators were reviewing.

Council noted the Quarterly Fitness to Practise Report

Item 7: Professional Conduct Committee Practice Note: Acting in the Public Interest

- 17. The Chief Executive introduced the item which proposed the introduction of a Practice Note: Acting in the Public Interest, to assist the decision making of the Professional Conduct Committee (PCC) and the Health Committee (HC). It had been presented at the OPC at its meeting, 12 March.
- 18. The Chief Executive informed members that the practice note linked to the LeFroy Bill and will put the public interest requirements into the GOsC Statute.

Members of the Professional Conduct Committee and the Fitness to Practise Users' Forum had been consulted on the Practice Note.

19. In discussion the following points were made and responded to:
 - a. Members were advised apart from assurances in consistency and accuracy there had been no significant changes made to this Practice Note.
 - b. Members asked if any training would be required prior to implementation. The Head of Regulation advised that the note sought to distil, within the guidance, the public interest at UPC and sanction stages and would ensure transparency for all involved. The Chief Executive added that the PCC and Legal Assessors had been advised and were aware of the note and that it had also been brought to the attention of all relevant stakeholders.

Council agreed the PCC and HC Practice Note on Acting in the Public Interest.

Item 8: Professional Conduct Committee Practice Note: Admission of Good Character Evidence

20. The Head of Regulation introduced the item which proposed the introduction of a Practice Note to assist in the decision making of the PCC. She added that this practice note along with others reflected case law and with the practice notes was a move to ensure best practice by the GOsC.
21. Members asked how the GOsC ensures that there is proper scrutiny of this work. The Chair reassured members that in developing the practice notes scrutiny by legal experts when reviewing the guidance was robust.

Council agreed the PCC Practice Note on Admission of Good Character Evidence.

Item 9: Draft Guidance for the Professional Conduct Committee on Drafting Determinations

22. The Head of Regulation introduced the item which proposed the introduction of new guidance for the Professional Conduct Committee on drafting determinations. She informed members that following the consultation process she would be looking at having the guidance plain English approved to ensure accessibility to a wider audience.
23. In discussion the following points were made and responded to:
 - a. Members made reference to the former CHRE (Council for Health Care Regulatory Excellence) S29 cases where a useful pro forma had been

provided: would the GOsC document have a similar link included? The Head of Regulation agreed this would be reviewed.

- b. Members suggested that the final document would also be useful for registration appeals.
- c. Although members supported the guidance, they questioned how it would have assisted in a previous case which had been discussed by Council. The Chair responded the guidance was a key component, but not an answer to the issue. The Chief Executive added that the guidance would address some of the difficulties raised by the PSA in relation to the case.
- d. The Chief Executive advised members that there would be a delay to the consultation as it linked to guidance on Interim Suspension Orders which would be submitted to the OPC at their next meeting in June and then brought to Council in July.

Council agreed that the GOsC should consult on the draft guidance set out in the annex of the paper.

Item 10: Draft Bank of Conditions for the Health Committee

- 24. The Head of Regulation introduced the item which proposed the introduction of a standard bank of conditions to assist the decision making of the Health Committee (HC).
- 25. The Chair added that following discussion and further scrutiny at the meeting of the OPC the document had been 'tightened'. The OPC Chair stated that he was content with the draft document.
- 26. In discussion the following points were made and responded to:
 - a. Members questioned whether there was enough expertise held by the GOsC's medical assessors to cover the bank of conditions especially those conditions linked to the mental health conditions listed.
 - b. The Chief Executive informed members that the GOsC had a broad pool of medical assessors who shared a number of areas of expertise which could be utilised when appropriate and required.
 - c. The Head of Regulation advised members that once agreed the document would be submitted to a three month consultation.

Council agreed that the GOsC should consult on the draft bank of conditions set out in the annex of the paper.

Item 11: Updates to the Governance Handbook

27. The Chief Executive introduced the item which set out a number of recommended amendments to the Governance Handbook which have arisen from discussions at recent committee meetings.
28. The Chief Executive informed members that in relation to the Policy on Procurement of Services, the Audit Committee had advised that at paragraph 2, principles which underpin procurement: points a-f, the Executive should have discretion in the areas listed.
29. In discussion the following points were made and responded to:
 - a. Procurement: members commented that they had been impressed by the previous scoring criteria but this did not appear in the revised policy. The Chief Executive responded that scoring would be dependent on the type of tender being put forward and agreed that the need for robust criteria should be included in the policy.
 - b. It was pointed out that the Audit Committee did not wish to be restrictive in its remit but it was suggested that a small amendment be made to avoid a 'cliff edge' situation between the procedures for different tender amounts.
 - c. Audit Committee Terms of Reference (ToR): members commented that there was no mention of the risk appetite, the Risk Tolerance Statement or governance in the ToR. It was emphasised that risk appetite and the Statement were under the remit and the responsibility of Council and should remain so. It was also pointed that reference to governance was made at point j. of the ToR.
 - d. Conflict of interest: the Chief Executive informed members that as the original policy no longer met current requirements a review of the policy had been conducted.
 - e. The Chair commented that following discussion the issue of 'anticipatory activity' remained a difficult subject and was dependent on how it was viewed by external observers. She advised that the policy made it clear GOsC's approach in dealing with conflicts of interest at meetings and the onus would be on the committee chairs to manage at their discretion.
 - f. Members agreed the new policy was good but would mostly impact on registrant council members, especially those who sat on the ERSC, with the risk of meetings not being quorate.
 - g. Members expressed concern that paragraph 14 was not clear. Members asked if 'one-off' conflicts were activities that should be included on the Register of Interests. It was confirmed that ad hoc declarations did not need to be submitted for the Register but should be declared at a meeting.

Council agreed the proposed revisions to the sections of the Governance Handbook relating to the following subject to amendments:

- a. **Procurement of Services**
- b. **Terms of Reference of the Audit Committee**
- c. **Conflicts of Interest**

Item 12: Refreshing the GOsC Equality and Diversity Policy

- 30. The Chief Executive introduced the item which presented the updated GOsC's Equality and Diversity Policy for Council's approval.
- 31. The Chief Executive highlighted that the GOsC Equality and Diversity remit would sit with the Chief Executive. He informed members the policy had been simplified but the objectives remained unchanged. The Chief Executive also informed members that a commitment statement for the GOsC had been included and that any specific equality and diversity projects would stand alone.
- 32. He also advised members that the policy included the GOsC's responsibilities under the Welsh Equality Act.
- 33. He thanked Jenny White for her assistance in reviewing the policy.
- 34. In discussion the following comments were made and responded to:
 - a. Members sought assurances that disability needs could be met including access to the GOsC website and publications. The Chief Executive responded that the GOsC works hard to ensure appropriate support to those with disabilities. In relation to publications these could be made available in different formats on demand.
 - b. It was agreed that the word 'suffered' – page 5, final paragraph a – should be replaced by the word 'experienced'.
 - c. In response to members' concerns on gender balance the Chief Executive suggested this was a wider issue as applications for fitness to practise panels did not demonstrate a diverse pool of possible candidates and may be an issue relating to age.
 - d. Members challenged paragraph 15 – Improving Compliance – saying that it was felt the GOsC handles issues of equality and diversity well. The Chief Executive responded that the GOsC complies with the law but saw areas for improvement which went beyond compliance.

Council agreed the approach set out in the policy at the annex of the paper.

Item 13: Public and Patient Perceptions Research

35. The Head of Policy and Communications introduced the report which set out the findings from recent public and patient research conducted by YouGov. Her question to Council was whether there was any action not already covered in the report that would assist in taking work forward.

36. In discussion the following comment was made and responded to:

- a. The Chair read the following comments which had been submitted by Kim Lavelly prior to the meeting:

This has been an excellent project; the findings are a rich resource. Communication of these could be overwhelming since there's so much information, so injecting relevant parts of the findings into many of the GOsC communications would be good, as well as providing a summary of the work overall.

- b. The concern which was raised related to the interpretation of the finding concerning patients giving feedback to their osteopath, particularly in the YouGov Key Findings which state 'Osteopathic patients prefer to provide their feedback to an osteopath face-to-face'. It was considered important to note that while 47% of patients were happy to give feedback face-to-face, this left a majority who would prefer to give feedback some other way and it is these people osteopaths should be keen to hear from.
- c. Members agreed the findings were very important in highlighting the lack of knowledge about the osteopathic profession, especially amongst other health professionals. It was suggested that the profession itself could take a more proactive role in addressing this.
- d. Members asked what efforts had been made to distribute information about osteopathy more widely, displaying leaflets in pharmacies for example. The Head of Policy and Communications responded this had been explored and that the cost-benefit implications had been a key factor to consider. The Chief Executive added that evidence of this method showed little impact in building knowledge and perceptions.
- e. Members asked if osteopaths provided ways to allow anonymous feedback. The Head of Policy and Communications responded that this does happen and that during the revalidation pilot it had been used very successfully.
- f. The Chief Executive advised that although feedback from osteopaths was limited, the NCOR PROM pilot showed patients were happy to complete questionnaires and give feedback.

- g. Members suggested that there was a gap in public understanding of the role of the regulator. The GOsC needed to focus on its core regulatory functions, which the report highlights, to ensure confidence and to meet expectations. The Chief Executive added that building confidence was a priority, although this could lead to problems in expectations.
- h. Members talked about barriers to making a complaint and a need to develop an understanding amongst osteopaths about the need to engage with patients so that they feel valued and listened to.
- i. Members also suggested that having a professional practice setting is an important way of gaining the confidence of patients and the public.
- j. Members asked what proportion of osteopaths provided information to new patients in advance of an appointment and whether the GOsC had anything that could help osteopaths. The Head of Policy and Communications responded that the impression was that broadly osteopaths did provide information that reflects their own practice; the GOsC encourages osteopaths to also make the GOsC public information leaflets available in their practices and on their websites. The Chief Executive advocated caution in relation to GOsC supporting osteopaths with a framework of how to do things, as osteopaths operated differently from practice to practice. It was added that appropriate guidance was given in the *Osteopathic Practice Standards*.

Council noted the findings of the 2014 GOsC Public Perceptions research and the implications for osteopathic standards and public information provision.

Item 14: Communications and Engagement Annual Report

- 37. The Head of Policy and Communications introduced the item which reports on the Year Two communications and engagement activity, 2014-15. In the year ahead a new Corporate Strategy will be developed and Council was asked for thoughts, comments and advice on the way forward for the Strategy.
- 38. In discussion, the following points were made and responded to:
 - a. Members commented that current communications to the profession were very good but wondered if there was a way to more easily differentiate information and guidance by modifying email notifications.
 - b. It was suggested that the publication of results from academic research and studies would be a step towards accessing the wider health care community.

- c. Members asked what plans there are for future Regional Communication Network meetings. The Head of Policy and Communications responded the budget would allow for one meeting per year and a meeting was currently being planned for later in 2015.
- d. Members asked if there was a plan to develop regional communications in conjunction with the iO and other groups. The Head of Policy and Communications responded that the challenge was the sustainability of providing support for regional groups and how this could be conducted more effectively.
- e. The Chief Executive added that there was also a need to review the current process for RCN meetings as it was not clear that they were wholly good value, as information from meetings was not always effectively disseminated by attendees to the rest of the profession. The Chief Executive suggested that meetings with regional groups and societies at a more localised level was more productive and agreed that work with the iO was important step in developing local groups. It was agreed that alternative ways of communicating are required which are cost effective and reach a wider audience.

Council noted the content of the report.

Item 15: International Activities Annual Report

- 39. The Communications Manager introduced the report which gave an update on current GOsC European and international activity.
- 40. The Chief Executive commented on the CEN standard informing members that it had been a useful exercise and though it was not perfect it has developed a set standard for osteopathy in Europe and represented a willingness on the part of the 15 participating countries to work together to develop a common standard. The CEN standard would be revisited for review in five years' time.
- 41. In discussion the following points were raised and responded to:
 - a. Members commented that the CEN standard appeared high-level. Did the document contain actions that the GOsC would be required to take? It was confirmed that the CEN standard was for European action but there was no UK impact as standards are already established.
 - b. Members hoped that the CEN standards would impact on the education and the quality of registrants from Europe.
 - c. It was confirmed that osteopaths were now included in the Internal Market Information System and the Registration Department already receives applications from European registrants.

- d. Members asked if there was any requirement to recruit to Council from the Isle of Man or Gibraltar. The Chief Executive responded that this was not required.
- e. Although pleased with the progress of CEN, members expressed some concern relating to the position of France and countries with similar standards and the impact on the changing framework. The Communications Manager responded that, in principle, qualifications from European applicants with Competent Authorities should be recognised automatically. It was envisaged that for those countries without a regulatory framework the CEN Standard would be used.

Council noted the International Activities Annual Report

Item 16: Six Month Registration Report

- 42. The Head of Registration and Resources introduced the report which gave an update on registration activity covering the six month period from 1 October 2014 to 31 March 2015.
- 43. The Head of Registration highlighted the survey conducted between November 2014 and January 2015 which targeted those joining the register for the first time. He was pleased to inform members that the overall analysis of the survey had proved positive. Members interested in reviewing the document were advised to contact the Registration and Resources Assistant at registration@osteopathy.org.uk.
- 44. In discussion the following points were raised and responded to:
 - a. It was agreed that the age bands would continue to be monitored to check for registration trends. Members also requested that percentage comparisons should be included in the reporting.
 - b. The Chair asked if there could be more in-depth exploration and analysis as to the reason why registrants resigned from the register. It was suggested that an exercise could be conducted in conjunction with the Osteopathic Development Group (ODG). The Head of Registration and Resources responded that within the past 15 months a registration exit form had been introduced which registrants were encouraged to complete.
 - c. In looking for reasons for resigning from the register and obtaining feedback, members advised that the GOsC should be careful not to overly pursue registrants for information.
 - d. The Chief Executive also commented that reporting methods had much improved over time and a number of critical issues had been identified such as those osteopaths who found it challenging to develop their practices – was this a business skills issue?

Council noted the content of the Registration Report

Item 17: Corporate Social Responsibility (CSR) Update

45. The Head of Registration and Resources introduced the item which gave an update of activities relating to the GOsC Corporate Social Responsibility Plan. He highlighted the activity of the past 12 months and the future activities which the GOsC intended to explore and develop.
46. In discussion the following points were made and responded to:
 - a. As part of health and safety/first aid training members asked if a defibrillator was located on site at Osteopathy House. The Head of Registration and Resources informed members there was no defibrillator on site but this would be taken into consideration as part of health and safety training.
 - b. Members enquired if the GOsC CSR could be linked to the external local community as demonstrated by other organisations. It was suggested that community engagement held opportunities for both the GOsC and the profession and thought could be given on how this could be undertaken in a proactive way. The Chief Executive responded that building links with Southwark Health Watch in conjunction with OEIs based in the borough could, be considered.
 - c. The Chair asked if the Annual Report would include a statement relating to the GOsC CSR. The Head of Registration and Resources advised that this would be taken into consideration and included in future.

Council noted the content of the report on Corporate Social Responsibility.

Minutes for Noting

Item 18: Osteopathic Practice Committee (OPC) – Minutes of meeting 12 March 2015

47. The Chair of the Osteopathic Practice Committee had no specific comments but took the opportunity to thank David Gomez, former Head of Regulation, for his work and support during his time with the GOsC. He welcomed Sheleen McCormack, who takes over the role, and looked forward to working with her.

Council noted the minutes of the Osteopathic Practice Committee.

Item 19: Education and Registration Standards Committee (ERSC) – Minutes of meeting 12 March 2015

48. The Chair of the Education and Registration Standards Committee had no specific comments but stated he welcomed the quality assurance processes and guidance updated by the Professional Standards Manager.

Council noted the minutes of the Education and Registration Standards Committee

Item 20: Audit Committee (AC) – Minutes of meeting 24 March 2015

49. The Chair invited members of the Audit Committee to comment on the minutes of the meeting of 12 March. There were no issues raised.

Council noted the minutes of the Audit Committee.

Item 21: Remuneration and Appointments Committee (RaAC) – 24 March 2015

50. Members were asked to note that the Committee had agreed that there would be no change to members' allowances in 2015-16.

Council noted the minutes of the Remuneration and Appointments Committee.

Any other business

51. There was no other business.

Date of next meeting

52. Date of the next meeting: 10.00 Thursday 16 July.