



Council
12 July 2016
Committee Annual Reports 2015-16

Classification	Public
Purpose	For noting
Issue	Each Committee is required to report annually on its work to Council.
Recommendation	To note the Annual Reports of: a. Audit Committee b. Education and Registration Standards Committee c. Osteopathic Practice Committee d. Remuneration and Appointments Committee
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annex	A. Annual Report of the Audit Committee 2015-16 B. Annual Report of the Education and Registration Standards Committee 2015-16 C. Annual Report of the Osteopathic Practice Committee 2015-16 D. Annual Report of the Remuneration and Appointments Committee 2015-16
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Audit Committee Annual Report 2015-16

1. The Audit Committee met on three occasions in the year in July 2015, November 2015 and March 2016. It should be noted that the March 2016 meeting was informal due to it being inquorate.

Financial Audit, auditor evaluation, Annual Report

2. During the year under report the Audit Committee considered the Audit Findings Document for financial year 2014-15. The document set out the key issues affecting the financial results of the GOsC including the preparation of the financial statements. The Committee agreed it was content to note the document and that it should go forward to the Council with the Annual Report and Accounts.
3. The Committee considered, for the second time, an auditor evaluation framework for evaluating the performance of the external financial auditors. Audit Committee questioned the Executive and the external auditors before noting the evaluation document.
4. The Committee also received the Audit Plan from Grant Thornton which set out the planned programme of external audit work for the accounts of the financial year 2015-16, which covered the transition to FRS 102.

External auditor reappointment

5. Audit Committee considered the reappointment of Grant Thornton as external financial auditors to the GOsC. It was recommended to Council that Grant Thornton be reappointed for a further three year period ending with the audit of financial year 2017-18.

Statement of internal financial controls

6. Audit Committee received a revised statement of internal financial controls which reflected the enhanced segregation of duties within a consolidation registration and finance team. The Audit Committee found the statement useful and noted the content.

FRS102 including the Principal Accounting Policies

7. In the year, the Audit Committee recommended to Council that the Executive explore the implications of the GOsC moving to FRS 102. The Executive presented their findings to Audit Committee and Council and drew attention to the Principal Accounting Policies and some minor amendments which were required. The Audit Committee encouraged the Executive to ensure the disclosures to the accounts were as transparent as possible. The Audit Committee considered and noted the amendments that needed to be made to the Principal Accounting Policies as a result of FRS 102.

Risk Register

8. At each meeting the Audit Committee reviews the high level Risk Register which includes a report presented by the Chief Executive and Registrar highlighting any movements in the risk level.
9. This year the Committee has asked questions directly to the Head of Regulation and the Head of Policy and Communications as part of the regular discussion about the Risk Register.
10. In the year the Executive reported to the Audit Committee that they had enhanced the risk management tools by developing a current key risk document and a risk assurance map which supplemented the business plan risk assessment.
11. The Council discussed the subject of risk at a seminar held in February 2016 which was attended by both the Chair and the independent member of the Audit Committee.

Corporate Strategy 2016-19

12. The Audit Committee received the draft Corporate Strategy 2016-19 on which they provided feedback and comment, especially around the performance measurement section of the document. The Corporate Strategy 2016-19 was approved by Council in February 2016.
13. Audit Committee also considered how the Corporate Strategy 2016-19 could be evaluated effectively.

Budget Strategy 2016-17

14. The Committee commented on the 2016-17 budget strategy paper which led to the development of the budget approved by Council in February 2016.

Performance Measurement

15. The Committee received the third completed performance measurement matrix and offered comments about how it may be improved for the future.

PSA Performance Review and consultation

16. In the year under review, the Audit Committee considered the PSA consultation documents about changes to the revised performance review process. The Audit Committee noted the PSA approach and the GOsC draft response to the consultation.
17. The Audit Committee discussed the PSA Performance Report for the period covering 2014-15. The Committee noted that the GOsC had met all standards.

The Committee also noted the new process against which GOsC would be assessed.

Internal audit

18. The Committee received internal audit reports which provided updates of progress against the planned internal audit options. The completed internal audits were (1) International routes to registration process audit (2) Section 32 monitoring audit (3) Return to Practice process audit. The reports included work carried out by GOsC staff as well as some external peer assessments by colleagues from other healthcare regulators.
19. Audit Committee also considered a proposed plan for internal audits covering the period 2016-19. Audit Committee advised the Executive what areas it wished to see covered within the plan.

Monitoring report

20. The Committee received a standing report from the Executive on any fraud notifications, critical incidents, data breaches and corporate complaints. In the year under report the Executive reported to the Committee seven corporate complaints, eight data breaches (of varying severity), one critical incident and no incidents of fraud or attempted fraud.
21. In the year, the Executive reviewed how data breaches were presented to the Audit Committee and introduced a mechanism for grading the severity of the data breach into low, medium or high. The Audit Committee was content with this approach which was adopted.

Forward work plan

22. At each meeting, the Committee received a standing report from the Executive which set out what items were likely to appear on future Audit Committee agendas. Audit Committee was able to comment upon the proposed future agendas.

Membership

23. During the period 2015-2016 the Audit Committee membership comprised:

Name	Member details	Dates of membership	Meetings attended
Chris Shapcott (Chair)	External lay member	All year	3/3
Mark Eames	Council lay member	All year	2/3
Martin Owen	External lay member	All year	3/3
Brian McKenna	Council registrant member	All year	2/3

24. The term of office for Mark Eames and Brian McKenna ended on 31 March 2016.

Cost of the Audit Committee

25. It is estimated that the cost of the Audit Committee and its related activities, excluding staff time, is approximately £27k. This is calculated as follows:

Activity	Cost £
Committee members: fees and expenses	3,224
External financial audit	23,765
Total	26,989

Opinion of the Audit Committee

26. It is the opinion of the Audit Committee that its work during the past year is in line with the purpose and the Terms of Reference of the Committee. The Committee also believes Council can take assurance from this that the organisation has proper and appropriate systems in place to enable it to discharge its statutory responsibilities. The work reviewed by the Committee demonstrates the Executive has a mature approach to financial and non-financial control frameworks and a willingness to implement improvements where identified.
27. Further, Council can take assurance that the controls upon which the organisation relies to manage risk are suitably designed, consistently applied and proportionate.
28. During the course of the year, the Committee has undertaken a wide range of activity as described in the report above. It is the view of the Committee that its approach has been supportive to the Executive while retaining the necessary rigour and challenge. In particular, we would draw Council's attention to our work around auditor evaluation, FRS 102 and the enhancements made to the risk register.

**Annual Report of the Education and Registration Standards Committee
2015-16**

Introduction

1. The Education and Registration Standards Committee (the Committee) performs the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also has a key role to give advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the Osteopaths Act 1993). The Committee also has a role to contribute to the development of standards of osteopathic practice and to contribute to ensuring that only those appropriately qualified are able to register with the GOsC.
2. The Education Committee and Registration Standards Committee met three times during the period under review – in June 2015, October 2015, and March 2016. This report summarises the work of the Committee. Full minutes of all the meetings have already been reported to the Council.

Quality assurance of 'recognised qualifications'

3. During the course of the year, as part of our active approach to advising the Council about the recognition of qualifications, qualification change notifications and ensuring standards, the Committee considered in relation to all OEIs the following:

Activity	June 2015	October 2015	March 2016
Agreement to RQ specifications (including new RQs, renewal of RQs and monitoring visits)	None	2 OEIs and one OEI agreed electronically	1 OEI
Consideration of Education Visitor RQ report (including new RQs, renewal of RQs and monitoring visits)	None	None	1 OEI
RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions	7 OEIs	4 OEIs	None
Consideration of annual report analysis (including external examiner reports and	None	None	10 OEIs

Activity	June 2015	October 2015	March 2016
internal annual monitoring reports and information about student fitness to practise.)			
Course closure reports	2 OEIs	None	2 OEIs

Course Closures

- Oxford Brookes and Leeds Metropolitan University are continuing with the planned course closures. The last graduates at Oxford Brookes are expected to graduate this summer, 2016. The last graduates at Leeds Metropolitan University are expected to graduate in 2017. The Committee continues to monitor the maintenance of standards in these institutions through regular reports and updates on the closure plans.

QAA Subject Benchmark Statement and the Guidance on Osteopathic Pre-registration Education (GOPRE)

- Both the Subject Benchmark Statement 2015 and the GOPRE guidance were published during July 2015.

<http://www.qaa.ac.uk/en/Publications/Documents/SBS-Osteopathy-15.pdf>

<http://www.osteopathy.org.uk/training-and-registration/information-for-education-providers>

Quality Assurance Contract

- The Quality Assurance Contract with the QAA was finalised and signed on 8 September 2015 covering the period 1 August 2015 to 31 July 2018 at which point the contract can be extended or retendered.
- There were a number of issues relating to the contract requiring clarification but these were not areas which would impact on the programme of reviews:
 - Clarity of content
 - Timing of the reviews
 - Co-ordination of the review timetable

Education Visitors and Registration Assessors: Recruitment, Training and Appraisal.

- At the meeting of the Committee, March 2016, the approach outlined in the recruitment specification for the GOsC Visitor and Registration Assessor pools was agreed subject to the suggested amendments. The timing of training had been noted as an issue for the visitors and assessors and there had been discussions between the GOsC and the QAA to address this.

Registration Assessor Training

9. A Registration Assessor training session took place in April 2015 and was positively received. Feedback suggested that future training might include:
 - Case-studies.
 - Peer-mentorship for assessors/reviewers to work with more experienced colleagues.
 - Updates on initiatives to support international applicants/registrants.
 - Updates on legislative framework.
 - Guidance on how to provide feedback to other assessors/reviewers.
 - Reflecting on the issues which were raised at the April 2015 training and closing the loop on actions taken/progress made.

10. Two bespoke webinar training sessions were also held in January 2016. The sessions, which were available to all registration assessors, reported on the implications of the new EU Directive and provided detailed training about the revised registration assessment process for applicants with EU rights. The aims of the training were to:
 - To enhance understanding of the legislative framework for applicants with 'EU rights'.
 - To outline changes to the registration assessment processes for applicants with 'EU rights'.
 - To seek thoughts about how we can enhance communication, feedback and working together.

Feedback from the registration assessors showed the aims of the training had been met. It had been the first time an online platform had been used for training and was a cost effective way of getting the assessors together. Although assessors were clear that they did not want online training to replace annual face to face training, feedback was extremely positive about the online format.

Education Visitor Training

11. Training for Education Visitors took place on Friday 4 March. The training was conducted by Tim Walker, Chief Executive and Register, and David Gale, QAA.

12. Feedback showed that all participants found all sessions very useful or useful. The most helpful session was the interactive case study. Learning points taken away by participants included:
 - That the RQ review is not just about compliance, the process of identifying and justifying the "good practice", and "enhancement" categories;
 - The revision of standards and reference points;
 - The review of assessment approaches;
 - Weighing up evidence;
 - Discussion with colleagues.

Registration Assessments: Alignment with EU Directive on the Recognition of Professional Qualifications and IMI Alert System

13. The Committee considered the requirements of the EU Directive on the Recognition of Professional Qualifications as amended by EU Directive 2013/55/EU which aims to facilitate professional mobility across the EU. The GOsC had already established its own systems for registering EU applicants but have streamlined its processes to ensure compliance with the consolidated EU Directive on the recognition of professional qualifications. Guidance documents and forms have been developed to assist applicants with the process.
14. The consolidated EU Directive also requires competent authorities to use the International Market Information (IMI) system of alerts about registrants or applicants in accordance with the Directive's requirements. The alert system was implemented with some minor amendments to the protocols already existing within the GOsC.

Clinical Responsibility in Registration Assessments

15. At the meeting of June 2015 the Committee considered the findings of the Assessments of Clinical Performance review which had identified a lack of clarity regarding clinical responsibility and classified as high risk in the GOsC Risk Register.
16. As a result of the review amendments have been made to address the gap in the ACP process to ensure all parties including the assessors, applicants and patients are aware of their responsibilities and expectations when treating patients during the assessment process.

Review of Osteopathic Practice Standards

17. At the meeting of the Committee in October 2015 the outline of the proposed review of the *Osteopathic Practice Standards*, published in 2012, was agreed. It was also agreed at the meeting that it would be essential to engage the profession to get input as to how the current standards were viewed and what would be needed for buy-in to the revised guidance. The review is ongoing with the recent stakeholder survey closing on 31 May 2106.

New registrants' survey

18. The Committee considered the findings of a survey of new registrants that took place in between November 2015 and January 2016, on the effectiveness of the registration process and resources available to new registrants. The survey found that new registrants were largely satisfied with the information and service they received although there was still a need to look at business support which would be discussed further with the Institute of Osteopathy.

Common Classification System for recording and monitoring concerns about osteopathic practice

19. The Committee noted the analysis of findings from information compiled from the data collected during 2013 and 2014 in relation to complaints and claims relating to osteopaths and presented at the October 2015 meeting.
20. A number of areas had been identified where the data, which had been collected by the GOsC, the Institute of Osteopathy and providers of professional indemnity insurance, would provide an opportunity to review the weaknesses in practice. Subsequently there had been good discussions with the OEIs, who were using some of the data for teaching purposes, and it had been agreed with the insurers to extend data collection fields to other demographics to address some of the issues identified in the report although it would not be possible to identify whether an osteopath was a sole practitioner or part of a group practice.
21. It was noted that the numbers given in the report were too small to detect trends in complaints against osteopaths but it did appear that these remained at a stable level. It was also highlighted in discussing the report that osteopaths often dealt with issues before they became a complaint.

Health and Disability and Student Fitness to Practise Guidance review

22. The Committee was kept up to date on the review of guidance on health and disability and student fitness to practice. Both guidance documents were published for consultation between March and June 2016.

Professionalism

23. In an oral update given to the Committee in March 2016, it was highlighted that data collection is ongoing and that data collected to date from students, patients, and the educational institutions, about lapses in professionalism had been used to develop presentations for students and had been well received.

Corporate Plan 2016-19

24. The Committee considered the initial themes and activities in the draft Corporate Plan. In commenting on the plan it was suggested:
 - a. That any revised education quality assurance process would need clearer understanding of what risk is when considering the OEIs.
 - b. There should be an emphasis on standards of education and quality with underpinning of implementation. It was thought that the GOsC was doing well with its processes and therefore important to ensure this would continue.

Risk Register

25. In June 2015 the Risk Register was considered by the Committee so that members could judge their effectiveness in scrutiny of activities.

26. There had been some concern about how those outside of the osteopathic profession were made aware of the advances in the management of risk. It was agreed important and a challenge but it was also recognised that the pace of change took a little more time than in some other professions. It was also advised to identify as a mitigating action checks on the financial stability of the OEIs.

Engagement

27. During 2015-16, the Chair of the Education and Registration Standards Committee chaired 1 meeting with the OEIs.
28. Topics discussed at the GOsC/OEI meeting including:
- Update on GOPRE guidance
 - Engagement with students
 - RQ Annual Reports 2015
 - Enrolling and supporting students with visual impairments
 - Complaints about osteopathy
 - GOsC Corporate Plan 2016-19
 - Student registration with GPs
 - Reviews of Student Fitness to Practice Guidance and Health and Disability Guidance

Membership

29. During the period April 2015 to March 2016 the Education and Registration Standards Committee membership comprised:

Name	Member details	Meetings attended
Professor Colin Coulson-Thomas (Chair)	Council lay member	3/3
John Chaffey	Council registrant member	3/3
Dr Jorge Esteves	Council registrant member	3/3
Dr Jane Fox	External lay member	3/3
Professor Bernadette Griffin	External lay member	3/3
Joan Martin	Council lay member	3/3
Robert McCoy	External registrant member	3/3
Liam Stapleton	External lay member	2/3
Alison White	Council lay member	2/3

Cost of Education and Registration Standards Committee-related work

30. It is estimated the costs of running the Education and Registration Standards Committee and its related activities, excluding staff time, is approximately £93k. This is calculated as follows:

Annex B to 16

Activity	Cost £
Committee member: fees and expenses	7,172
Quality assurance	47,002
Student fitness to practise	7,783
Osteopathic pre-registration education	1,987
Registration Assessments	29,100
Total	93,044

31. It should be noted that 2015-16 was a particularly challenging year for the Professional Standards team. The staff and those who have supported them in continuing to maintain standards and support the Committee and stakeholders are commended for their commitment and hard work during this period.
32. Thanks were given to Professor Colin Coulson-Thomas who stood down as Chair of the Committee at the end of the 2015-16 year for his work as Chair of the Committee, and his support of the GOsC over the past three years.

Annual Report of the Osteopathic Practice Committee (OPC) 2015-16

1. The Osteopathic Practice Committee met three times during the period under review – in June 2015, October 2015, and March 2016. This report summarises the work of the Committee. Full minutes of all the meetings have already been reported to the Council.
2. The final meeting of the OPC was March 2016 and its work will continue with the Policy Advisory Committee.

Fitness to practise practice notes and guidance

3. The OPC considered the Interim Suspension Order (ISO) Guidance document for the fitness to practise committees at its June meeting.
4. The ISO Guidance had been substantially updated and modified to enable the fitness to practice committees to make consistent, reasoned and legally sound decisions when determining whether to impose an Interim Suspension Order. The revisions which were made more accurately reflected what rules and legislation provide, was more risk averse and relevant. The OPC agreed the guidance should be recommended to Council for consultation.

Witness Guidance

5. The Committee considered the draft Witness Guidance developed as part of a range of tools to ensure witnesses are properly assisted to give evidence. In continuing the development of the guidance it was recognised that it should be less technical in its use of legal language and that needs of vulnerable witnesses should be considered. It was agreed that a further draft would be circulated for review before its publication.

Case Examiners

6. At the March 2016 meeting the Committee considered a proposal on the role of Screeners as part of the ongoing reform programme, and how their role could be enhanced to follow a similar model to that of Case Examiners at the investigating stage of a fitness to practice case.
7. To introduce Case Examiners to the GOsC would require a Section 60 Order and it was considered a more feasible option would be to expand the role of the screener to improve the efficiencies and streamline the process without a change to the Act or rules.
8. A number of comments and suggestions were made by the Committee to be considered by the Executive including the development of a pilot to run concurrent with existing procedures to test how the scheme would operate in practice.

Legally Qualified Chairs

9. The Committee considered the use of legal assessors and the introduction of legally qualified chairs. Following a review of the statutory framework it was found that a legal assessor was not always required at certain meetings and hearings and that a legally qualified chair could sit without a legal assessor present.
10. The Committee expressed its concern as to whether the proposal was an appropriate legal route to follow but consideration had been given to the risks and comments had been invited from experienced members of the FtP Forum.
11. It was the finding of the Committee that moving to a system of legally qualified chairs was dependent on the experience of those appointed. The pilot would be kept under review.

Registrants with blood borne conditions

12. At the meeting in June 2015 the Committee was asked to consult on draft advice for osteopaths about blood borne conditions such as HIV and hepatitis. In considering the issue the procedures of other regulators had been reviewed and it was considered that what was published in the *Osteopathic Practice Standards* (OPS) was clear and compatible with other regulators. It was agreed that advice rather than guidance be produced and that a limited consultation take place.

Risk Register

13. The Committee reviewed the Risk Register to judge their effectiveness of scrutiny of the activities contained within it. A number of amendments were suggested to ensure the Committee had additional oversight in areas relating to the fitness to practice 'dashboard' and the financial stability of the OEIs should be added to the assurance mechanisms.

Implementation of Duty of Candour

14. The Committee considered the GOsC's report and the approach to implementing duty of candour at its meeting in June 2015. An outcome of the subsequent report found that although an integral part of the OPS osteopaths did not consider duty of candour as a significant concern.
15. It was found that the duty of candour posed questions about what was covered by the OPS, what was relevant to ftp and fundamentally what was meant by candour. The Committee agreed that the duty of candour had to reflect and be relevant to osteopathy and work within the remit of the GOsC. It was also agreed that the report highlighted gaps in the OPS.

16. In putting forward the duty of candour it was commented that osteopaths should be assured that it was a mark of professionalism to show candour and that acknowledging error was not necessarily an admission of liability.
17. The approach to the duty of candour which outlined developing of standards, guidance and resources was noted by the Committee.

Common classification system for recording and monitoring concerns about osteopathic practice

18. The independent analysis of data collected during 2013 and 2014 by the GOsC, the Institute of Osteopathy and providers of professional indemnity insurance, relating to complaints and claims about osteopaths was reported to the Committee as been very useful in underlining the prevalence of recurring issues within the profession. These have been published in '*the Osteopath*' as teaching/training material.
19. It was agreed there was still an ongoing issue stemming from the nature of osteopathy and complaints which arise from the perceived crossing of professional and sexual boundaries and this work continues through a number of work-streams as outlined in the Business Plan.

Continuing Professional Development

20. A 16 week public consultation on proposals for a revised scheme took place between 9 February and 31 May 2015 which proved to be a valuable exercise and the experience and learning has been built on. The response to the consultation had been among the largest GOsC had received due in part to the number of options available for participants to engage in the process.
21. The consultation responses were extremely supportive of the new scheme due to the collaborative development of the scheme and the accompanying resources and case studies which showed how osteopaths had already tried out some elements of the scheme. The consultation showed that there was a need for further guidance and detail on the implementation of the peer discussion review. It was also shown that those who had experienced the process through regional meetings had been positive and the issues might be addressed through communication.
22. At the March 2016 meeting of the Committee the themes of engagement, community and partnership were continued in the development of the governance structure to support the implementation of the CPD scheme. The Committee considered this in detail showing the different levels of decision making along with the suggested terms of reference (ToR). In presenting the scheme the Committee was advised there had been discussion at Council and more detail of the proposed structure, decision matrix and ToR had been incorporated.

23. It was agreed that the ToR should include mention of the time limited nature of the project and that there was a need to be precise about accountability. It was also agreed that the teaching faculty would be included in the membership of the Delivery Board and reconfirmed that the budget for the scheme would come from the £100,000 designated by Council.

CPD Resources and Case Studies: Consent and Communication

24. An extensive scoping report was brought to the Committee in March 2016 reviewing the current support resources available for the implementation of the new CPD scheme and preparing for developing material to support the scheme. The project has also acted as an audit of the information available on the o-Zone.
25. It was agreed that there was a lot of information available to profession and the ideas put forward in the paper were excellent and a rich resource in demonstrating this. Osteopaths should be encouraged to use all resources available to them. Work is ongoing to consolidate and expand the range of resources in an easy to use way.

Review of Osteopathic Practice Standards

26. At the meeting of the Committee, October 2015, the proposed approach for the review of the *Osteopathic Practice Standards*, published in 2012, was discussed taking into account the findings of the McGivern Report and the outcomes of the Values Seminar.
27. The McGivern report highlighted how osteopaths sometimes misinterpret or misunderstand the OPS although it was not believed the standards were entirely the reason for misinterpretation.
28. Going forward it was agreed the focus would need to be on guidance and the provision of practical materials to support the standards as well as asking the profession, through consultation, where they thought the difficulties might lie.
29. There was agreement on a need to instill new interest and enthusiasm for the OPS and that the profession and stakeholders must take ownership of professionalism in working with the GOsC to achieve this.
30. At the meeting in March 2016, the Committee was advised that a major review of the OPS had been launched and anyone one with an interest in the osteopathic profession had been invited to participate using all available media including Twitter and Facebook. The OPS consultation ended on 31 May.

Recognition of Professional Qualifications: IMI Alert System

31. The Committee considered the requirements of EU Directive 2013/55/EU which aims to facilitate professional mobility across the EU. The Directive 2013 also

requires competent authorities to use the International Market Information (IMI) system of alerts about registrants or applicants in accordance with the Directive's requirements. As an alert system already existed between the GOsC's Regulation and Registration teams compliance with the EU Directive would mean some minor amendments would be required to the internal alert system.

Corporate Plan 2016-19: Committee consideration of initial themes

32. The Committee considered the initial themes and activities in the draft Corporate Plan. In commenting on the plan it was suggested:
- a. The education quality process might require a fundamental rethink on approach with a focus on quality assurance rather than control.
 - b. That there might be a need for a rethink on quality assurance investment with resources targeted at higher areas such as CPD.
 - c. That with the reconstitution of Council it might be helpful to strengthen activity on the effective operation of Council, and also feature organisational structure and capacity building as an activity.

Membership

33. During the period April 2015 to March 2016 the Committee membership comprised:

Name	Member details	Meetings attended
Jonathan Hearsey (Chair)	Council registrant member	3/3
Julie Stone	Council lay member	3/3
Dr Jane Fox	External lay member	3/3
Kenneth McLean	Council registrant member	3/3
Manoj Mehta	External registrant member	2/3
Alison White	Council lay member	3/3
Jenny White	Council lay member	3/3

Cost of Osteopathic Practice Committee-related work

34. It is estimated the costs of running the Committee and its related activities, excluding staff time, is approximately £27k. This is calculated as follows:

Activity	Cost £
Committee member: fees and expenses	4,101
Continuing fitness to practise framework	12,955
Osteopathic Practice Standards	9,445
Publications and subscriptions	68
Total	26,569

35. Thanks were given to Jonathan Hearsey, who stood down as Chair of the Committee at the end of the 2015-16 year, for his work as Chair of the Committee, and his support of the GOsC over the past seven years. Thanks were also given to Julie Stone, and Jenny White who stood down from Council after seven and eight years' service respectively.

Remuneration and Appointments Committee Annual Report 2015-16

1. This paper sets out a review of the work of the Remuneration and Appointments Committee in the year April 2015 to March 2016.
2. The Committee met on three occasions in July, November and March.

Staff pay

3. The Remuneration Committee approved an across the board increase for GOsC staff of 2%, taking into consideration: the inflationary trend over the previous 12 months; affordability; and pay trends in the identified market. The Committee also approved the continuation of the Performance Related Pay Progression Scheme while keeping within the overall provision for increased pay.

Staff survey

4. The Committee noted the issues raised by staff and the actions for improvement.

Members' allowances and expenses 2015-16

5. The Committee reviewed Council allowances for 2016-20 to reflect the need for an inflationary increase over the period from 2010 (the time of the last increase) and 2019 (the start of the final year of the new Council) and agreed the following:

Role	Allowance	% increase
Council member	£7,500	13.1%
Chair of Council	£25,500	13.6%
Committee Chair	£2,250	12.5%

6. The Committee reviewed allowances and expenses for non-executives in 2016-17 and agreed not to make any changes.
7. The Committee reviewed reading fees and introduced a £75 reading fee per event for PCC/HC hearings and to delegate the responsibility for deciding on how much Committee members are paid based on the size of the hearing bundle to the Head of Regulation.
8. The Committee reviewed the cancellation fee policy and agreed the following:

Notice period	Prior to hearing	Within a hearing
Less than 1 working days notice	Half fee	Full fee
1-5 working days notice	Half fee	Half fee
More than 5 working days notice	No fee	No fee

9. The Committee also reviewed and amended the subsistence policy to exclude the purchase of alcoholic drinks.

Appointments

10. The Committee considered appointment processes for the following positions:

- a. Council members
- b. Investigating Committee
- c. Professional Conduct Committee.

11. The Committee considered re-appointment processes for the Chair of Council and members of:

- a. Investigating Committee
- b. Education Registration Standards Committee
- c. Osteopathic Practice Committee
- d. Professional Conduct Committee.

12. The Committee reviewed the Council and Committee member competencies, the information pack and application forms, approach to the appointment of the panel, advertising and promotion strategy and approach to attracting a diverse range of candidates, sifting arrangements to the panel and approach to candidate assessment.

13. The Committee reviewed the agenda of a recruitment open day event and approved the running of an additional event in the autumn with a revised and improved agenda.

Induction for new Council

14. The Committee reviewed and approved the induction programme for new Council members.

Committee membership

15. Membership of the Committee during the year was as follows:

Name	Member details	Dates of membership	Meetings attended
Alison White (Chair)	Council lay member	All year	3/3
Kim Lavelly	Council lay member	All year	3/3
Nick Hounsfield	Council registrant member	All year	2/3
Haidar Ramadan	Council registrant member	All year	3/3
Ian Muir	External lay member	All year	3/3

Cost of Remuneration and Appointments Committee-related work

16. It is estimated the costs of running the Remuneration and Appointments Committee and its related activities, excluding staff time, is approximately £24k in 2015-16 compared to £22k in 2014-15. This is calculated as follows set out below along with the employment costs of the GOsC.

Committee-related	Costs 2015-16 £	Costs 2014-15 £
Committee members: fees and expenses	3,131	2,324
Governance appointments	20,384	13,073
Training and other costs	242	6,471
Total	23,757	21,868
Employment costs		
Wages and salaries	1,005,087	973,976
Social security costs	105,868	101,693
Other pension costs	85,011	82,473
Recruitment	26,320	54,720
Training and development	16,458	19,305,
Other employment costs	10,313	9,218
Total	1,249,056	1,241,385