



**Minutes of the Public session of the 99th meeting of the
General Osteopathic Council held on Thursday 3 May 2018, at
176 Tower Bridge Road, London SE1 3LU**

Confirmed

Chair: Chair: Alison White

Present: Sarah Botterill
Elizabeth Elander
Joan Martin
John Chaffey
Bill Gunnyeon
Simeon London
Haidar Ramadan
Denis Shaughnessy
Deborah Smith

In attendance: Angela Albernoz, Professional Standards Officer (Items 9 and 10)
Stephen Bettles, Professional Standards Manager
Fiona Browne, Director of Education, Standards and Development
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communications and Engagement
Carl Pattenden, IT and Business Support (Item 13)
Matthew Redford, Director of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Tim Walker, Chief Executive and Registrar

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting.
2. There were no apologies.

Item 2: Questions from Observers

3. There were no questions from observers.

Item 3: Minutes and matters arising

4. The minutes of the 98th meeting of Council held on 31 January 2018 were agreed as a correct record.

Matters arising

5. Bank of Conditions: It was confirmed that the fitness to practice Bank of Conditions would be incorporated as part of the Business Plan 2018-19.

Item 4: Chair's Report and Scheme of Delegation

Chair's Report

6. The Chair gave her report to Council:
 - a. It was highlighted that 2018-19 was the final year for the current corporate plan, and Council could look back with satisfaction at the achievements of 2017-18 in which Council had overseen the review of professional standards which had now reached the final decision point for implementation in the autumn. It was noted that it was to the credit of all concerned that the GOsC had been able to undertake a transformational piece of work such as new CPD at the same time as a standards review and produce work of such high quality. The Chair congratulated all concerned for the work on both projects; the Executive, the working groups and all those who had contributed to consultations, giving stakeholders the confidence that the decisions which had been made were balanced, equitable and fair to all those affected.
 - b. It had been noted that fitness to practise had been a challenge for the GOsC during the past couple of years, exacerbated by the receipt of large numbers of advertising complaints in an orchestrated campaign. Council had kept these matters under close review during this period and had noted where there were pressures and had scrutinised the approach the Executive has taken to deal with them, including additional resources and changes to practice. It was noted that the PSA had taken an increased interest in these matters as part of its annual review this year and the Chief Executive has been asked to provide further information on this.
 - c. Members were asked to note the agenda item on the review of delegated powers arising from the Council development plan. It was emphasised that this should ensure that what had been agreed by Council remained fresh and that such matters were included on future agendas where appropriate.
 - d. It was also noted that discussions to consider and begin shaping the next Corporate Strategy, 2019-2022, would begin and form the basis for the Council's strategy day which would take place in the autumn.
 - e. Members were reminded that the cycle of annual reviews were due to commence and they should begin to consider seeking feedback from colleagues. Members were advised that it was at their discretion how review discussions would be conducted, either by telephone or in a face-to-face meeting. Arrangements would also be made for the Chair's own review which is to be conducted by Haidar Ramadan and Bill Gunnyeon.

Noted: Council noted the Chairs report.

Scheme of Delegation

7. The Chair introduced the item reviewing of the current Scheme of Delegation as set out in the Governance Handbook.
8. In discussion the following points were made and responded to:
 - a. Members asked if there were any specific reasons which have prompted change to the current scheme. It was explained there had been no problems with the scheme to date but it had been noted that there had been a number of requests from the Executive that some financial areas currently delegated to Council should be returned to the Executive. Council needed to consider whether the extent of delegation to the Executive presented a high a level of risk. It was noted that the involvement of Council in some areas of commercial contracting suggested a requirement for Council to conduct what was in effect an executive function and therefore the procedure for financial delegation should be reviewed.
 - b. The Chief Executive confirmed that a process for financial delegation was set out in the Governance Handbook, Procurement Policy under Section 7: Financial Procedures. It was suggested that it would be appropriate to review and update the policy for the consideration of the Audit Committee before being brought to Council.
 - c. It was agreed that some rewording to parts of the Scheme of Delegation was necessary to clarify the functions and roles of Council and the Executive.

Agreed: Council agreed to minor changes to the Scheme of Delegation and to a review of the Procurement Policy.

Item 5: Chief Executive and Registrar's Report

9. The Chief Executive introduced his report which gave an account of the work undertaken since the last Council meeting not reported elsewhere on the agenda.
10. The following points were highlighted:
 - a. Continuing Professional Development Rules: it was confirmed that the amended rules had been approved by Privy Council on 26 April, and had been laid before Parliament. It was not envisaged that there would be any unwarranted delays and implementation of the scheme would proceed as a planned.
 - b. PSA Performance Review: a meeting was scheduled to take place between the GOsC and the PSA on 4 May to discuss the initial stages of the PSA audit of fitness to practice and wider performance review. It was anticipated there

would be concerns relating to the GOsC's fitness to practice work in the most part due to the higher than usual case load which has impacted on the median times and the number of open cases. It was confirmed for Council's assurance that the number of older and open cases had reduced significantly due to a number of initiatives introduced to improve the fitness to practise process. Members were informed that there were concerns relating to the number of part-heard cases that had taken place and initial discussions had taken place between the Chair of Council, the Chief Executive and the Director of Fitness to Practise to address the concerns. Further discussions would take place with the fitness to practice committee Chairs and Panel Chairs. The importance of limiting cases to 52 weeks, where possible, was stressed for the purposes of public protection and for both complainants and registrants.

11. The following points were made and responded to:

Business Rate Refund: Council noted that GOsC might receive a backdated business rate refund from Southwark Council and that the Executive had thought about potential options for spending this. One proposal was to implement infrastructure improvements to Osteopathy House, especially the upgrade of video conferencing and meeting room facilities which were welcomed. The use of videoconferencing would not only be a helpful tool in reducing general costs for meetings but would also be an aid in fitness to practise hearings to help vulnerable witnesses and also improve the systems for conducting webinars.

12. Business Plan 2017-18 – Final Progress Report: on behalf of Council the Chair thanked the Executive for all that had been achieved during the past year and the completion of a substantial body of work.

13. Financial Report: the Director of Registration and Resources gave his update on the financial position at the year-end 31 March 2018 highlighting the following:

- a. Budget surplus: in January 2017 Council approved a budget for the financial year 2017-18 with a surplus budget of £10,000. At the nine-month position in January, it was reported that the expectation was for the surplus position before designated spending to slightly increase. It was confirmed that this had been the case and the surplus had been delivered.
- b. Cashflow and Balance Sheet: the cashflow position was positive and in line with the position as in previous years in term of the deposit account, the 120 day bond and also the investment portfolio. The balance sheet remains healthy. In January it was reported that the remaining funds were in line with the reserves target and had not changed.
- c. Audit: the audit for the financial year 2017-18 would begin in the week commencing 7 May, and be conducted by Crowe Clarke Whitehill. The audit plan had been approved by the Audit Committee at its meeting in March. The result of the audit would be presented to the Audit Committee in June

and to Council in July. No issues were envisaged resulting from the audit at but Council were informed that the accounts would be in a different format due to the GOsC's charitable status.

- d. Council was advised that the Annual Report sign off would follow the same process as in previous financial years with a report being brought to the Audit Committee and then to Council. The Annual Report would then be laid before both Houses of Parliament and also submitted to the Charity Commission. It was noted that an Annual Return would also be required to be completed for the Charity Commission

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

Item 6: Fitness to Practise Report

14. The Director of Fitness to Practise introduced the item which gave an update on the work of the Regulation Department and the GOsC fitness to practise committees.

15. The following areas of the report were highlighted:

- a. There is only one remaining advertising case which is part-heard before the PCC.
- b. A statutory appeal had been lodged with the High Court to be heard on 9 May 2018. The appeal had been listed to last one day and it was hoped that the Judge would issue a decision on the same day albeit that the judgment might be reserved until a later date.
- c. Induction training had been scheduled for new members of the Professional Conduct Committee taking place on 9 May 2018. There would also be training for all members of the Investigating Committee and has been scheduled for 28 June 2018.
- d. There has been continued closure and reduction in the number of older cases which has impacted on the KPIs. Members' attention was drawn to the number of concerns which had been closed over the quarter demonstrating the amount of activity being undertaken by the Regulation team.
- e. An error was highlighted on page 5 of the dataset report under Investigating Committee – Key points. The data in the chart was correct but second paragraph should read:

The IC considered 2 interim suspensions, granted 1 and agreed undertakings for 1 in Q4.

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

- a. It was confirmed that the adjournment application for the outstanding advertising case had been granted by the PCC and that the part-heard case would be rescheduled for a date later in 2018.
- b. Members asked if it was common for hearings to be adjourned at a registrant's request. It was explained that it was not a common occurrence but did happen. If the PCC becomes aware that an application to adjourn has been made it is dealt with in advance by a Committee Chair who reviews the submissions and issues a decision with written reasons to the parties prior to the matter convening. It was confirmed that adjournments do impact on the KPIs.
- c. Members asked what the impact would be on the KPIs of the PCC median figures with the removal of the older cases and whether the result would present a more accurate demonstration of performance. It was noted that the median would reduce to 51 weeks. It was agreed that data without the outliers would be included in the next report to Council.
- d. Members asked if, following the appeal to be heard at the High Court, there would feedback allowing learning points from the process to be taken on board. It was explained that a judgment would be published and any learning points would be identified. The judgment would be made available to members at the next meeting.
- e. The Chief Executive added that there were very few appeals with only three being made in the past eight years. The GOsC had only lost one appeal which had informed the development of the Threshold Criteria and improvements to aspects of the GOsC's fitness to practise procedures.
- f. The financial implications of the High Court case would not be a significant issue for the GOsC. In these circumstances most of the preparatory work was completed in-house, the GOsC Counsel briefed externally and the fee was fixed. It was believed unlikely that the GOsC would lose the case but if we did we would be liable for the Appellant's costs. Members were informed that a schedule of costs were usually agreed at Court after the hearing and should not be significant sum.
- g. Members asked if there were any trends which could explain the increase at Q4 in the 'Complaints referred to the IC by Screener'. It was explained that there had been an increase in concerns received but also in those progressed and closed. The Director also explained that while the recruitment for a Regulation Manager progressed she was more actively involved in ensuring that concerns were being acted on systematically.
- h. Members were advised that although there were no key identifiable trends relating to the increase in concerns there had been a small increase in concerns relating to sexual impropriety some of which were historical and may be linked to a wider global trend. It was asked if steps were being

taken to inform and support the profession on issues relating to consent and boundaries. The Director of Education, Standards and Development informed members that a literature review on communication in the context of touch had been commissioned by the Policy Advisory Committee and would be discussed at its meeting in June 2018, with a proposal for sector workshops to consider the findings of the research and next steps to address the challenges for the profession in this area. It was added that the data collection exercise would be repeated during the summer in conjunction with the insurers and the Institute of Osteopathy which would help to identify trends. The analysis to be completed by the National Council for Osteopathic Research (NCOR) would be submitted to the PAC at its meeting in October 2018.

Noted: Council noted the Fitness to Practise Report.

Item 7: Review of the Osteopathic Practice Standards

17. The Professional Standards Manager introduced the item reporting on and giving an analysis of the outcomes of the consultation outlining the approach to the revised *Osteopathic Practice Standards*.

18. The following areas of the report were highlighted:

- a. The Executive was pleased with the response to the consultation. The outcomes and analysis were reported to the Policy Advisory Committee (PAC) at its meeting in March 2018.
- b. Working with the Stakeholder Reference Group had been invaluable in ensuring that the updating of the Standards has been a collaborative process. The group's input following the consultation, in particular standards B1 – osteopathic principles and philosophy, and C6 – promotion of public health, helped to address the issues and achieve consensus.
- c. It was noted that there was a small error at standard C2 stating:

C2. You must ensure that your patient records are full, accurate, legible and completed promptly.

The correct sentence should read:

C2. You must ensure that your patient records are comprehensive, legible and completed promptly.

Council was advised that the amendment had been made in the proof reading version. Assurance was also given that there would be a further proof reading stage before publication of the updated standards.

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

- a. The PAC Chair commented that there had been comprehensive discussion on the updated *Osteopathic Practice Standards* at meetings of the Committee and had concluded at its meeting in March 2018, and this was reflected well in the paper. The PAC was comfortable with the recommendation that Council agree the updated standards and agree that the *Osteopathic Practice Standards* should come into force on 1 September 2019.
- b. The Chair also commented that the comprehensive nature of the report and the supporting analysis (triangulated by two members of the team) presented to the PAC had been exemplary and that Council could stand assured that the review of the Standards has been rigorous and comprehensive.
- c. It was commented that the profession would need to get to grips with the role of an evidence informed approach to practise. The consensus reached embraced a breadth of views relating to public health but there was still concern about the potential risks relating to advice on public health issues which might not fit within evidence based clinical practice. It was noted that a lot of work was being undertaken to address these concerns. The Professional Standards Manager acknowledged the concerns and that during the review process it had been necessary to be mindful of the cultural considerations of the profession. The values of patients, best evidence and clinical experience of the practitioner are included within the guidance which addresses some of the concerns. It was noted that the nature of the profession is changing with the education institutions focusing on evidence based practice.
- d. It was asked what response would be formulated to address the concerns that might be raised from the 82% of respondents who had favoured Option 1 – the inclusion of the philosophy and principles of osteopathy to be included in a standard. The analysis showed how consensus had been developed on this matter. It was explained that a communications plans would be developed to address concerns and support buy-in from the profession. The public health wording had been changed to take into account responses from the consultation. It was acknowledged that the consultation issues of public health and the principles and philosophy of osteopathy had been contentious and would continue to be areas of discussion for some and that continued communication was important.
- e. Members asked about the process of notice to registrants about when the *Osteopathic Practice Standards* would come into effect. Members were informed that all registrants would receive a hard copy of the standards and guidance and these would also be available electronically. It was also explained that as well as publishing the standards at least one year in advance, prior to implementation and as part of the process of notice to the profession and stakeholders, a statement of changes would also required to be published as set out in under Section 13(3) of the Osteopaths Act 1993 (as amended). A detailed implementation plan is to be developed and will

include awareness raising, stakeholder engagement activities and the development of supporting resources.

Agreed: Council agreed the updated *Osteopathic Practice Standards*.

Agreed: Council agreed that the *Osteopathic Practice Standards 2018* would come into force on 1 September 2019.

Item 8: Registration Assessment Fees

20. The Director of Registration and Resources introduced the item which asked Council to consider the results of a consultation on increasing the charges levied on international applicants for registration and agree to an increase in the charging structure.

21. The following areas of the report were highlighted:

- a. The consultation on charges levied to international applicants was held for a period of 12 weeks between November 2017 and January 2018. A total of 16 responses were received, a higher number than anticipated considering the narrow consultation subject.
- b. In reference to paragraph 12 of the report it was noted that two consultation responses commented that the proposals were due to "a Brexit, nationalistic ideology" and one response suggested that the proposals were racist. These ideas were firmly rejected as the proposals had been a planned as part of the registration review process for some time.
- c. Members were informed that there were 53 international applicants on the Register, 33 from the EU and 20 from the Rest of the World. The age breakdown was:

20-24	3
25-29	20
30-34	17
35-39	11
40-44	2

Approximately 90% of international registrants fell between the ages of 25-39 at the point when they first applied to join the Register. From this it seemed likely that individuals who had gained a qualification and established their practice had made a lifestyle choice to join the UK Osteopathic Register.

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

- a. Members asked if international registrants who want to register with the GOsC do so for other reasons than to work in the UK. It was explained that the majority of international registrants were working in the UK. It was suggested that for some international registrants being on the UK Register

carried some weight in countries with a less than robust regulatory framework.

- b. It was confirmed that a cost analysis had been included in the consultation which involved the staff/administration cost and assessor fees. It was also confirmed that this had also been reviewed by the Remuneration and Appointments Committee when considering an increase in the fees paid to assessors.
- c. Members queried whether the increase in the fee might have adverse affect on the number of registrants applying for registration. It was agreed that an analysis would be conducted in due course to assess impact of the fee increase on international applicants.
- d. It was confirmed that the application process was conducted through a number of phases and that the fee payments were set out in stages.
- e. The Director of Resources and Registration confirmed that he would provide the information on the advice sought relating to the equality impact assessment in due course.
- f. Members suggested that in reviewing some of the feedback from the consultation whether learning points could be taken on board about the application process. It was confirmed that feedback from the applications process is collected and where appropriate acted on to improve the experience of those involved in the application process.

Agreed: Council agreed the increase to the charges levied on international applicants for registration.

Item 9: North East Surrey College of Technology (NESCOT) – Renewal of Recognised Qualification (RQ)

23. Elizabeth Elander declared an interest and left the meeting for the duration of the discussion.
24. The Professional Standards Officer introduced the item which related to North East Surrey College of Technology (NESCOT) seeking renewal of its current RQ for:
 - a. Master of Osteopathic Medicine (MOst)
 - b. Bachelor of Osteopathic Medicine (BOst)
25. The Chair of the PAC informed Council that there had been an in-depth discussion about NESCOT as the meeting in March 2018, and it had agreed it supported the recommendations as outlined.
26. The following points were made and responded to:

- a. Members expressed concerns that there appeared to be a repetition of the same themes and conditions which had existed over a number of years including recruitment of students and diversity of patients. The Professional Standards Officer explained that she had observed the visiting team and that they were very aware of the difficulties being experienced by NESCOT as evidenced in their written report. In discussions with the institution plans have been put place to help guide and support NESCOT and they have been pro-active in addressing the areas that are of concern as outlined in the conditions. The action plan will be closely monitored by Executive and the PAC.
- b. It was also confirmed that the condition to ensure adequate patient numbers was the responsibility of the institution. The requirement to increase patient numbers was addressed in the institution's marketing strategy and would aim to increase the number and diversity of patients to ensure students' clinical experience. This would also be closely monitored by the Executive and the PAC.

Agreed: Council agreed to renew the recognition of qualifications Master of Osteopathic Medicine (MOst) and Bachelor of Osteopathic Medicine (BOst) at NESCOT subject to the general and specific conditions outlined in paragraph 17 from 1 November 2018 to 31 October 2023, and to seek approval of the recognition from the Privy Council.

Item 10: British College of Osteopathic Medicine (BCOM) – Renewal of Recognised Qualification (RQ)

27. The Professional Standards Officer introduced the item which related to the British College of Osteopathic Medicine (BCOM) seeking renewal of its current RQ for:
 - a. Masters in Osteopathy (MOst)
 - b. Bachelors in Osteopathic Medicine (BOstMed)
28. The Chair of the PAC informed Council that the withdrawal of BCOM's Diploma qualification had been discussed but there were no undue concerns raised by the Committee.
29. The following points were made and responded to:
 - a. A correction was noted at Annex B, the QAA Report, paragraph 68. The fifth sentence should read:

Secondly, the termination of the Camden clinic contract, and the switch to a relationship with the University College London as the commissioning body, poses a financial risk as the College has as yet been unable to secure a contract from the University...

- b. Members asked about the process of monitoring the recommendations (as distinct from conditions) of educational institutions. It was explained that areas for development are outlined in the Recognised Qualification reports as well as conditions. The PAC considers RQ reports as part of its public agenda and, through the annual reports, issues for monitoring which might not form part of the RQ conditions, but which may impact on the *Osteopathic Practice Standards* are highlighted and are monitored in the same way as an RQ condition. It was suggested that developmental issues and recommendations relating to institutions should also be considered for monitoring. In this case, the recommendation relating to 'the College should continue to review the operation of its committee structure with a view to avoiding duplication and achieve further streamlining, and to encourage and facilitate students' engagement in senior committees of the College informed by student opinion' which was a developmental matter, should be monitored as this was important in terms of student opinion.

Agreed: Council agreed to renew the recognition of the qualifications Masters in Osteopathy (MOst) and Bachelors in Osteopathic Medicine (BOstMed) awarded by the British College of Osteopathic Medicine from 1 October 2018 until 30 September 2023 subject to the general conditions as outlined and to seek approval of the recognition from the Privy Council.

Item 11: Equality and Diversity Policy update

30. The Chief Executive introduced the item which summarised the work undertaken in relation to equality and diversity in 2017-18 and presented an updated Equality and Diversity Policy for the GOsC.
31. The following areas of the report were highlighted:
- a. A number of suggested amendments had been made to the policy which on approval would be effective for three years to 2021.
 - b. Work had been undertaken to improve the equality impact assessment template. Impact assessments are undertaken for a number of policy areas including the *Osteopathic Practice Standards* and continuing professional development which Council and the relevant committees review as required.
 - c. It was added that it was critical to build up understanding, knowledge and culture in areas like equality and diversity and data protection in order that continuous improvement can be implemented and the challenges, as a small organisation, can be met.
32. The following points were made and responded to:
- a. It was asked if through data analysis any lessons had been learned relating to equality and diversity. The Chief Executive explained that this was difficult to report on as there was not the sufficient volume of data for significant

findings, unlike the larger regulators, although fitness to practise data had been used for reporting to the PSA and we had also reviewed findings in recruitment activity. It still remained important to collect equality and diversity data and for the GOsC to demonstrate it is actively pursuing its duties and responsibilities under legislation and not becoming complacent.

- b. The Chief Executive commented that an important area to consider for data analysis was the changing diversity of the Register. It was known that the male to female ratio has changed in the past 10 years with more women than men now in the profession which matches that of other health professions. It was suggested that a discussion could take place with the OEIs to find out their perceptions of the changing demographics of the profession.
- c. The Chief Executive confirmed that, to his knowledge, there had been no recorded complaints based on protected characteristics. The Chair also confirmed that she had not dealt with any corporate complaints of a similar nature.
- d. Members asked if there were available avenues for staff and those employed by the GOsC for reporting and monitoring equality and diversity issues. The Chief Executive explained support is provided by the HR Manager and staff are able to discuss issues with her in confidence. The perception was that the support is good and trusted. A staff survey had recently been undertaken reviewing the organisation's equality and diversity data and the analysis would be discussed at the next meeting of the Remuneration and Appointments Committee. A complete benchmarking exercise had not been undertaken due to the size of the organisation and it was noted that it would only require the characteristics of one or two staff to have a major impact on the diversity profile.

Agreed: Council considered the update on equality and diversity activity and agreed the updated Equality and Diversity Policy.

Noted: Council noted the development of the new Equality and Diversity Impact Assessment template as shown.

Item 12: Principal Accounting Policies

33. The Director of Registration and Resources introduced the item which reviewed the GOsC's principal accounting policies and highlighting the enhancements to be made.
34. The following areas of the report were highlighted:
 - a. The Principle Accounting Policies were reviewed by the Audit Committee and the auditors Crowe Clark Whitehill at the meeting in March 2018.

- b. There were some minor amendments to the policies due to the GOsC becoming a registered charity.
 - c. An amendment to the wording for 'pension contributions' had been made at the request of the Audit Committee to give greater clarity to the reader.
35. Members requested further clarification on the 'pension contributions' statement. It was explained that the purpose of the amendment was to make it clear that the GOsC scheme was solely a defined contribution pension scheme and therefore unnecessary to include the second sentence which states:

The assets of the scheme are held separately from those of the GOsC in an independent fund.

Noted: Council noted the current principal accounting policies as set out.

Agreed: Council agreed the principal accounting policies for FY2017-18 subject to the minor amendments as outlined.

Item 13: Upgrading of GOsC IT Services

36. The Director of Registration and Resources introduced the report which following a review of the existing IT cloud infrastructure identified some deficiencies which could be resolved through changes to the current provider arrangements.
37. The following areas of the report were highlighted:
- a. The GOsC IT infrastructure sits within a cloud environment, hosted by a third party provider, and had done so for the past five years. The proposals were a natural evolution in the GOsC's IT development.
 - b. The IT review identified how a hybrid cloud system could be introduced which would address some of the issues currently being experienced by the organisation. Some of these issues could be addressed by bringing some functions in-house to be managed by the IT and Business Support.
 - c. Three possible providers had been identified for the hybrid model where data could be stored in a safe, secure environment meeting GDPR requirements and with a significant cost saving of c.£9k per annum.
 - d. It would not be practical to conduct the procurement process for the three identified providers – Microsoft, Amazon and Google – as set out in the Governance Handbook. Therefore Council was asked to delegate authority to the Executive for this process. The outcome of the procurement exercise would be reported to Council at its meeting in July 2018.
38. In discussion the following points were made and responded to:

- a. Members asked for an explanation of the difference between the current system and what was being proposed. It was explained that a third party hosted environment was currently used by all staff and is limited in the number of upgrades available as the software and data are held in the cloud environment. The proposal would mean that only data would be held in the cloud and the software would be on the PCs.
- b. The Chief Executive highlighted that the main advantage to the proposal would be the management of the GOsC database where the upgrade path is becoming increasingly difficult. There are some areas of work which have been delayed, like improved case management functionality, where if the software was brought back in-house could be upgraded more easily.
- c. Members asked about the capability of the current systems to meet the demands of the new software. It was explained that a desktop refresh was recently completed and all PCs are new and expected to last for the next four to five years.
- d. Members also asked what the implications were for IT support and if there are sufficient resources and expertise to manage what would be brought back in-house. Assurances were given that the administration and technical aspects of the proposal would pose no difficulties. When necessary a third party would be brought in to cover periods where the IT and Business Support was unavailable, for example, on annual leave and this would be on a pay-as-you-go basis. There was every confidence in the proposals and the expertise demonstrated in how the proposals would be taken forward.
- e. Council was given an assurance that although the risk profile would change, no additional problems were envisaged which were not already an issue. The cost implications had been considered and accounted for in the budget.
- f. It agreed that the proposals were a good idea but carried risks. It was proposed that Council ask the Audit Committee to review the migration plan. It was confirmed that what was being proposed was a six month project and there would be regular reports to the Audit Committee.
- g. It was confirmed that there would be no loss of data capacity and in fact GOsC would gain. The project would allow the development of a much improved IT system which would also have a positive impact on the wider business of the organisation.

Noted: Council noted the content of the paper.

Agreed: Council agreed to delegate to the Executive authority to identify the most appropriate cloud storage provider.

Item 14: Osteopathic Development Group (ODG) Projects update

39. The Chief Executive introduced the item which provided an update on the progress of projects being undertaken by the Osteopathic Development Group (ODG).
40. The following areas of the report were highlighted:
- a. A number of the projects had now run their natural course and were being either handed over to their relevant stakeholder or, where the GOsC had provided funds, the projects were completed or close to completion. The actual number of active projects was now quite small.
 - b. The ODG were now considering the next steps for progression and at present this is not completely clear but it was agreed that the collaborative work should continue. Issues being considered by the ODG include:
 - How could the profession take advantage of its new AHP status?
 - Raising awareness of osteopathic practice and promotion of the profession
 - Building a more coherent internal communications network within the profession
 - Supporting the development of our education sector, osteopathic educators and student recruitment
 - How do we work together to further develop research in osteopathy?
 - How might we go about challenging the profession's concerns about evidence based practice?
 - How do we further develop the capacity of the profession – at an individual, practice and organisational level – to adapt to the increasing pace of change in healthcare?
 - c. The work of the ODG has been important and would continue to be so. There had been a significant change for the better in the relationships between the major organisations of the profession. The idea that there are common interests to be developed in collaboration has become normalised and there was now a sense of coherence and purpose amongst the participating groups.
 - d. It is important that the GOsC continues to engage with and provide support to the ODG through its Board in the ongoing development of the profession.
41. In discussion the following points were made and responded to:
- a. The Chair suggested that Council might want to consider the type of support and the extent of the support to be provided in the context of the next Corporate Strategy 2019-22.
 - b. Members agreed that the report demonstrated how the profession had developed and matured. It was agreed that there was still work to be done

but the vision to address issues and achieve results had been clearly demonstrated.

- c. Members asked if would be possible, in the context of the *Osteopathic Practice Standards*, to have an update from the Institute of Osteopathy (iO) on the Service Standards and Patient Charter. The Chief Executive explained that the ODG Service Standards project had been an interesting and positive step having an impact on the way the iO considered and developed its standards and patients' charter. As part of the promotion of the new standards the synergy between the OPS, the iO Service Standards and the Patient Charter would be highlighted.

Noted: Council noted the content of the report.

Item 15: Continuing Professional Development (CPD) update

42. The Head of Communications and Engagement introduced the presentation which gave an update on the communications aspect of the project and build on Council's awareness and understanding of the communications strategy.

43. The following points were made and responded to:

- a. Members were very positive about the animation 'What's new in the CPD Scheme'.
- b. Members asked if, in communications to date, there had been any negative feedback about the new CPD scheme. It was explained that there had been very little negative feedback and that overall the responses were positive. Those who demonstrated negativity usually were usually reassured and on board with the scheme after discussions at seminars or webinars. It would be important to ensure that during implementation communications were in place to ensure that information and support was available during implementation. It was also noted that there would be a need to be prepared for individuals who might experience difficulties.
- c. Members expressed some concern about registrants who had not engaged and/or may not be wholly aware of the scheme. It was explained that registrants were aware but might not be aware of the information being circulated and available. A lot of work was being undertaken to raise awareness through communications and allay anxieties which registrants might have about the scheme.
- d. Members expressed some concern about the challenges facing registrants with the launch of the OPS and the implementation of the CPD scheme at the same time and if there was a risk of overwhelming registrants with two significant projects. It was noted that there was a need for clear messages for both projects but it was also considered that each project supported the

other and registrants were more aware of the updated OPS due to the new CPD scheme.

- e. Members were also concerned about registrants who did not have email addresses, use social media or have easy access to information. Would there be a need to contact these particular registrants by alternative means? It was confirmed that there were approximately 100 registrants who appeared not to have an email address and letters would be written to them. The Chief Executive assured Council that all registrants would receive notification in some form.

Noted: Council noted the Continuing Professional Development update.

Item 16: Registration Report

- 44. The Director of Registration and Resources introduced the item which provided an update on registration activity from 1 October 2017 to 31 March 2018.
- 45. In addition Council was given oversight of an amendment to the process for conducting Assessments of Clinical Performance (ACP) and that some clarification around clinical responsibility had been issued to the GOsC appointed registration assessors.
- 46. The additional information requested by Council relating to CPD audits was set out in the report. Members were asked to note that the audits were not 'tick-box' exercises and feedback from information submitted is used to provide advice and guidance to the profession.
- 47. The following points were made and responded to:
 - a. The Chair asked for further detail about the small number of registrants who fell into CPD Audit category C, where a new submission is required. How would this issue addressed with the introduction of the new CPD Scheme? It was explained that the new CPD Scheme would require registrants to demonstrate through their peer discussion review how they had met the scheme requirements. It had been noted by members of the Registration team that where further information had been requested, in the subsequent conversation with the registrant the relevance of the activity become clear but had been insufficiently described on the annual summary form, this was an issue which the new scheme would address.
 - b. The Chair commented on the Registration Appeal which took place in March. The three members of the panel, Joan Martin (Panel Chair), Elizabeth Elander and Deborah Smith, were thanked for their work. The Director of Registration and Resources also thanked the panel for their work and in particular the very helpful feedback received. The action points from the feedback had helped in reviewing the assessment of clinical performance process in terms of the information provided in advance to applicants and this information would be used for the next scheduled assessment.

- c. Members asked about the resources required to check the Internal Market Information (IMI) system alerts as the number of alerts reported for the reporting period was high. It was explained that when an email alert is received it contains a link to a page which lists prohibitions placed on healthcare practitioners. The list is checked by a designated member of the Registration team. To date it had not been necessary to take any action but the task has to be undertaken and is taken seriously.
- d. It was asked how Council could be assured that registrants who apply for registration have been sufficiently vetted for admission to the Register. The Director of Registration and Resources explained that there were a number of safeguards in the registration process and contained in the Registration Manual which is reviewed on a regular basis. The process of checks include:
- Registration application form
 - Character and health references
 - An enhanced check for regulated activity
 - Provision of appropriate fees for register entry

Applications are reviewed as soon as they are received and a check list is completed with a recommendation made to the Director or Chief Executive who are the authorised to give final, signed approval for individuals to be entered on to the Register.

Noted: Council noted the amendment to the process for conducting Assessments of Clinical Performance and the clarification issued to registration assessors around clinical responsibility.

Noted: Council noted the Registration Report.

Item 17: General Data Protection Regulation (GDPR) update

48. The Chief Executive introduced the item which gave an update on the approach to updating the GOSC's Information Governance Framework to meet the new requirements of the General Data Protection Regulation (GDPR).
49. The following areas of the report were highlighted:
- a. The Chief Executive would lead and take responsibility for the GOSC's GDPR compliance. This would include his taking the formal role of Data Protection Officer for the organisation.
 - b. In the lead up to the implementation date, 25 May 2018, there were a number of actions which must be completed:
 - Consent notices
 - Privacy statements
 - Ensuring suppliers are compliant

- Updating agreements with third parties
 - Updating the GOsC Information Governance Framework.
- c. The approach taken by the GOsC to date has been to only allow access to personal data where appropriate and/or necessary and this principle would be maintained with the introduction of the new regulation, meaning much of the GOsC's work would be business as usual.

50. The following points were made and responded to:

- a. It was asked if the GOsC had a public interest exemption due to the nature of its work such as accessing medical records for fitness to practise purposes. It was explained there were exemptions which applied and that the majority of activities undertaken by the GOsC were defined as processing to fulfil a 'public task' or to fulfil a 'legitimate interest' in order to conduct its statutory duties. The number of areas where consent would be required was small and a draft privacy notice had recently been reviewed by the Senior Management Team (SMT) and sets out the categories of data collected, what is collected and the circumstances under which the data might be shared.
- b. It was confirmed that the findings of the GDPR Report compiled by WardHadaway had been reported to the Audit Committee and provided the basis for the GDPR Action Plan.
- c. Members sought assurance about management of fitness to practise documents and the security of sensitive/personal data. It was explained that there is an ongoing project for the secure management of fitness to practise data and documents. The fitness to practise committees and Legal Assessors currently have access to a secure online portal for all papers with each member having their own password protected file for documents relating to hearings. Secure portals are also used by counsel and solicitors, no papers are mailed and the systems used are secure

Noted: Council noted the update on General Data Protection Regulation.

Item 18: Minutes of the Policy Advisory Committee (PAC) – 15 March 2018

51. The Chair of the Policy Advisory Committee commented that it had been a very productive meeting and a lot of ground had been covered.

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

Item 19: Minutes of the Remuneration and Appointments Committee – 22 March 2018

52. The Chair informed members that due to attendance at an international conference she had been unable to attend the meeting and in advance had appointed Ian Muir, the external member, to chair the meeting on her behalf.

The main item for discussion had been the review of staff remuneration for which she had submitted written comments to the acting Chair.

Noted: Council noted the minutes of the Remuneration and Appointments Committee.

Item 20: Note of an the inquorate meeting of the Audit Committee – 22 March 2018

53. Bill Gunnyeon confirmed that he had attended the meeting of the Audit Committee as an observer. He commented that he had found the meeting very useful in providing assurances about the work and function of the Committee even though inquorate on this occasion.

54. It was confirmed that the Audit Plan for 2017-18 had been agreed by email.

Noted: Council noted the notes of the inquorate meeting of the Audit Committee Appointments Committee.

Item 21: Any other business

55. There was no other business.

Date of the next meeting: Tuesday 17 July 2018 at 10.00.