



**Council**  
**9 July 2020**  
**Committee Annual Reports**

<b>Classification</b>	Public
<b>Purpose</b>	For noting
<b>Issue</b>	Each Committee is required to report annually on its work to Council.
<b>Recommendations</b>	To note the Annual Reports of:  a. Audit Committee b. Policy Advisory Committee c. Remuneration and Appointments Committee
<b>Financial and resourcing implications</b>	The cost of each committee is contained within the respective annual report.
<b>Equality and diversity implications</b>	Each committee considers matters relating to equality and diversity and these are set out in more detail within the Committee Annual Reports.
<b>Communications implications</b>	None arising.
<b>Annexes</b>	A. Audit Committee Annual Report B. Policy Advisory Committee Annual Report C. Remuneration and Appointments Committee Annual Report
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### **Audit Committee Annual Report (1 April 2019 – 31 March 2020)**

1. The Audit Committee met on three occasions in the year in June 2019, October 2019 and March 2020.

#### *Financial Audit, auditor evaluation, Annual Report*

2. During the year under report the Audit Committee considered the Audit Findings Document and draft Annual Report and Accounts for financial year 2018-19. The document set out the key issues affecting the financial results of the GOsC including the preparation of the financial statements. The Committee agreed the audit had been completed satisfactorily, and with no significant concerns identified, the document should go forward to Council with the Annual Report and Accounts.
3. The Committee considered an auditor evaluation framework for evaluating the performance of the external financial auditors. Audit Committee met with the external auditors in private and questioned the Executive and the external auditors before noting the evaluation document.
4. The Committee received the external financial audit plan for 2019-20 which was agreed at the March 2020 meeting.

#### *Statement of internal financial controls*

5. Audit Committee received the statement of internal financial controls for review in June 2019. This was subsequently reviewed in October 2019 and March 2020, as there had been changes in the internal financial controls following the appointment of the Director of Registration and Resources to the position of Acting Chief Executive and Registrar in September 2019. The Audit Committee found the revised statement useful and made comments on the content.
6. Following the appointment of the Director of Registration and Resources to the position of Acting Chief Executive and Registrar, the Audit Committee requested an additional audit specifically focussed on payroll controls. This was undertaken in January 2020 and a clean audit report was presented to Audit Committee in March 2020. The additional audit cost, and the initial payroll oversight costs, are shown in the table at paragraph 20.
7. This was a substantial part of the Audit Committee's work in 2019-20 and helped to ensure there was appropriate control and segregation of duties in place during the interim period.

#### *Review of principal accounting policies*

8. Audit Committee received the principal accounting policies for annual review in March 2020 and suggested amendments to enhance its clarity.

### *Risk Register*

9. At each meeting the Audit Committee reviewed the Risk Register which included a report presented by the Chief Executive and Registrar highlighting any movements in the risk level and discussion of action to manage risks. The structure of the Risk Register was substantially changed which was driven by the work of the Audit Committee following its Risk Workshop in June 2019.
10. While the Risk Register structure has now been fixed, the movement of risks on the register is a dynamic process and this is captured in the new structure through the narrative and the visual representation of the risk movement. The Audit Committee will continually review the content and seek improvement.
11. The Committee discussed the emerging risk of COVID-19 at its meeting in March 2020, recognising the main impact of this would fall in FY2020-21 and would feature more heavily in the coming year.

### *Performance Measurement*

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

### *Audit Committee performance evaluation*

13. The Committee completed a self-assessment of its performance which led to several changes throughout the year and a Risk Workshop in June 2019.

### *PSA Performance Review and consultation*

14. The Audit Committee discussed the PSA Performance Report for the period covering 2018-19. The Committee noted that the GOsC had met all standards for the ninth year in succession.

### *Assurance audits*

15. In June 2019, the Committee were informed that the assurance audit work would recommence, beginning with the FtP initial stages audit and audit of IT security. The results of both audits were reported in October 2019 which were scrutinised by the Committee.
16. In March 2020, the Committee agreed the scope of the next two assurance audits, a review of governance by two experts from the General Medical Council and an independent Equality, Diversity and Inclusion audit. The assurance audits have been paused as a result of the COVID-19 pandemic.

### *Monitoring report*

17. The Committee received a report at each meeting from the Executive on any serious events including fraud notification, data breaches and corporate complaints. In the year under report the Executive reported to the Committee

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one corporate complaint, four data breaches (of varying severity) and no serious events (including fraud).

### *Forward work plan*

18. At each meeting, the Committee received a 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*

19. During the period 2019-2020 the Audit Committee membership comprised:

<b>Name</b>	<b>Member details</b>	<b>Dates of membership</b>	<b>Meetings attended</b>
Chris Shapcott (Chair)	External lay member	All year	3/3
Graham Masters	External lay member	01/10/2019 onwards	2/2
Denis Shaughnessy	Council lay member	All year	3/3
Haidar Ramadan	Council registrant member	All year <sup>1</sup>	1/3
Deborah Smith	Council registrant member	01/03/2020 onwards	1/1

### *Cost of the Audit Committee*

20. It is estimated that the cost of the Audit Committee and its related activities, excluding staff time, is approximately £23k. This is calculated as follows:

<b>Activity</b>	<b>Cost £</b>
Committee members: fees and expenses	2,862
External financial audit fee	18,000
Additional payroll audit fee	1,440
Payroll oversight costs	675
<b>Total</b>	<b>22,977</b>

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<sup>1</sup> Haidar Ramadan left Council at the end of his term of office on 31 March 2020

### *Opinion of the Audit Committee*

21. 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 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.
22. Council can take assurance that the controls upon which the organisation relies to manage risk are suitably designed, consistently applied and proportionate.
23. 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 the review of internal financial controls following appointment of an acting Chief Executive and Registrar, the completion of the first two pieces of assurance audit activity and the continued scrutiny of risk which resulted in the Risk Register being significantly modernised in the reporting period.

### Audit Committee terms of reference

The role of the Audit Committee is to provide advice that the necessary internal and external systems and processes are in place for identifying, managing and mitigating the risks relating to the discharge of the GOsC's statutory duties, and make recommendations for any actions to Council and the Executive as appropriate. To do this it will:

- a. Review and make recommendations to Council about the content and structure of the risk register at the start of each business planning cycle and keep it under review.
- b. Review and make recommendations to Council about the effectiveness and proportionality of the risk management process.
- c. Request and receive reports on the management of risk areas identified in the register and make recommendations to Council about improvements needed.
- d. Review the internal financial controls and advise Council on these controls.
- e. Make a recommendation to Council on the appointment of financial auditors to conduct the annual financial audit.
- f. Receive a report on preparations for the annual financial audit.
- g. Receive the audit report, Audit Findings Report (AFR), draft Annual Report and Accounts, and Governance Statement and make recommendations to Council on the approval of these, and monitor the implementation of agreed recommendations in the AFR.
- h. Approve proposals for the commissioning of audits of key functions within the organisation and to recommend any areas where special investigation might be necessary.
- i. Receive audit reports and the Executive's response and make recommendations to Council on the implementation of recommendations arising from such audits and investigations.
- j. Receive reports on any incidents reportable under the serious events framework, data breaches and corporate complaints or whistleblowing, and the Executive's response to them, and make any recommendations to the Executive and Council.
- k. Receive reports on the Executive's approach to organisational performance management and corporate governance and make any recommendations.
- l. Make an annual report to Council on the work of the Committee and an overall opinion on the management of risk within the GOsC.
- m. To review periodically its own effectiveness as a Committee.

### Annual Report of the Policy Advisory Committee 2019-20

#### *Introduction*

1. The role of the Policy Advisory Committee is to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.
2. 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).
3. The terms of reference of the Committee can be found at the end of the report.

#### *Membership*

4. The Committee consists of five members of Council and four external appointed members. The members of the Committee are listed at paragraph 27 below.
5. In addition, the member organisations of the Osteopathic Development Group are invited to send an observer with speaking rights to each meeting. Observers may not take part in any part of the meeting where the business is that reserved to the statutory Education Committee.
6. The members of the Osteopathic Development Group are:
  - the Council of Osteopathic Education Institutions (COEI)
  - the Institute of Osteopathy (iO)
  - the National Council for Osteopathic Research (NCOR)
  - the Osteopathic Alliance (OA)
7. The Policy Advisory Committee met four times during the period under review – in May 2019 (in private session only), June 2019, October 2019, and March 2020. This report summarises the work of the Committee. Full minutes of all the meetings have already been reported to Council.

#### *Quality assurance of 'recognised qualifications'*

8. 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 osteopathic educational institutions (OEIs) the following:

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Activity	May 2019	June 2019	October 2019	March 2020
Agreement to RQ specifications (including new RQs, renewal of RQs and monitoring visits) / appointment of Education Visitors		One OEI		
Consideration of Education Visitor RQ report (including new RQs, renewal of RQs and monitoring visits)	One OEI (also deferred to June Committee)	Two OEIs		
RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions		Seven OEIs	Eight OEIs	
Consideration of annual report analysis (including external examiner reports and internal annual monitoring reports and information about student fitness to practise.)				Nine OEIs
Recommendation of removal of RQ expiry dates to Council			Two OEIs	
Agreement to updated Annual Report specification			Updated Annual Report template agreed	

### *Quality Assurance - Procurement*

9. The Committee agreed the selection panel, the tender specification and the timetable for the planned procurement to undertake on our behalf, specific aspects of quality assurance activity to inform our statutory decisions.

### *Quality Assurance – Annual Report template 2019-20*

10. The Committee agreed the annual report template to be completed by the osteopathic educational institutions for the 2018/19 academic year and due for



submission in December 2019 which forms part of the quality assurance picture for each osteopathic educational institution.

11. In addition to the existing areas covered which cover a range of areas and require the submission of third party data and feedback, due to its consideration of the quality assurance of institutions and learning across the sector this year, the Committee requested additional information in relation to the following areas:
  - a. Governance and management and the traction between governance and assurance about academic standards.
  - b. Areas for development
  - c. The implementation of the Osteopathic Practice Standards
  - d. Equality and diversity
  - e. Educator data
  - f. Student protection plan
12. An overarching analysis of this data was considered by the Committee in March 2020 and demonstrated key areas for the Committee to consider further as it takes forward its risk based approach to quality assurance and the review of the Guidance for Osteopathic Pre-registration Education and Standards for Training.

### *Quality Assurance levels of assurance and risk*

13. The Committee continued to give detailed consideration and scrutiny to its role in quality assurance throughout 2019 and 2020.
14. In June 2019, the Committee considered the approach to strengthening our quality assurance process, scrutinising the levels of assurance that our current method provides and striving for additional assurance. This consideration focussed particularly on mechanisms for enhanced monitoring, dissemination of good practice and external mechanisms of assurance. It also included consideration of the approach to removal of RQ expiry dates and publication of conditions and action plans to enable increased transparency and more flexibility for aligning visits, specific thematic reviews, mechanisms for education and training of visitors, ongoing mechanisms for embedding the OPS, the approach to review of the Guidance for Osteopathic Pre-registration Education and Standards for Training.
15. In March 2020, the Committee considered an approach which made more explicit the criteria feeding into a proposed risk profile and explained how this work could translate into a risk level. They also considered illustrative examples of risk profiles to demonstrate how the model could work. The Committee provided feedback and this work will continue to be developed into 2020/21.

### *The review of the Guidance for Osteopathic Pre-registration Education and Training*

16. In October 2019, the Committee agreed the approach and the strategy for the review of the Guidance for Osteopathic Pre-registration Education and Training

including the development of more specific Standards for Education and Training. The approach included the terms of reference and timeline for development of this work and developing analysis of the standards of education and training in place in other regulators.

### *Osteopathic Practice Standards (OPS) Implementation and evaluation*

17. At its meeting in October 2019, the Committee received an update on the mechanisms for implementation of the Osteopathic Practice Standards which came into force in September 2019. This included an update about the communications activities in the run up to implementation for all our stakeholders, updates to our own registration assessment guidance and our hearings and sanctions guidance for fitness to practise panels, training activities for Education Visitors, Registration Assessors and fitness to practise panellists as well as a range of mechanisms to inform ongoing evaluation including follow up research undertaken by Professor Gerry McGivern, Professor Tina Kiefer and team at Warwick Business School.

### *Continuing Professional Development (CPD)*

18. At its meeting in October 2019, the Committee considered the findings from the 2019 CPD Evaluation Survey as part of the approach to providing assurance about the implementation of the CPD scheme.
19. Key findings showed:
  - Increased understanding of the new scheme and its four key elements (up 12%)
  - Increased use of the four themes of the OPS to identify CPD needs (up 8%) and linking or mapping CPD content to the OPS (up 4%)
  - Increased CPD in the area of communication and/or consent (up 5%) with an increase in undertaking dedicated courses (up 15.5%) and non-course activities to meet this requirement (up 18%)
  - Reported barriers to reflective practice reduced (down 6%)
  - A slight decrease in undertaking objective feedback as part of CPD (down 2%) (but those who tried one activity were likely to try out another objective activity suggesting that there was some use to undertaking objective activities)
  - Increased levels of feedback collected from patients (up 8%)
  - High levels of case-based discussion activity (59% of respondents)
  - A slight decrease in numbers of people reporting that they have a colleague who they can discuss their CPD with (down 1%)
  - Increase in people reporting that they have a trusted colleague that they can discuss concerns with (up 2%)
  - Increase in the use of GOsC resources to plan CPD e.g. CPD guidelines (up 18%), The Osteopath magazine (up 2%), and the ebulletin (up 8%)

20. The Committee also considered findings cross-tabulated against particular protected characteristics to inform the equality impact assessment of the scheme. Whilst the findings themselves largely confirm no particular impact on people because of a protected characteristic, when cross-tabulating responses on particular questions, we could see potential differences in responses from different groups (although numbers are too small to be definitive at this stage). These differences may need to be explored further over the course of the implementation of the scheme.
21. The Committee considered the findings and our response to these findings as well as the wider evaluation an assurance strategy which was subsequently considered by Council in November 2019.

### *Fitness to practise: Draft Practice Note on questioning witnesses*

22. In March 2020, the Committee considered the draft Practice Note on Questioning witnesses in fitness to practise hearings ahead of consultation.

### *Fitness to practise: Draft Practice Note on Professional Indemnity Insurance and Public Liability Insurance*

23. In June 2019 and October 2019, the Committee considered the draft Practice Note on Professional Indemnity Insurance and Public Liability Insurance ahead of consideration by Council.

### *Fitness to practise: Approach to expert evidence*

24. In October 2019, the Committee considered the Williams review and our sector approach to expert evidence. In March 2020, the Committee agreed the terms of reference for an expert witness group to progress this work.

### *Approach to adjunctive therapies*

25. In October 2019, the Committee considered the application of the Osteopathic Practice Standards in a range of scenarios to explore some of the complex challenges of practice including scenarios exploring the very edges of the depth and breadth of 'osteopathic practice' and being an osteopath.
26. In March 2020, the Committee considered an early draft guidance note and plans for engagement with stakeholders to further develop thinking.

### *Membership*

27. During the period April 2019 to March 2020 the Policy Advisory Committee membership comprised:

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<b>Name</b>	<b>Member details</b>	<b>Meetings attended</b>
Sarah Botterill	Council lay member	1/1
Dr Marvelle Brown	External lay member	3/3
John Chaffey	Council registrant member	3/3
Bob Davies	External registrant member	3/3
Elizabeth Elander	Council registrant member	3/3
Dr Bill Gunnyeon (Chair)	Council lay member	3/3
Dr Joan Martin	Council lay member	0/2
Professor Raymond Playford	External lay member	3/3
Alison White	Council lay member	3/3
Nick Woodhead	External registrant member	2/3

28. Members' allowances and expenses for the Committee in 2019-20 were £10,408. In 2018-19 members' allowances and expenses were £14,250. The decrease is due to external venue costs incurred in the prior year.

29. Observers with speaking rights attended:

<b>Name</b>	<b>Meetings attended</b>
The Council for Osteopathic Education Institutions	2
The Institute of Osteopathy	2
The National Council for Osteopathic Research	3
The Osteopathic Alliance	1

### Terms of reference and membership of the Policy Advisory Committee

The role of the Policy Advisory Committee is to contribute to the development of Council policy. To do this it will:

- a. Advise Council on all matters of policy including:
  - i. The standards required for initial registration and appropriate means for assessing those standards.
  - ii. On all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
  - iii. Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
  - iv. The management, investigation and adjudication of concerns about the fitness to practise of registrants.
  - v. Matters relating to the exercise of powers under section 32 of the act (protection of title).
  - vi. The development of the osteopathic profession.
  - vii. Measures to encourage research and research dissemination within the osteopathic profession.
  - viii. Any research needs to support the GOsC's work.
- b. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.
- c. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.
- d. Make an annual report for Council on the work of the Committee.

The Committee will also undertake the statutory functions that are reserved to the Education Committee, which are to:

- a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.
- b. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.
- c. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.

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- d. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.

### Remuneration and Appointments Committee Annual Report 2019-20

1. The Remuneration and Appointments Committee (RaAC) met on three occasions from 1 April 2019 until 31 March 2020: in June 2019, October 2019 and March 2020. They also met in September 2019 for an extraordinary meeting.
2. The terms of reference of the RaAC are attached at Annex A, and as requested last year by the committee, the prior year's Annual Report is annexed for comparison purposes.

#### *Appointments*

3. During the course of the year, the RaAC received papers considering the following non-executive appointments processes.
  - a. Chair of Council and Council member recruitment (4 positions)
  - b. Independent member of RaAC (1 position) and
  - c. External member of Audit Committee (1 position, advertised twice).
4. The Independent member of RaAC and external member of Audit Committee appointment processes were overseen by the RaAC with the appointments approved by Council. The Chair of Council and Council member recruitment processes were overseen by the RaAC, scrutinised by the Professional Standards Authority with the appointments approved by the Privy Council.
5. The Committee considered the following:
  - a. the competencies;
  - b. information packs;
  - c. application forms;
  - d. advertising and promotional strategy and
  - e. interview/assessment process.
6. The Committee considered re-appointment processes for:
  - a. Council members (3 positions) and
  - b. Fitness to Practise panellists (8 positions).
7. The Fitness to Practise re-appointment process was overseen by RaAC with the re-appointments approved by Council. The Council member re-appointment

process was overseen by the RaAC, scrutinised by the Professional Standards Authority, with the re-appointments approved by the Privy Council.

### *Chief Executive and Registrar position*

8. In September 2019, the RaAC met for an extraordinary meeting following the departure of the Chief Executive and Registrar. The RaAC recommended to Council that the Director of Registration and Resources be appointed as Acting Chief Executive and Registrar.
9. In March 2020, the RaAC considered all matters connected to the recruitment of a permanent Chief Executive and Registrar (CE&R).

### *Changes to Human Resources policies and procedures*

10. In March 2020, the RaAC considered a paper setting out amendments to Human Resources policies and procedures in relation to the Chief Executive and Registrar position specifically around managing probation and removal from office, which underpin previous agreed changes to the committee terms of reference. The RaAC approved these changes.

### *Staff pay*

11. In March 2020, the RaAC received the annual staff pay review paper in order to determine the appropriate level for the 2020 pay increase for staff. The RaAC agreed to defer the decision to a later date this year due to the COVID-19 pandemic and the financial uncertainty which GOsC faced.

### *Reward and recognition review*

12. In March 2020, the RaAC received a paper setting out a staged approach to reviewing the reward and recognition strategy including recognition of high performance. The RaAC agreed to this approach with an amended timescale.

### *Changes to Paternity Pay benefit*

13. In March 2020, the RaAC received a paper setting out an amendment to the current GOsC paternity pay benefit. The RaAC approved this change.

### *Staff turnover*

14. The staff turnover percentage was 12% for the period 1 April 2019 to 31 March 2020 compared to 20% for the period 1 April 2018 to 31 March 2019. 20% per year has been the consistent average over the previous financial years (2015-16 through to 2018-19), which is approximately five people. This data helps to inform the development of the annual recruitment budget.



### *Equality, Diversity and Inclusion*

15. Throughout the year, the Committee considered the following in relation to equality, diversity and inclusion:

- a. Equality Impact Assessment for Council member appointments process;
- b. Human Resources reports including information on: flexible working and reasonable adjustments; introduction of health and well-being week; updates on LGBT history month and mental health awareness.
- c. Non-executive appointments equality and diversity monitoring statistics.

### *Committee membership*

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

<b>Name</b>	<b>Member details</b>	<b>Dates of membership</b>	<b>Meetings attended</b>
Alison White (Chair)	Council lay member	All year	1/3
Deborah Smith	Council registrant member	All year	3/3
Simeon London	Council registrant member	All year	3/3
Ian Muir	External lay member	All year	3/3
Sarah Botterill	Council lay member	1 April 2019 – 31 January 2020	2/2
Joan Martin	Council lay member	1 February 2020 – 31 March 2020	0/1

NB: The above table represents attendance at the three scheduled meetings of the Remuneration and Appointments Committee and does not reference any extraordinary meetings which took place in the reporting period.

### *Cost of Remuneration and Appointments Committee-related work*

17. The costs of running the RaAC and its related activities, excluding staff time, is £17k in 2019-20 compared to £2.2k in 2018-19. This reflects the cost of the Council recruitment processes undertaken in the year.

18. The table below reflects the cost of the committee and the GOsC employment costs.

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<b>Committee-related</b>	<b>Costs 2019-20 £</b>	<b>Costs 2018-19 £</b>
Committee members: fees and expenses	1,498	1,192
Governance appointments	15,094	1,059
<b>Total</b>	<b>16,592</b>	<b>2,251</b>
<b>Employment costs for all GOsC</b>		
Wages and salaries	1,206,369	1,118,747
Social security costs	125,603	118,313
Other pension costs	106,969	99,424
Recruitment	17,109	65,158
Learning and development	19,956	20,615
Other employment costs	16,958	13,040
<b>Total</b>	<b>1,492,964</b>	<b>1,435,490</b>

### Terms of Reference of the Remuneration and Appointments Committee

The Remuneration and Appointments Committee oversees appointment, performance and remuneration policy in relation to Council, non-executives<sup>2</sup> and staff of the GOsC and makes recommendations to Council. To do this it will:

- a. Advise Council on the arrangements for the appointment, induction and performance review of the Chair and members of Council in accordance with the PSA's standards.
- b. Appoint the panel, including independent members, for appointing the Chair and members of Council.
- c. Provide assurance of high standards in the appointment and performance review of all other Council appointees including non-Council members of committees and other Council appointees.
- d. Advise Council on its structure, composition and competences.
- e. Make arrangements for the performance review process for Council as a whole.
- f. Make arrangements for the appointment of the Chief Executive and make a recommendation to Council.
- g. Following appointment, make arrangements for the formal review of the probation period of the Chief Executive and Registrar to be informed by feedback from Council, staff and stakeholders.
- h. Advise Council that the formal review of the probation period of the Chief Executive and Registrar has been completed and clarify whether the probation period has been successfully passed or whether the probation period has been extended.
- i. If required, oversee a performance management process for the Chief Executive and Registrar, which will ensure feedback is provided to them by the Chair of Council supported by two members of the Remuneration and Appointments Committee.
- j. If appropriate, make recommendations to Council concerning the removal of the Chief Executive and Registrar.
- k. Consider and approve the remuneration of the Chief Executive on an annual basis.

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<sup>2</sup> Non-executives are defined as members of Council, statutory and non-statutory committees and any other individuals, other than the Chief Executive and the executive team, appointed from time to time to undertake tasks on behalf of Council.

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- l. Receive an annual report from the Chief Executive on HR strategy.
- m. Consider and approve recommendations of the Chief Executive in relation to pay, performance and reward of all other staff.
- n. Consider any issues in relation to the remuneration of non-executives (including the requirements of the Charity Commission), review the remuneration of non-executives annually and make recommendations to Council.
- o. Consider any issues in relation to the performance review of non-executive members and make recommendations to Council.
- p. Make an annual report to Council on the work of the Committee.