



**Meeting of Council**

**Minutes of the 107<sup>th</sup> Public meeting Council held on Monday 11 May 2020,  
hosted via GtM video conference**

*Confirmed*

**Chair:** Dr Bill Gunnyeon

**Present:** Daniel Bailey  
Sarah Botterill  
Professor Deborah Bowman  
Elizabeth Elander  
Caroline Guy  
Simeon London  
Dr Joan Martin  
Dr Denis Shaughnessy  
Deborah Smith

**In attendance:** Steven Bettles, Professional Standards Manager  
Fiona Browne, Director of Education, Standards and Development  
Rachel Heatley, Senior Policy Officer, Professional Standards  
Sheleen McCormack, Director of Fitness to Practise  
Liz Niman, Head of Communications and Engagement  
Matthew Redford, Acting Chief Executive and Registrar  
Marcia Scott, Council and Executive Support Officer  
Hannah Smith, Regulation Manager

**Observers:** Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Susan Farwell, President, the Institute of Osteopathy (iO)  
Colette Higham, Senior Scrutiny Officer, Professional Standards  
Authority (PSA)

**Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting. Special welcomes were extended to the new members of Council, Deborah Bowman, Daniel Bailey and Caroline Guy. Welcomes were also extended to the observers, Maurice Cheng, Susan Farwell and Colette Higham.
2. Apologies were received from Stacey Clift, Senior Policy Officer, Professional Standards.

## **Item 2: Questions from observers**

3. There were no questions from observers.

## **Item 3: Minutes**

4. The minutes of the meeting January 2020 were agreed subject to the following amendment:

Paragraph 7b - The final sentence should be amended to read:

*In terms of the osteopathic profession the end point to this approach is that the patients will receive better services.*

## **Item 4: Matters arising**

5. Members requested further clarifications:
  - a. Acting Chief Executive and Registrar's Report: CQC Emerging Concerns Protocol (paragraph 13ci):  
It was confirmed that work on the Emerging Concerns Protocol continues and further discussions would take place in due course. It was also confirmed that the GOsC and Social Work England (SWE) would be signatories to the protocol.
  - b. Acting Chief Executive and Registrar's Report: Quality Assurance Agency (QAA)(paragraph 14c):  
It was confirmed that the work and discussions relating to the quality assurance procurement process were ongoing. Council is to be advised the progress of the tender process in due course.

**Noted: The matters arising from the meeting of January 2020 were noted.**

## **Item 5: Chair's Report and Appointments**

6. The Chair introduced his report outlining his vision for his tenure:
  - a. To strengthen the understanding of the profession as to the role of the Council
  - b. To continue to develop and build stronger relationships with the profession and to help in understanding that as a regulator, Council wants to avoid registrants getting into difficulties.
  - c. To look at how the Council and the Executive work together and to enhance the performance of Council and Committees.
  - d. To optimise the opportunities provided by regulatory reform.
  - e. To enhance the quality of assurance of educational provision.
  - f. To support and develop the continuing evolution of osteopathy.
  - g. To strengthen links between the regulators in particular the Health Regulator Chairs.

7. The Chair highlighted his activities:

- a. The following meetings had taken place:
- PSA bilateral attended with the Acting Chief Executive and Registrar. The meeting was attended by the Chair, Dame Glenys Stacey, and Chief Executive, Alan Clamp.
  - iO Bilateral attended with the Acting Chief Executive and Registrar. The meeting was attended by the Chair, Susan Farwell, and the Chief Executive, Maurice Cheng.
  - Individual meetings with each of the Chairs of the Fitness to Practise Committees; Richard Davies (PCC), Philip Geering (HC) and Brian Wroe (IC).
- b. The following meetings are scheduled to take place:
- Meeting of the Health Regulator Chairs and Chief Executives
  - Bilateral with the General Chiropractic Council Chair, Mary Chapman, and Chief Executive, Nick Jones.
  - Bilateral with the NMC Chair, Philip Graf, and Chief Executive, Andrea Sutcliffe.

**Committee Composition and Appointments**

- c. To assist new members of Council to settle into their roles the Chair confirmed the arrangements of a 'buddy' system linking each new members of Council with an established member. New members were also encouraged to contact the Executive and the Chair if advice, guidance or clarifications was required on any areas of GOsC business.
- d. Council noted the recommendation of the paper on committee composition and appointments circulated and agreed by email in early April 2020:
- to change the name of the Policy Advisory Committee to the Policy and Education Committee.
  - that Deborah Bowman be appointed as the Chair of the Policy and Education Committee.
  - the appointment of Kate Husselbee as the new independent member of the Remuneration and Appointments Committee.
  - the committee composition as outlined in the paper:

**Audit Committee**

Graham Masters (Ind. Lay)	Denis Shaughnessy (Lay)
Chris Shapcott (Ind. Lay) Chair	Deborah Smith (Registrant)

**Policy and Education**

Sarah Botterill (Lay)	Daniel Bailey (Registrant)
Prof. Deborah Bowman (Lay) Chair	Bob Davies (Ind. Registrant)
Dr Marvella Brown (Ind. Lay)	Elizabeth Elander (Registrant)

Dr Joan Martin	Nick Woodhead (Ind. Registrant)
Ray Playford (Ind. Lay)	

### **Remuneration and Appointments**

Dr Bill Gunnyeon (Lay) Chair	Caroline Guy (Registrant)
Kate Husselbee (Ind. Lay)	Simeon London (Registrant)
Denis Shaughnessy (Lay)	

- e. The Chair informed members that on behalf of Council he would write to Ian Muir, the outgoing independent member of the RaAC, to thank him for his eight years of service and his contributions as a member of the Committee.

### **Members Performance Review**

- f. The Council and Committee members performance review process for 2020 was announced. The Chair informed members some small changes had been made to the review form with the aim encouraging more in-depth self-reflection. The Council and Executive Support Officer would contact members in due course to begin arrangements for the appraisal meetings.
- g. It was agreed that the Chair would conduct the reviews of the external members of the Policy Advisory Committee.
- h. In private discussion, independent of the Chair and the Executive, Council members agreed the Chair's review would be conducted by Simeon London (Registrant) and Denis Shaughnessy (Lay).

### **Noted: Council noted:**

- **The change of the name of the Policy Advisory Committee to the Policy and Education Committee.**
- **That Deborah Bowman be appointed as the Chair of the Policy and Education Committee.**
- **The appointment of Kate Husselbee as the new independent member of the Remuneration and Appointments Committee.**
- **The committee composition as outlined in the paper.**

**Agreed: Council agreed that Simeon London and Denis Shaughnessy would conduct the Chair's performance review.**

### **Item 6: Acting Chief Executive and Registrar's Report**

8. The Acting Chief Executive and Registrar gave a review of activities and performance since the last Council meeting not reported elsewhere on the agenda:
9. The following were points were highlighted:

- a. PSA Performance Review 2019-20: it is anticipated that the report will be made available in due course for GOsC's comments but it's release to the GOsC had been delayed due to the impact of coronavirus.
  - b. McGivern Report: it is planned that the emerging findings of the follow up survey conducted by Professor Gerry McGivern will be considered at the meeting of the Policy and Education Committee in June 2020.
  - c. NCOR Complaints Workshop: The workshop held in March 2020, discussed the findings of the NCOR complaints and concerns report. The workshop saw a wide range of attendees including representatives from the Institute of Osteopathy and, in particular, Patient Voice.
  - d. Office for Students (OfS): following discussions with the OfS a set of actions were agreed to ensure the GOsC and the OfS continue to have dialogue in the future, particularly around osteopathic sector and the Osteopathic Education institutions but also importantly, the wider healthcare regulation sector.
  - e. Equality and Diversity: In February 2020 the GOsC celebrated LGBT+ history month by adding a message to its email banner as well as promoting awareness through social media platforms. A 'time to talk' lunch was also held where staff gathered and were able to talk about mental health awareness in a safe space.
10. Business Plan 2019-20: It was confirmed that all activities have been delivered.
11. Financial Report:
- a. The audit for 2019-20 has commenced (11 May) and due to the ongoing health emergency is the first to be conducted by remote means. Any issues arising from the audit being conducted by this method will be reported to the Audit Committee. It is anticipated that the audit will be completed as planned and the Annual Report and Accounts ready to be signed-off in July 2020.
  - b. For the first 11 months and 2 weeks of the financial year (1 April 2019 to mid-March 2020) expenditure, income and expenditure were in line with budget projections. There was an underspend in fitness to practise activity in 2019-20. A small surplus was predicted and on track to be delivered but due to the impact of the COVID-19 pandemic on the stock market, the GOsC investment portfolio fell by £150k. As a consequence, there is an associated charge to be accounted for and the accounts show a technical loss of +£100k.
  - c. As the stock market recovers the investment portfolio will start to recoup the loss, and as at 11 May 2020, the investment was already £50k better off than at the year-end.
12. In discussion the following points were made and responded to:

- a. The Chair congratulated the Acting Chief Executive and SMT on the delivery of the Business Plan and the management of the GOsC finances during the current challenging climate recognising the impact on the GOsC investment portfolio was outside of their control.
- b. Members commented that the National Council for Osteopathic Research (NCOR) complaints workshop which took place in March 2020 had a been a well organised and high-quality event.

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

**Item 7: The impact of, and the GOsC response to, the Corona virus (COVID-19)**

13. The Chair commented that in considering the item members must recognise the challenges which the GOsC faces. There would be decisions made based on imperfect data, but the primary objective is to ensure that the GOsC remain a going concern and taking into account implications for future income.
14. The Acting Chief Executive and Registrar (Acting CE&R) introduced the item which described the impact of the global COVID-19 pandemic. The paper set out the GOsC response to COVID-19 across the full range and breadth of its activities.
15. In presenting the paper it was the intention of the Executive to provide an appropriate level of assurance, information and insight into the organisation's statutory functions and the approach being taken to challenges of COVID-19.
16. In considering the impact of the pandemic and the GOsC response the Acting CE&R thanked the staff team, members of Council and stakeholders, in particular the iO, for their support during a challenging time.

**Section A: Education**

17. The section was introduced by the Director of Education, Standards and Development which gave an update about the GOsC Education function in the context of COVID-19. The following points were highlighted:
  - a. All clinics associated with the osteopathic education institutions (OEIs) had closed and patients were no longer being seen face to face.
  - b. A statement was issued to the OEIs on the 17 March, setting out legislative requirements requiring the Osteopathic Practice Standards (OPS) to be met before Recognised Qualifications (RQs) could be issued. The statement also informed OEIs that there would be flexibility in allowing OEIs to adapt the ways in which they assure themselves that only students meeting the OPS are awarded an RQ.

- c. The OEIs are required to inform the Committee of the changes that they put in place to assure themselves in order to award the RQ.
- d. In discussions with the OEIs it has been shown that there is consistency in approaches being taken to ensure graduating students will meet the requirements set out in the OPS.

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

- a. Members were informed that discussions had taken place with the OEIs and the institutions were working more closely together to address issues. There are a number of mechanisms, including feedback from students and teaching staff, to provide assurance relating to aspects of educational provision and it is believed that this will transfer to the approaches being taken in the current climate. It was pointed out at the time of the 'lockdown' most teaching had moved online and did not pose as much difficulty as it may have done earlier in the academic year. Feedback from the institutions is generally positive in being able to manage the current situation.
- b. Members were informed that the GOsC had no powers regarding student grading and awards. If there was a dispute regarding grading this would be an issue between the OEI and the student in question. The focus for the GOsC was to ensure students meet the requirements of the OPS. It was agreed that if there were a significant number of student complaints there was a management of concerns protocol under which concerns could be addressed to review the situation.
- c. It was noted that the focus to date has been on final year students and that there would be an impact on the number of clinical hours a year 3 student would be able to complete by the time of their graduation in 2021. It would remain to be seen how events developed but what would need to be considered is the depth and breadth of the students' experience to ensure they meet the requirements of the OPS.
- d. It was confirmed that the OEI Annual Reports would be discussed at the meeting of the Policy and Education Committee (PEC) in June 2020. Members were also advised that there were ongoing conversations to support the OEIs and there would be adaptations made for the annual report submissions.
- e. It was pointed out that there would be a need to be vigilant relating to progression of year 1 and year 2 students to ensure that educational requirements were being adhered to and that students are meeting required standards.

19. The importance on the form of assurances which would be required by the Policy and Education Committee from the OEIs was stressed. The Committee would need to consider what forms of assurance would be needed to give the appropriate level of assurance to Council.

## **Section B: Standards**

20. The section was introduced by the Director of Education, Standards and Development which gave an update about the GOsC's Standards function in the context of COVID-19. The following points were highlighted:
- a. Joint communications, between the health regulators and allied health professional officers, were key to recognising framework in exercising professional judgement.
  - b. The OPS had not been drafted in the context of a pandemic situation and interim guidance considering infectious diseases had been updated several times since publication. The focus remains on the osteopath using their professional judgement.
  - c. An updated statement has been published for osteopathic practise stating there is no prohibition on practise, but all relevant guidance must be taken into account. The guidance also highlights that if practices are closed alternative care arrangements should be made for patients if it is required.
  - d. The combined approach of the GOsC and the iO to provide advice and guidance has been helpful. In relation to remote consultations the relevant standards have been issued alongside the guidance issued by the iO. The initial activity with osteopaths seeking guidance on the action/s they should take, to practise remotely, to practise using PPE or not to practise, has settled.
21. In discussion the following points were made and responded to:
- a. It was noted that the statements from the GOsC and the iO had been received differently by registrants. It was explained that as the regulator it was difficult for GOsC to intrude on the professional judgement of a practitioner and advise on what is correct in a continuously changing environment and where there are a number of views to consider. It was also pointed out that early drafts of documents to be published by the GOsC had been shared with iO. It was agreed that there is still an issue in some sections of the profession understanding the role of the GOsC which the current situation has highlighted.
  - b. Members were advised that there is detailed guidance on infection control and hygiene from the four UK health organisations, including Public Health England, were available. It was agreed that the OPS would be reviewed and updated to included relevant hygiene guidance.



## **Section C: Fitness to Practise**

22. The section was introduced by the Director of Fitness to Practise which gave an update about the GOsC's Fitness to Practise (FtP) function in the context of COVID-19. The following points were highlighted:
- a. In common with other healthcare regulators a statement has been issued on the GOsC's FtP activities.
  - b. In collaboration with healthcare regulators the PSA has been updated on the approach which has been taken with FtP matters.
  - c. The focus for fitness to practise has been on matters and concerns which are considered the main priority, engaging potential issues of patient safety and issues of wider public interest.
  - d. A number of virtual hearings and meetings have taken place including Investigating Committee meetings, Interim Order hearings and Review Hearings.
  - e. As the situation with COVID-19 continues fitness to practise hearings can no longer be indefinitely postponed or hearings halted. To move forward the next stage is to access the cases referred to the Professional Conduct Committee by the Investigating Committee, which as yet have not taken place, and determine how to progress. The approach will be to consider the knowledge gained in using virtual hearings to date and also look more broadly at how other regulators and the civil courts have adapted to virtual hearings. Each case is also being considered to see how they can be conducted fairly and ensure all parties can and are able to participate.

### **Key performance indicators**

- f. There have been a high number of concerns raised for the quarter. There is no specific pattern to the concerns which relate to a number of issues including concerns about patient treatment, and business disputes.
- g. There are sufficient resources in place to manage the increase in concerns and these will continue to be monitored for any indication of trends.
- h. The median time for Screening KPI is set at 9 weeks and was reached at 6 weeks.
- i. The median time set for IC cases was set at 26 weeks was also met for the quarter. Members were asked to note that the reasons for introducing the KPI at 26 weeks for IC cases was to enable the Regulation team to 'front load' cases allowing for the complete investigation of a case before going to the IC. If it is concluded that there is a case to answer the case can go forward to the PCC without further investigation. Front loading is

increasingly being implemented and it has been found over the past four quarters that the IC has not adjourned any cases indicating that front loading is of assistance to the IC and saves time.

- j. The PCC KPI for the quarter has been unusual in that only one hearing was concluded which was for two joined cases. The case was concluded in 193 weeks. Members were given assurances that cases should no longer take as long due to improved case management systems. There was one case which was postponed due to the lockdown and one which was scheduled for five days but adjourned.

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

- a. The Chair was encouraged by the innovative thinking to meet the challenges the COVID-19 and ensure continuity of fitness to practise processes.
- b. Members were advised that as yet the PII (Public Indemnity Insurance) consultation had not yet been finalised. The Executive were keen for stakeholders to have opportunity to participate but it was not the right time due to the current COVID-19 situation. Dependent on the developments it was hoped that the consultation could take place during the latter part of 2020.

#### **Section D: Registration, including implementation of CPD**

24. The Acting Chief Executive and Registrar introduced the section which gave an update about the GOsC's Registration function in the context of COVID-19. The following points were highlighted:

- a. Since the circulation of the Council papers 450 renewals have been completed. Reminder notices are scheduled to be despatched to registrants during w/c 11 May. Council agreed the direct debit deferral scheme for May and June, but it is too early to consider extending the scheme and this will be given further consideration by Council in June 2020.
- b. The Assessment of Clinical Performance (ACP) for international applications has been suspended. The applicants have been informed and the website updated. The number of applicants is very small and there is no backlog.
- c. At 7 May 2020, there were 5,422 registrants and there were 316 non-practising registrants. This means that over the course of financial year 2020-21 there will be a reduction of income of just over £40,000.
- d. The work and engagement in supporting the Continuing Professional Development scheme has been very encouraging highlighting the sense of community and support engendered by the scheme.

25. The following points were made and responded to:

- a. It was explained that normally there would be a large cash injection into the organisation during May, June and July as registrants renewed their registration and paid their fees in full. This has not happened this year with the move to the direct debit deferral scheme and payments made by instalment. At present the cashflow position is in line with expectations but there needs to be some caution until more detailed data is available.
- b. Members were advised that the recent moves from practising to non-practising status is a direct consequence of the impact of the COVID-19 pandemic and the lockdown. It is believed that once some of the lockdown restrictions are lifted and the situation begins to improve most registrants will revert back to practising status, but this is dependent what happens in the future but remains unclear.

### **Section E: Communications**

26. The Head of Communications and Engagement introduced the section which gave an update about the GOsC's communications response in the context of COVID- 19. The following points were highlighted:

- a. The challenges in meeting the communication needs of osteopaths were the speed of change in the situation and the information received relating to COVID-19, responding to the changes, and responding to a high volume of queries.
- b. At the start of the lockdown it was important not to 'go silent'. A lot of material was produced frequently to fill information gaps and adapt to the changing situation.
- c. As the situation settles the communications will reduce but information and guidance will continue to be provided with a situation which continues to develop.
- d. With the approach taken it has been important remain transparent, to be cogniscent of the challenges being faced by stakeholders and registrants, and to be supportive as possible within the limits of GOsC's responsibilities.
- e. Key developments were the creation of the COVID-19 hub page as a source for all related information and guidance, and the COVID-19 email address for queries.
- f. Between 16 March to 23 April there were an additional 800 emails, above what would normally be received in a comparative period across normal channels. A petition calling for a fee reduction with 1,000 signatories was also received.

The key questions concerned:

- Registration fees
- The closure and/or opening of clinics

g. From the communications received it is clear there is still some misunderstanding amongst registrants as to the role of the GOsC, as the regulator of the profession, and the iO, as the professional body. An article is being planned to address this misunderstanding.

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

- a. In response to a question about accessibility to COVID-19 testing for osteopaths it was explained that when the DHSC published the Key Worker Guidance in March, it was explicitly asked if osteopaths were considered front-line workers in line with guidance. The response was that it was for the osteopaths to decide. Since then the guidance has been updated to Critical Worker Guidance. Access to the COVID-19 test is dependent on the level of health care being provided by the osteopath.
- b. It was accepted that the tone of some of the emails received from osteopaths had been aggressive and offensive but there was currently no plan to refer registrants for FtP investigation. It was considered that due to the unusual and exceptional circumstances osteopaths like many others had lost all income and are extremely concerned about the future. The Chair agreed that the circumstances were difficult but there should be an appropriate level of behaviour and respect from those who consider themselves professionals and there should be no excuse for poor behaviour.
- c. It was confirmed that the information relating to the four countries of the UK was being disseminated accordingly and the Communications team would continue to monitor and update any changes information.

28. The Chair commented and suggested that it would be helpful have a strategic view of the approach to communications to be taken coming out of the current situation and moving into a post-COVID-19 world for consideration at a future meeting.

## **Section F: Finance, Risk and Audit**

29. The Acting Chief Executive and Registrar introduced the section. The following points were highlighted:

- a. The issue for the GOsC is cashflow and ensuring that this is sufficient to make sure the GOsC remains a viable concern. The current position is consistent with the expectations as reported to Council on 9 April.

- b. It is recognised that not all reserves held by the GOsC are easily available such as Osteopathy House being a non-liquid asset, and the investment portfolio which has seen a fall due to the impact of the stock market is recovering. Council and the Executive need to be mindful of how the cashflow is managed in order that the GOsC can deliver on its statutory functions and responsibilities.
- c. It is planned that regular financial reports to provide assurance that the organisations viability remains and is safeguarded will be made to Council.

30. The following points were raised and responded to:

- a. The Chair agreed that a monthly update on the financial position would be helpful as concerns remained regarding the impact of registrants moving to non-practising status.
- b. Members were informed that there was cautious optimism regarding cashflow for June, but it was possible there may be a need to drawdown on the proportion of the investment portfolio held in cash.
- c. It was confirmed that the GOsC has a good relationship with its suppliers and there was no intention to withhold payments.

### **Section G: Governance, Strategic Plan 2019-24 and Business Plan and budget 2021**

31. The Acting Chief Executive and Registrar introduced the section which gave an update about Governance, the Strategic Plan 2019-24 and the Business Plan and budget 2020-21 in the context of COVID-19. The following points were highlighted:

- a. All areas relating to the management of governance structure continue as planned in terms of appointments, inductions and appraisals.
- b. Because the Strategic Plan is designed as an enabling document, it has no specific timelines for when certain activities will be completed. At this stage it is not expected that the COVID-19 pandemic will have a significant impact on the Strategic Plan therefore there is no need for revision.
- c. Activities contained within the Business Plan can still be progressed but there will be activities which will be delayed or deferred.

### **Section H: Technology, business improvement and insight**

32. The Acting Chief Executive introduced the section which gave an update about technology, business improvement and insight in the context of COVID-19. The following points were highlighted:

- a. The approach in the use of technology by the GOsC during the pandemic has been successful.
- b. New ways of working have been identified during this period including new ways of conducting meetings, hearings and processes. What has become apparent is a need to move to a digital first approach challenging the 'old' ways of working. This will mean an investment in technology to enhance and streamline the systems in place. This will be given priority once the some of the challenges and restrictions of the pandemic are lifted.
- c. In looking forward, staff have been asked for their thoughts and ideas on what can be learned and implemented from this experience to benefit and enhance the way the GOsC works.

### **Section I: Human Resources**

33. The Acting Chief Executive and Registrar introduced the section which gave an update about the human resources function in the context of COVID-19. The following points were highlighted:
- a. Senior Managers have been keen to engage and support staff during what is a challenging time and assist in the transition from office to home-based working.
  - b. In terms of re-opening Osteopathy House, consideration for the diverse needs, not only of staff but also stakeholders and others, will be needed.
34. In discussion the following points were made and responded to:
- a. The Chair commented that he had been impressed with the staff response to the challenges and transition presented by the pandemic.
  - b. Members were advised that senior managers were conscious of keeping in touch with staff and the HR Manager has been particularly keen to speak with staff and ensure staff well-being as far as possible. The Chair added that it was an important issue as 'lockdown' fatigue was a serious issue with a need for social engagement and return to some normality.

### **Council:**

**General:** Noted the paper setting out the impact of, and the GOsC response to, coronavirus (COVID-19).

### **Section A: Education**

- a. Noted the update about the GOsC Education function in the context of COVID-19.
- b. Endorsed the GOsC statement to OEIs during the COVID-19 pandemic.

## **Section B: Standards**

- a. Noted the update about the Standards function in the context of COVID-19.
- b. Noted the joint communications from the health professional regulators and the four UK Allied Health Professions Officers.
- c. Endorsed the Interim guidance on infection control in osteopathy during the COVID-19 pandemic. Further consideration will be given as to whether any additional guidance on infection control and hygiene is required.
- d. Endorsed the Statement on Remote Consultations: key principles
- e. Endorsed the GOsC updated statement about osteopathic practice
- f. Endorsed the GOsC statement on advertising claims in relation to COVID-19

## **Section C: Fitness to Practise**

- a. Noted the update about our Fitness to Practise function in the context of COVID-19.
- b. Noted the Fitness to Practise quarterly dataset.
- c. Agreed a further period of consultation on draft guidance on insurance requirements for osteopaths

## **Section D: Registration, including implementation of CPD**

- a. Noted the update about the GOsC Registration function in the context of COVID-19.
- b. Noted the update about the implementation of the CPD scheme in the context of COVID-19.

## **Section E: Communications**

- a. Noted the update about the GOsC communications response in the context of COVID-19.

## **Section F: Finance, Risk and Audit**

- a. Noted the update about finance, risk and audit in the context of COVID-19.

## **Section G: Governance, Strategic Plan 2019-24 and Business Plan and budget 2021**

- a. Noted the update about Governance, the Strategic Plan 2019-24 and the Business Plan and budget 2020-21 in the context of COVID-19.

## **Section H: Technology, business improvement and insight**

- a. Noted the update about technology, business improvement and insight in the context of COVID-19.

## **Section I: Human Resources**

- a. Noted the update about the human resources function in the context of COVID-19.

## **Item 8: The GOsC (Coronavirus) (Amendment) Rules Order of Council 2020 Rules**

35. The Director of Fitness to Practise introduce the item. In order to be able to serve documents electronically, GOsC requires amendment to its Rules. This paper seeks approval of the amendments to:
  - the General Osteopathic Council (Investigation of Complaints) (Procedure) Rules 1999
  - the General Osteopathic Council (Application for Registration and Fees) Rules 2000
  - the General Osteopathic Council (Professional Conduct Committee) (Procedure) Rules 2000.
36. The following points were highlighted:
  - a. The amendments to the rules allows for notices to be served by email.
  - b. Under normal circumstances a consultation would be conducted to allow feedback from stakeholders. Due to the current health emergency and with no indication when there will be a return to normal business and processes there is an urgency to implement the rule change therefore, due to the current circumstances, there will be no consultation
37. In discussion the following points were made and responded to:
  - a. It was confirmed that where there were issues related to lack of internet access or similar issues more traditional methods would be used.
  - b. Members were assured that the utmost care would be taken regarding the use of personal contact details. The amendments show that that e-addresses must be confirmed as secure.
  - c. It was confirmed that if the rules amendment was approved it would become permanent subsequent to being signed by the Chair, sealed for Privy Council approval.



**Agreed: Council approved the recommendation for the making of the General Osteopathic Council (Coronavirus) (Amendment) Rules Order of Council 2020**

**Item 9: Development of the profession**

*(Note: Due to time constraints it was agreed this item would be taken during afternoon session of Council. No observers were present for the discussion of this item.)*

38. The Director of Education, Standards and Development introduced the item which sought to inform future thinking about the GOsC's role in development.
39. The following points were highlighted:
- a. The paper provides an opportunity to remind members that the GOsC is one of two regulators whose statutory function includes 'to develop and regulate' the profession. A challenge for the GOsC is defining 'to develop'.
  - b. In 2008 'promotion' of the profession was removed as a statutory function and it is believed that the confusion about the role of the GOsC stems from when this was a duty.
  - c. The transition of the Osteopathy's professional body from the British Osteopathic Association (BOA) to the Institute of Osteopathic (iO) has reintroduced a focus on working in partnership and continuing to develop relationships. The positive developments between the organisations and the leadership role taken by the iO have been demonstrated in the current health emergency.
  - d. The formation of the Osteopathic Development Group (ODG) has developed from a number of individual groups which rarely worked together to moving into a leadership role within the profession. The GOsC has been instrumental in helping to develop the ODG which has now worked on number of projects.
  - e. The questions which Council are asked to consider moving forward and as outlined in the paper are:
    - What are the desired outcomes of the development of the profession?
    - What does a successful health profession look like?
    - What does risk look like post-COVID-19 for patients, the public and the profession.
40. The following points were made and responded to:
- a. The importance of the work of the ODG was stressed as well as ensuring that osteopaths new to the profession are encouraged to engage and participate in the professions continuing development.

- b. Comments and ideas to continue moving forward with the work in developing the profession included:
- Collecting data and feedback on the experiences of osteopaths who have volunteered with the NHS during pandemic. The information could be used to demonstrate how osteopathy has and can continue to assist and provide support in the public health forum.
  - Directing osteopaths to the wealth of resources and information on public health and hygiene is continuing the work in developing the profession's knowledge base in these aspects of practice. The opportunity now exists to develop the profession in an area where it has not always been well skilled and has gone a long way in improving osteopaths' role in public health.
  - Areas to question about the profession: being more overt in judgement and discretion.
  - Public Engagement and becoming a more contemporary, emergent profession – being more explicit in sharing learning, disseminating knowledge, conducting outreach and wider partnership working.
  - Being more explicit in reflecting the diversity of the society being served and considering equality, diversity and inclusion in the profession and how this is captured.
  - Using the opportunities made available to the profession as an Allied Health Profession provider; the opportunity to progress as first contact practitioners and be more involved the NHS, the emergence of a clinical career ladder and the opening of different career pathways will help to encourage those who might consider entering the profession.
  - Needing to consider the issues relating to skills required for prescribing and injection rights.
- c. It was suggested that there was an opportunity to consider as part of the GOPRE review how standards for training should reflect the responsibilities and risks osteopaths face inside or outside of the NHS. There should be consideration of how osteopathic training programmes might be aligned more closely with some of the statutory/mandatory training of NHS health professionals.
- d. The concerns of health professionals regarding the rehabilitation of COVID-19 patients in Wales was highlighted. It was suggested the profession had an opportunity to optimise access to mainstream and demonstrating how osteopathy can support public health services.

41. Members were advised to share any further ideas and thoughts on the Development with the Profession to the Director of Education, Standards and Development.

**Noted: Council noted the GOSC's statutory duty of 'development' of the profession.**

**Item 10: Minutes of the Policy Advisory Committee, 4 March 2020**

42. The Chair and members of the PAC had no further comments relating to the minutes of the meeting.
43. Commenting on his tenure the Chair of the PAC stated that he was pleased with how the Committee had developed since its commencement in 2016. The introduction of observers with speaking rights had been a particularly helpful development. It was hoped that the name change would bring some clarity to the Committee's remit as the statutory Education Committee.

**Noted: Council noted the minutes of the Policy Advisory Committee, 4 March 2020.**

**Item 11: Minutes of the Audit Committee, 19 March 2020**

44. The members of the Audit Committee had no further comments.

**Noted: Council noted the minutes of the Audit Committee, 19 March 2020.**

**Item 12: Any other business**

45. There was no other business.

**Date of the next meeting:** 9 July 2020 at 10.00