



Meeting of Council

Minutes of the 111th Public meeting of Council held on Thursday, 20 May 2021, hosted via Go-to-Meeting video conference

Confirmed

Chair: Dr Bill Gunnyeon

Present: Daniel Bailey
Sarah Botterill
Elizabeth Elander
Caroline Guy
Simeon London
Dr Denis Shaughnessy
Deborah Smith

Presenting: Fiona Browne, Director, Education, Standards and Development
David Bryan, Regulation Manager
Stacey Clift, Senior Research and Policy Officer (Item 14)
Dr Jerry Draper-Rodi, Senior Research Fellow, University College of Osteopathy (UCO)(Item 6)
Rachel Heatley, Senior Research and Policy Officer
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communications and Engagement
Matthew Redford, Chief Executive and Registrar
Maxine Supersaud, Interim Head of Resources and Assurance
(Item 7: Chief Executive's Report – Financial Report)

In attendance: Marcia Scott, Council and Executive Support Officer

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)
Esther Akinfenwa, Senior Scrutiny Officer, Professional Standards Authority (PSA)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Maxine Supersaud, Interim Head of Resources and Assurance, attending her first meeting of Council. Welcomes were also extended to the Observers, Maurice Cheng, and Esther Akinfenwa.
2. Apologies were received from Dr Joan Martin and Dr Dawn Carnes, Director, National Council for Osteopathic Research (NCOR)

Item 2: Questions from observers

3. There were no questions from observers.

Item 3: Minutes of the meeting February 2021

4. The minutes of the 110th meeting, 2 February 2021, were agreed as a correct record.

Item 4: Matters arising

5. The Chief Executive made no additional comments in relation to the matters arising from the meeting of 2 February 2021.

Noted: Council noted the content of the report.

Item 5: Chair's report, appointments and reappointments

6. The Chair introduced his report which included confirmation of the appointments to the Professional Conduct Committee agreed electronically in March 2021, and provided an update on the appointment and reappointment activity which will be taken in the business year 2021-22.
7. The Chair gave an update on his activities since the last meeting. The following points were highlighted:
 - a. A meeting of the Chairs of the Health Care Regulators convened by the GOsC, took place on 4 March 2021. The purpose was to give the Chairs the opportunity to meet each other and to discuss areas of mutual interest including regulatory reform and the Department of Health and Social Care (DHSC) White Paper. The Health Regulatory bodies were represented by all the Chairs except for Social Work England (SWE) and the Health Care Professions Council (HCPC). The discussions were useful and constructive but did not result in reaching any firm conclusions. It was agreed that future meeting might be useful, but no immediate plans have been made for when this might be arranged.
 - b. There has been an opportunity to meet with the Chair of the HCPC, Christine Elliott, more recently and the meeting was productive and useful. It can be confirmed that meetings have now taken place with each of the Health Regulator Chairs.
 - c. The following have also taken place:
 - a bilateral meeting between the GOsC and the Professional Standards Authority (PSA) took place on 9 March, attended by the Authority's new PSA Chair, Caroline Corby
 - an introductory meeting with Dr Jonathan Shapiro, Chair of the Osteopathic Foundation

- the regular meetings with the Chief Executive, Matthew Redford, and the Directors, Sheleen McCormack and Fiona Browne, continue to take place.

Annual Performance Review (APR) Meetings

- d. Members were reminded that preparations for the Annual Performance Review meetings are due to commence. Members were advised that for the 2021 submissions the Executive would prepare feedback on the members of Council for submission to the Chair. Council was also reminded that it should agree in a short private session the two members (one Lay and one Registrant) who will conduct the Chair's APR.

8. Appointments and Reappointments

- a. Professional Conduct Committee and Investigating Committee: the appointments of the following member of the Fitness to Practice Committees commenced 1 April 2021, and were reconfirmed following Council's agreement of the appointments by email in March 2021:
 - Andrew Harvey, Chair of the Professional Conduct Committee (PCC)
 - Rasila Jassal, PCC lay member and panel chair
 - Melissa D'Mello, PCC lay member
 - Helena Suffield-Thompson, Investigating Committee lay member and panel chair

Council noted the following:

a. Council noted the previously agreed appointment of:

- **Andrew Harvey, Chair of the Professional Conduct Committee (PCC)**
- **Rasila Jassal, PCC lay member and panel chair**
- **Melissa D'Mello, PCC lay member**
- **Helena Suffield-Thompson, Investigating Committee lay member and panel chair**

b. Council noted the appointment and reappointment activity to be undertaken in 2021-22.

Item 6: Equality, Diversity and Inclusion: Funding proposal

9. Daniel Bailey, Deborah Bowman, and Simeon London declared an interest in relation to this item.

10. The Chief Executive introduced the item which asked Council to consider a proposal for co-funding research into under-represented groups experiences in osteopathic training.
11. The following points were highlighted:
- a. As a designated public authority subject to the public sector equality duty under the Equality Act 2010 (the Act) it was concluded that supporting the funding proposal fell within the GOsC's remit which includes advancing equality of opportunity between people who share a protected characteristic and those who do not.
 - b. The proposal which has been put forward meets the funding criteria as agreed by Council in 2013:
 - **Developmental:** the anticipated outcome would represent a clear development in osteopathic education, training or practice that aims to deliver a measurable and continuous improvement in the quality or safety of osteopathic healthcare.
 - **Public and patient benefit:** the initiative represents a clear public or patient benefit in terms of the enhanced quality and safety of osteopathic care.
 - **Cross-professional applicability:** the GOsC should support only projects that deliver developmental benefit that is applicable to the whole profession rather than for the benefit of a particular group or groups of practitioners.
 - **Collaboration:** initiatives should not be those of a single organisation but involve multiple partners and there should also be defined contributions from those organisations whether financial or in-kind.
 - **Clarity of outcome:** projects will only be considered for support if they include a clear plan for how the project outcomes are to be achieved and disseminated across the osteopathic profession.
 - c. It was the opinion of the Executive that the proposal satisfies the criteria and, subject to the approval of Council, funds of up to £7,500 can be made available to fund the project.
 - d. Dr Draper-Rodi set out additional details of the research proposal:
 - The project is a collaboration between a number of osteopathic and non-osteopathic education institutions.
 - The project will gather and explore the experiences of students from under-represented groups and also get a sense of student competencies and their ability to manage patients with equity and equality.
 - It is considered timely to begin to look more closely at issues of equality, diversity and inclusion within the osteopathic profession and instigate change.

- It is planned that at the end of the project a forum will take place including the osteopathic education institutions, the GOsC, and the iO, to consider how to move forward and implement change.

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

- Members welcomed the proposal and agreed it is important that the GOsC be pro-active in this area. The data collected will be valuable in giving insight to a number of areas including the recruitment to the profession.
- Members were advised that the Chief Allied Health Professions Officer (England) had not been approached for funding. The total funding cost for the project is £38,000 and co-funding has already been secured from the University College of Osteopathy and the Institute of Osteopathy. Funding is also been sought from the Osteopathic Foundation and the iO have agreed to assist if there is a shortfall in meeting the full project cost.
- The challenges of equality, diversity and inclusion are shared across the manual therapy professions. In a systemic review being undertaken on discrimination in manual therapy there is no information contained in the literature relating to osteopathy reviewed to date. Hence there is value in exploring the issues within the osteopathy before branching out to other professions. This approach will lead to making the necessary changes for a more equitable profession.
 - It was explained that there is anecdotal evidence that attainment and a positive experience during training are crucial, but this tends to be poor for students from underrepresented groups. Within osteopathy, due to the low numbers in each year group it is difficult to acquire reliable data. Outside of the profession there is good evidence from other manual therapy professions in relation to BAME student experience. In osteopathy the evidence appears to demonstrate the same issues for minority students.
 - It was recognised that recruitment is an ongoing problem for the profession, but it was argued that improving the student experience would lead to an increase in recruitment to the profession.

Agreed: Council agreed to co-fund the research up to £7,500 subject to the project group meeting the deadlines and deliverables.

Item 7: Chief Executive and Registrar's Report

13. The Chief Executive introduced the item which gave a review of activities since the last meeting, February 2021, not reported elsewhere on the agenda.

14. The following points were highlighted:

- The Department of Health and Social Security (DHSC) consultation response: Much of the Executives work has been focused on drafting the response to

the DHSC consultation in preparation for submission by the deadline, 16 June.

- b. The Professional Standards Authority (PSA) Performance Review: A number of targeted questions across five different standards were received from the PSA. The questions have been considered and the responses have been submitted. Further updates will be presented to Council as the review process continues.
 - c. Advertising Standards Authority (ASA): A joint communication between the GOsC, the ASA, and the Committee for Advertising Practise (CAP) was issued in April. The communication reaffirmed the shared view that for an approach to regulation to succeed, and that is patient-centred, organisations need to collaborate and work in partnership with each other. This includes ensuring that advertising is legal, decent, honest, and truthful.
 - d. PSA COVID-19 Learning Review: following the review a report was published in April, and identifies a number of recommendations in two main areas; maximising the longer-term value from pandemic response actions; and preparedness for future crisis and future business as usual. A more detailed report will be prepared for the next meeting of Council in July with further reflections which will consider the impact on GOsC activities.
15. In discussion the following points were made and responded to:
- a. PSA Performance Review Response: The Chair acknowledged the work that had gone into preparing the comprehensive responses to the targeted Performance Review questions and it was hoped that the submission would provide the additional information the PSA requires.
16. Business Plan – Year Ending 31 March 2021: It was noted that a significant number of the activities had been completed despite the delays experienced due to the COVID-19 pandemic.
- a. CPD Assurance and Verification: It was explained that when registrants make declarations when completing the Annual Renewal Registration form evidence is being sought to demonstrate the activity. If any issues are identified the registrant is contacted and if there are any trends these will also be identified.
 - b. The Chair congratulated and commended the work of the staff and the Executive in completing many of the activities and achieving the targets set in the Business Plan 2020-21, during what was challenging period.
17. Financial Report to year-ending 31 March 2021: The Interim Head of Resource and Assurance introduced the report highlighting the following:
- a. Financial Audit: The audit is underway and, although presenting challenges due to the pandemic and working remotely, the process to date has been very thorough.

- b. The financial year ended with a surplus of c.£250k the bulk of which is attributed to the investment portfolio and its recovery after experiencing losses during 2020.
- c. Consideration of two late adjustments is underway. These relate to costs associated with a Court of Appeal case and the potential need for provision for a change in status of fitness to practise panel members. The latter arises as a result of an ongoing Employment Tribunal case involving the Nursing and Midwifery Council.

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

- a. It was confirmed that there had been no significant change at the year-end position from what was reported to Council at previous meetings.
- b. It was confirmed that there is no sign that the number of registrants leaving the Register or moving to non-practising status had increased. The number of non-practising registrants remains stable at circa 200-230, and looking to the future it was not envisaged there would be any significant change.
- c. Members were advised that due to cost-savings which have been made across all areas of the business this had more than offset the reduction in income.

Noted: Council noted the content of the report.

Item 8: Six-month Registration Report

19. The Chief Executive introduced the item which provided an update on registration activity covering the six-month period from 1 October 2020 to 31 March 2021. The Chief Executive acknowledged the work of the Registration Team.

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

- a. It was noted that that there is a need to collect data on all the listed protected characteristics. It was confirmed there is work underway with the GOsC stakeholders looking at the collection of data in addition to information which is already collected.
- b. Members were informed that there would be further work undertaken looking at the age range and profile of registrants with a focus on those under the age of 30 to acquire more definitive data.
- c. It was explained that there is no requirement for registrants to explain their reason/s for leaving the register. It was confirmed that discussions had been taking place within the Osteopathic Development Group looking ways to collect information and understand registrants' reasons for leaving the

register for example by using exit interviews. The work had been put on hold due to the pandemic.

- d. It was suggested that in addition to understanding the reasons for leaving the register, information on how long individuals had been registered as osteopaths would be useful.

Noted: Council noted the contents of the report.

Item 9: Fitness to Practise Report

21. The Director of Fitness to Practise introduced the item which gave the quarterly update on the work of the Regulation department and the GOsC's Fitness to Practise committees.
22. The following points were highlighted:
 - a. Sayer v the General Osteopathic Council: The successful High Court judgement of the appeal hearing was based on the guidelines/standards as set out in Osteopathic Practice Standards 2012 (OPS 2012). The comments made by the Judge were positive and included making the distinction between the end of treatment and the end of the relationship with the professional and the reaffirmation of issues relating to character direction, which did not apply to the registrant, and formed part of the appeal.
 - b. A second successful webinar attended by over 100 people, was held on 25 March. The session focused on the investigation of fitness to practise cases, including screening and Investigating Committee decisions. It is planned to develop podcasts as a permanent resource for registrants and stakeholders.
 - c. Section 32 prosecutions: A successful Section 32 prosecution was brought against Mr Milner. He was ordered to pay costs and has been fined.
23. The following points were made and responded to:
 - a. Section 32 Prosecutions – Mr Milner: It was explained that if someone breaches the Section 32 provisions by describing themselves as an osteopath (either expressly or by implication) and is not on the Register, the GOsC has six-months to bring a prosecution against the individual. If the individual makes further breaches the process of writing to that individual will recommence requesting that they desist after which there will be an option to bring a further prosecution under Section 32.
 - b. GOsC v Sayer Appeal: Members raised a concern that osteopaths might incorrectly assume that having no further appointments with a patient would denote the end of the professional relationship. It was pointed out that in this particular case the appellant was aware that he was stepping outside the guidance of the OPS. It was stated that the guidance given in the OPS relating to boundaries is clear, but the challenge is in communication and is

reiterated throughout GOsC media and there are continuing developments intended to address this issue. It was also reiterated that guidance and information about professional boundaries is given during OEI student presentations.

24. Fitness to Practise dataset: The Regulation Manager presented the dataset highlighting the following:
- a. Screening: There were a low number of referrals over the quarter. Many the cases concerned claims relating to COVID. All of these cases have been closed by the screeners.
 - b. Initial Closure Procedure (ICP): The number of cases closed under ICP has more than doubled since the previous quarter, October-December 2020, from 7 to 18 cases. The cases closed through the ICP relate mainly to COVID related issues including lack of PPE, comments about anti-vaccination on social media.
 - c. Key Performance Indicators (KPIs): The Screening KPI has been achieved and reduced over the quarter by two-weeks. The output against the KPI was exceeded by one-week. A note of caution was given relating to output against KPI advising that with a smaller caseload it can be more difficult to achieve or exceed the KPI targets.
 - d. There were a total of 25 Professional Conduct Committee hearings days for the quarter. The hearings continue to take place by remote means and overall are running smoothly.
25. In discussion the following points were made and responded to:
- a. Members were assured that new fitness to practise cases were not being delayed due to historical cases which precede them or by the impact of COVID. The use of Standard Case Directions means that cases are not in a queue and are dealt with as they are referred in accordance with the Directions.

Noted: Council noted the Fitness to Practise report.

Item 10: National Council for Osteopathic Research: concerns and complaints report 2013 - 2019

26. The Chief Executive introduced the item which asked Council to agree the publication of the National Council for Osteopathic Research (NCOR) report into the type of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2019.
27. The following points were highlighted:

- a. The report emphasised the disparity in complaints based on gender. More complaints were received relating to male practitioners compared to female practitioners.
- b. The report also highlighted that the main concerns related to issues of communication and consent which is a little higher than in the previous reporting period.
- c. Overall, the report is good, but it does highlight areas where the data still requires monitoring to inform the direction of travel.
- d. It is planned that some social media activity is to be undertaken to support the report. The GOsC Communications and Engagement team will be working with Dr Dawn Carnes to develop and produce a 'talking head video' to bring the report to life and make it more engaging for the profession.

28. In discussion the following points were raised and responded to:

- a. Members welcomed the report and its importance in highlighting the work being done in relation to boundaries and consent. It was suggested that the report findings would be a useful tool for OEIs in teaching undergraduates providing an aid to demonstrate the OPS and best practise. Members were informed that the next steps in how best to use the data are being considered including the most appropriate way to communicate the findings.
- b. It was explained that the report is produced in collaboration between the GOsC, the iO, and insurers. The funding of £1,100 is from the NCOR budget approved by Council.
- c. A number of questions were put forward:
 - How is a concern or complaint defined?
 - How does an issue develop into a concern or complaint – to reach this stage is difficult for the patient therefore what are underlying reasons and how does the GOsC explore these issues.
- d. It was suggested that placing the report and its findings in context with wider societal thinking especially in relation to what is considered a more sexualised society.
- e. It was suggested that as well as considering how the report and its findings is positioned for wider consideration when it is published it will be of equal importance to consider how the report is used internally to inform activity and policy in other areas as a measure of effectiveness and meeting standards.

29. The Chair summarised the discussion:

- How is the report to be positioned and how it reflects society?

- The lessons learned from the report internally and how this should influence the GOsC's processes and procedures.
- Ensuring the data is shared with the OEIs as a resource to inform their teaching.
- Understanding patient concerns and whether patient needs are being fully met and addressed in the wider context.

30. The Chief Executive thanked members for useful points noting the following:

- The importance of how the report is positioned once it is published.
- Boundaries: The need to consider the patient perspective and the work which needs to be considered and undertaken through patient engagement.
- The planning of work for the coming year will take into account the findings from the report to inform the GOsC Business Plan and other internal activities.
- There is further thinking that can be undertaken in terms of concerns and complaints received by the GOsC, the iO and the insurers which might not go through the formal fitness to practise process and will be considered.

Agreed: Council agreed to the publication of the NCOR concerns and complaints report 2013-2019.

Item 11: Screeners Guidance: Consultation outcome

31. The Director of Fitness to Practise introduced the item which asked Council to agree the draft Screeners Guidance.

32. An external audit in 2019 recommended that the Screeners Guidance should be consolidated. The guidance had also been substantially updated and modified to enable Screeners to make consistent, fair, and proportionate decisions.

33. The following points were highlighted:

a. Key Changes:

- A separate section on the application of the initial closure procedure
- Generally refreshing the guidance on applying and incorporating the threshold criteria
- A section on 'regulatory concerns' and the documents that will be considered by the Screener
- A separate section on interim orders
- A Screener decision making flowchart
- Added appendices on the Initial Closure Procedure, the Threshold Criteria, and an amended template Screener's Report

b. Of the seven responses received one concerned the inclusion of bias and conflicts as part of the guidance. The subject of bias and conflicts are currently included as part of the Investigating Committee Decisions Guidance, but the concern has been noted and will be included as part of the Screeners Guidance pending Council's approval.

34. In discussion the following points were made and responded to:
- a. Members congratulated the team on the improved document commenting that it will be welcomed by the FtP Committees.
 - b. Members commented that including the concept of bias and mindfulness of bias was helpful as it is an area which is being more widely discussed especially in education. It will be helpful for screeners when reviewing cases as the issue of bias will become more pertinent when evaluating individuals and organisations.

Agreed: Council agreed the draft Screeners Guidance.

Item 12: Guidance for Osteopathic Pre-registration Education and Standards of Education and Training

35. The Professional Standards Manager introduced the item which concerned the review of the Guidance for Pre-registration Osteopathic Education (GOPRE) and Standards for Education (SET): consultation draft, consultation strategy and consultation document.
36. The following points were highlighted:
- a. It is hoped that the refinements will make the GOPRE more consistent with the Osteopathic Practice Standards and reflect current thinking across the sector including equality, diversity and inclusion.
 - b. There has been positive engagement with stakeholder groups which have contributed to the strategy and the consultation document as well as being involved with the development of the draft GOPRE document.
 - c. As it is unlikely that a large number of responses will be received for this consultation it is planned to target stakeholders to ensure that significant consultation issues are explored and generate responses that will inform the development of the final GOPRE and Standards for Education.
37. In discussion the following points were made and responded to:
- a. Members noted and commended the work that had been undertaken to reach this stage of the current draft document. Clarification was requested on:
 - the status of the standards,
 - the status of what is classed as guidance,
 - the relationship between them both.

It was explained that although in one document there are two elements. In the current GOPRE there is a section that says the GOsC Standards are guided by the Quality Assurance Agency (QAA) UK quality code for higher

education. Up until now there has not been an osteopathic specific set of standards for education. The outcomes within GOPRE is that students need to demonstrate that they are able to meet the OPS. Separate to this is are the Standards for Education and Training which are the requirements for OEIs in terms of the design and delivery of osteopathic programmes and sets a framework for which osteopathic education is based. The advantage of having specific Standards for Education and Training is to have a more seamless integration of the Recognised Qualification process, annual monitoring, and risk assurance against the Standards so that there is clear assurance to the PEC and Council that the OEIs are meeting standards. Although the Standards are currently in draft form a pilot is being planned for the annual reporting process for the coming year to be mapped against the Standards which is being supported by the OEIs and be a way of sense checking them.

- b. It was suggested that thought needed to be given on how the guidance is interpreted by the Osteopathic Education Institutions and whether it should be more aligned with the 'Standards of Osteopathic Practise, the Quality Assurance Agencies standards for undergraduate education, which are robustly reviewed regularly plus something in-between which goes beyond a standard and demonstrates elements of good healthcare practise.
- c. It was suggested that the word 'learning' or statement 'learning from mistakes' should be inserted at paragraph 54 of the draft GOPRE and Standards of Education and Training document which references duty of candour:

Understand the importance within healthcare of the duty of candour, and act on this, disclosing and apologising for things that have gone wrong, and taking steps in partnership with the patient to minimise their impact.

- d. The Chair of the PEC reflected:
 - that she felt assured that there are other assurance mechanisms within the QA system which support GOPRE.
 - the stakeholder sessions have not focused on the clarifications of guidance and standards.
 - that it is important to have standards for education and it is not possible to meet standards without guidance. It would not be possible to ignore guidance additionally it would be not be possible to complete annual reviews, engage with the QA provider without meeting standards.
 - the efforts of the PEC have been focused on how GOPRE fits within the QA system.
 - because osteopathic education is so varied context is also important and therefore an adaptive QA system is more important than the language of one document.

- e. It was commented that GOPRE acts as a bridge or pathway for students to reach graduation and demonstrating that they meet the requirements of the OPS and GOPRE outcomes.
- f. It was agreed that the guidance could be retitled to make the distinction from the previous guidance document.
- g. It was commented that developing a curriculum from the OPS has been a challenge. Once finalised the GOPRE and SET will be a very useful document providing the detail that translates a curriculum and its contents from the OPS so ensuring better quality and consistency.
- h. In response to the questions relating to content level options members suggested that a lesser content for under-graduate level in the leadership examples would be more appropriate.
- i. It was suggested that as the consultation strategy has been mapped to advanced clinical practise standards that Health Education England be the approached for a response to the consultation.

Noted: Council noted the process by which we have undertaken the updating of the Guidance for Osteopathic Pre-Registration Education and development of Standards for Education and Training.

Noted: Council noted the consultation strategy, consultation document, and Equality Impact Assessment.

Agreed: Council agreed to publish the Guidance for Osteopathic Pre-Registration Education including Standards for Education and Training for consultation.

Item 13: Academy of Medical Royal Colleges 'Acting as an Expert or Professional Witness – guidance for healthcare professionals'

- 38. The Professional Standards Manager introduced the item concerning the Expert Witness working group identifying that equality, diversity and inclusion (EDI) training for experts is not referenced with the Academy's guidance. The working group has recommended that EDI training should be undertaken by all osteopathic expert witnesses instructed by the GOsC.
- 39. The following points were highlighted:
 - a. The Policy and Education Committee agreed that the advice set out in the Academy of Medical Royal Colleges 'Acting as an Expert or Professional Witness – guidance for healthcare professionals', is consistent with the GOsC's standards and guidance.

- b. There will be review of the GOsC's existing guidance and further engagement with the expert witness working group on this which includes work in relation to osteopaths practising adjunctive therapies

40. Council made no additional comments and agreed the recommendation.

Agreed: Council agreed that the advice set out in the Academy of Medical Royal Colleges 'Acting as an Expert or Professional Witness - guidance for healthcare professionals', is consistent with our own standards and guidance.

Item 14: Continuing Professional Development (CPD): Evaluation

41. Stacey Clift, Senior Research and Policy Officer, introduced the item to provide assurance about the implementation of the CPD scheme as the first osteopaths are due to complete their first three-year cycle in 2021.

The paper provided findings and the implications of the ongoing evaluation, and assurance about the implementation of the current CPD scheme, and to begin to pose questions about the development of the CPD scheme in the future.

42. The following points were highlighted:

- a. The evidence demonstrates that the scheme has been well implemented across the four standards of the scheme.
- b. There are still gaps in:
 - relation to recording of reflections,
 - what constitutes as CPD under Theme D: Professionalism,
 - and difficulties with completion of learning with others CPD hours as a direct result of the pandemic.
- c. To support compliance there is signposting of existing resources, more online video resources, peer discussion reviews and demonstrating to osteopaths the benefits of the scheme.
- d. There will be a need to consider the components of the scheme and where it requires change as the profession develops:
 - Should GOsC look to review the following and if so, when:
 - the mandatory communication and consent- based activity
 - professionalism and bringing the profession into disrepute
 - boundaries
 - Should GOsC look at learning with others CPD hours in light of the pandemic.

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

- a. Members commended the work undertaken on the CPD Scheme to date.
- b. Members were informed that unexpected findings from the Scheme to date have been registrants' difficulties in recording reflections and more significantly complaints relating to professionalism.
- c. In response to the comment about registrants conflating activities it was agreed that there is some confusion reporting activities relating to PDR, Peer observation, Case Based Discussion, and Verification and Assurance. A number of messages are being developed to illustrate and clarify the areas and the responses that are expected.
- d. It was confirmed that the number of webinars can be quantified, and the resulting data developed for communication purposes.
- e. In response to the comment about the reduction in learning with others it was suggested that the issue may be that due to the pandemic there was less opportunity to earn CPD hours from in-person courses such as weekend CPD events in comparison to online learning resources which are less time intensive.
- f. It was suggested that 'learning with others' activity might not be as clearly defined as it should be and therefore registrants may not always recognise and record that they have undertaken the activity. It was also suggested that osteopaths could be helped in developing reflective skills as it was clear there were still gaps in what is an important activity. It was also commented that the online diary does not encourage a reflective comment and perhaps a change of wording might change this.
- g. It was suggested there is an overemphasis of the word 'compliance' which reinforces the notion of compliance as a negative instead of value, development, enhancing care and acknowledging one's own experience. It was considered that the using the word 'compliance' may be a problem if the approach is to consider motivation, the value of relationships and impact. The comments were acknowledged and the wording would be considered.
- h. As solution to some of the confusion which osteopaths are experiencing with completing the activities related to 'learning with others' it was suggested that a CPD Practise note on what qualifies as 'learning with others' might be helpful in resolving some of the confusion.

44. The Chair summarised the discussion:

- There is still a big challenge to ensure that the CPD scheme continues to embed and evolve as is necessary.

- It is important that the GOsC get the scheme right and that it is presented in the right context. It is also important that osteopaths understand and experience the value of the scheme and that it is not regarded as a chore.
- Members were encouraged to submit any further thoughts to the Professional Standards Team.

Noted: Council considered and noted the progress of the implementation of the CPD scheme

Item 15: Communications Strategy implementation: 1 February – 30 April 2021

45. The Head of Communications and Engagement introduced the item which gave feedback on the GOsC's current approach to communications and engagement in the interim period and feedback on the longer-term approach to data collection, analysis, and insight.
46. The following points were highlighted:
- a. The communications and engagement strategy is beginning to be implemented with a change in emphasis from telling to listening and taking steps to deliver the aims to promote trust, be timely and responsive and to be a forward-looking regulator.
 - b. There has been engagement with a variety of osteopathic stakeholders and patients on a number of areas including explaining the role of the GOsC; our standards and guidance; CPD; fitness to practise; education; equality, diversity and inclusion.
 - c. A variety of mechanisms have been used for communications and engagement including the final edition of The Osteopath magazine, ebulletins, blogs, news stories, website updates, meetings, webinars, videos, animations, and social media.
 - d. The wider health sector and society has been looked at in order to ensure our communications and engagement approach takes account of the wider context.
 - e. It will take time to make and see the difference as the some of the changes involved are attitudinal as it takes time to build trust and the perception of approachability but it is being demonstrated to stakeholders that change is taking place.
 - f. Insights have been gained from engagement and listening and next steps are being developed informed by these. It is hoped that these demonstrate progress against the communications strategy aims.
47. In discussion the following points were made and responded to:

- a. Members were informed that it was too early to draw any conclusions or evaluate the impact of the E-newsletter.
- b. It was confirmed that digital monitoring is taking place and outcomes from the data collected would be reported to Council. The data would also inform the next steps.
- c. It was confirmed that Regional Groups are being targeted and discussions are taking place to consider the areas which they are most interested in and what can be offered to them. There are also internal discussions about the use of webinars for the Groups.
- d. Members asked how it was intended to evaluate and plan for the purpose, engagement, and outcomes in terms of the different interventions and where should the efforts be placed to achieve early outcomes. It was explained that it was very early days and a lot of work would be undertaken. Consideration would be given on the evaluation processes and Council was invited to share their thoughts on how best to evaluate the data and plan.
- e. The issue regarding notifications about webinars was noted. Members were informed that currently the e-bulletin is circulated every four weeks. The outcomes from the communications survey are being considered to decide the most appropriate time to circulate the bulletin.
- f. It was suggested that there should be a link to reform agenda and the importance of targeted engagement with registrants.
- g. The Chief Executive welcomed members comments making the following observations:
 - At this stage in of implementation it was too early to give an in-depth evaluation of developments to date as the magazine had only recently been discontinued. It should also be noted that the Communication and Engagement team has also recently been reorganised and are settling into to the new structure.
 - The comments regarding webinars were taken on board about the messages and how to better inform registrants.
 - It was highlighted that 8% of registrants had attended a GOsC webinar, so the overall total is not insignificant when taken as a whole. By having the emphasis on visible engagement, through the webinars and asking questions and listening to feedback is important.
 - The change of style will take time to become embedded and demonstrate that change is taking place.
- h. The Chair suggested that future reports should focus on the impact of what has been implemented.

- i. Members asked if some thought as to accessing back issues of e-bulletins perhaps through the O-zone.

Noted: Council considered, noted and provided feedback on the approach to implementing the communications and engagement strategy in the interim period.

Noted: Council considered, noted and provided feedback on our longer-term approach to data collection, analysis and insight.

Item 16: Policy and Education Committee: Minutes of meeting 10 March 2021

48. The Chair of the Policy and Education Committee had no additional comments regarding the minutes of the PEC meeting 10 March 2021.

Noted: Council noted the unconfirmed minutes of the Policy and Education Committee, 10 March 2021.

Item 17: Audit Committee (AC): Minutes of Meeting 25 March 2021

49. The members of the Audit Committee had no additional comments regarding the minutes of the AC meeting 25 March 2021.

Noted: Council noted the minutes of the Audit Committee, 25 March 2021.

Item 18: Remuneration and Appointments Committee (RaAC): Minutes of meeting 25 March 2021

50. The Chair and members of the Remuneration and Appointments Committee had no additional comments regarding the RaAC meeting 25 March 2021.

Noted: Council noted the minutes of the Remuneration and Appointments Committee, 25 March 2021.

Item 19: Any other business

51. There was no other business.

Item 20: Date of the next meeting: Tuesday 20 July 2021 at 10.00

52. It was noted that with the easing of COVID restrictions there is potential for the next meeting of Council to be a face-to-face meeting. A decision on this would be made at the end of June dependent on Government guidance.