



**Minutes of the public session of the 95<sup>th</sup> meeting of the  
General Osteopathy Council held on Tuesday 2 May 2017 at  
176 Tower Bridge Road, London SE1 3LU**

*Unconfirmed*

Chair: Alison White

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

In attendance: Fiona Browne, Head of Professional Standards  
Emma Firbank, Senior Regulation Officer (Item 8)  
Kevin Morgan, Regulation Manager (Item 6)  
Sheleen McCormack, Head of Regulation  
Matthew Redford, Head of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Tim Walker, Chief Executive and Registrar

Observers: Brenda Buckingham, Senior Registration Officer (Item 12)  
Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)  
Clare Conley, Senior Communications Officer (Publications)  
Rosalyn Hayles, Chief Executive and Registrar, General  
Chiropractic Council (GCC)  
Georgina Leedhollary, Head of Operations, Institute of  
Osteopathy (iO)  
Lorraine Palmer, Registration and Overseas Applications Officer  
(Item 12)  
Penny Sawell, Registrant

**Item 1: Welcome and apologies**

1. The Chair welcomed attendees to the meeting. A special welcome was extended to Rosalyn Hayles, Chief Executive and Registrar of the General Chiropractic Council, Maurice Cheng and Georgina Leedhollary of the Institute of Osteopathy, Clare Conley, Senior Communications Officer, and Penny Sawell, a registrant.
2. The Chair also welcomed the two new registrant members of Council, Elizabeth Elander and Simeon London, to their first meeting.

3. Apologies were received from Dr Joan Martin.

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

4. There were no questions from observers.

### **Item 3: Minutes and matters arising**

5. The minutes of the public session of the 94<sup>th</sup> meeting of Council held on 1 February 2017, were agreed as a correct record.

### **Matters arising**

6. Appointment of members of the Policy Advisory Committee: it was noted that the appointment of four members of the Policy Advisory Committee had been agreed via an email circulated to members on 11 March 2017. The appointments were:
  - Dr Marvelle Brown (Lay)
  - Bob Davies (Registrant)
  - Professor Raymond Playford (Lay)
  - Nick Woodhead (Registrant)

### **Item 4: Chair's Report**

7. The Chair gave her report to Council. The main points were:
  - a. The impact of exiting the EU and the forthcoming General Election on the legislative agenda for healthcare regulation remained unclear, but further delay seemed inevitable.
  - b. The Chair was very pleased that the Council had once again been given a clean report from the Professional Standards Authority, for the seventh successive year, the only regulator to have done so consistently during this period. This was a tribute to the work of Council and the Executive. The detailed report would be presented at the next meeting in July.
  - c. The Charity Commission had registered the GOsC as a charity with effect from 25 April 2017, and Council would assume all the accountabilities of trustees. The Chair stressed that this was a significant event in the development of Council and its importance should not be underestimated.
  - d. At the last meeting the Chair reported an area of concern which had arisen in the area of fitness to practise. The case had been reviewed by the PSA which had decided to issue learning points as a result.
  - e. Members were reminded that arrangements for annual reviews would begin in due course and arrangements made for meetings to take place during June/July. Members were also reminded of the need to seek feedback from

colleagues. Arrangements for the Chair's own annual review would also begin and Council members Haidar Ramadan and Joan Martin would be conducting this. The Chair informed members she would report back to them about the development objectives which emerge from the review in due course, and members would be asked to provide feedback.

- f. Members were advised of the Chair's intention to hold a short session without the Executive as part of the private meeting in July. It has previously been found a helpful mechanism for members to raise any issues they wish to in confidence. Members were asked to consider issues they would like to include for discussion and also inform her if there were specific areas they would like to raise for discussion.

**Noted:** Council noted the Chair's report.

### **Item 5: Chief Executive's Report**

8. The Chief Executive introduced his report which gave an account of the activities undertaken since the last Council meeting not reported elsewhere on the agenda.
9. The Chief Executive highlighted the following:
  - a. Department of Health legislation: members were informed that the DH was committed to the already delayed consultation on reform legislation but with the announcement of the General Election this meant the timetable is further behind schedule. It was understood the DH was considering alternative approaches to implement its proposals including themed Section 60 orders. The DH was in discussion with the GOsC and the GCC to consider the process as the Osteopaths Act and Chiropractors Act are similar in structure.
  - b. It had been suggested to the DH there are other ways the GOsC could improve its work if it were allowed the scope to develop new rules especially around fitness to practise. It was an area in which the GOsC and the GCC could work collaboratively and talks on this would continue.
  - c. PSA Performance Review 2016-17: a draft report had been received and was positive. There were a number of amendments and clarifications to be made and it was planned that the report would be presented to Council at its next meeting.
  - d. Charitable status: it was confirmed that the GOsC had achieved charitable status but there would be no immediate impact on the organisation. All necessary amendments had been made to the Governance Handbook and circulated to Council and Committee members. Members were advised that the charity SORP would come into effect for the annual accounts in 2017-18

and the audit for the accounts for 2016-17 would be conducted in compliance with FRS102.

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

- a. Legislation: members asked what priorities the new Government might see for health care regulatory reform and the challenges in implementation. It was also asked what changes could be expected using Section 60 orders. Members were informed that the first priority for government departments would be to ensure preparedness for a scenario where there was no agreement in negotiations for exit from the EU by April 2019 so as to ensure continued operations by central government immediately following exit from the EU.
- b. It was also explained that Section 60 orders are secondary legislation drafted by government departments unlike primary legislation which is drafted by Parliamentary Counsel. Members were informed that the Section 60 process takes time and the DH does not allow external parties to participate in the drafting of orders. Making changes to the rules was an easier approach as the regulator is in a position to draft these with oversight from DH lawyers.
- c. The Chief Executive also commented that it would be difficult to say what the priorities might be in relation to changes in GOsC legislation as an analysis had not been undertaken recently on how the Osteopaths Act or rules could be amended to manage our processes more efficiently and effectively, as the focus had been on changing all health regulation legislation collectively. If the prospect of making amendments to the rules arose, the GOsC would need to look at current legislation and push for changes to make processes as efficient as possible.
- d. Charitable status: members asked about the potential for challenge to the charitable status of the osteopathic education institutions given the Charity Commission's current review. The Chief Executive advised that the Charity Commission's consultation on complementary and alternative medicine (CAM) was focused on CAM charities which promote particular types of therapy. It was not thought there would be an impact on the osteopathic profession as the Charity Commission's recognition criteria includes an organisation being a regulated body. What it would mean is that CAM charities would need to work harder in demonstrating what they do to justify their status and meet the Commission's requirements.

11. Business Plan 2016-17: members were informed that this was the final progress report of the 2016-17 business plan for year ending 31 March 2017. There was a delay in four areas and these would be carried over into the Business Plan 2017-18:

- PCC Bank of Conditions

- Stakeholder Survey
- IT user feedback
- Use of Integra database for case management.

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

- a. Members asked if the Executive was satisfied with the items being carried over to 2017-18 and that there was no cause for concern. The Chief Executive confirmed that he was.
- b. The Executive was commended for its hard-work and commitment in meeting the challenges of an ambitious work programme.

13. Financial report: the Head of Registration and Resources introduced the report highlighting the following:

- a. Income was up on the previous financial year (2015-16). Expenditure had also increased but it was anticipated that there would be a small surplus before designated spending at the year end.
- b. Staff expenditure was above budget but had been off-set against savings elsewhere.
- c. Fitness to practise costs had come in under budget due to cost saving measures identified by the Head of Regulation and the Regulation Manager.
- d. The amount of spending from reserves using designated funds for the CPD programme had been limited.
- e. Balance sheet is healthy and reports reserves of c£2.5 million.
- f. Cash position:
  - £500k – invested in stock market
  - £500k – invested in bonds
  - £200k – current account at year end 31 March.

14. Members were reminded that the reserve position was set and agreed by Council at its meeting in February 2017 and the year-end results meant reserves continued to be within the appropriate range. It was also advised that the financial audit would commence on 8 May 2017 and the audit report would be presented to Council in July.

15. Members were asked to note that Annual Report and Accounts would not reflect the GOsC's charitable status until 2017-18. The detailed Annual Report and Accounts would be presented to Council in July after the meeting of the Audit Committee in June.

**Noted: Council noted the Chief Executive's Report.**

## Item 6: Fitness to Practise Report

16. The Head of Regulation introduced the item which gave an update on the work of the Regulation department and the GOsC's fitness to practice committees.
17. The following areas of the report were highlighted:
- a. Training for Investigating Committee and Professional Conduct Committee: planning was in progress for training sessions in the autumn specifically for fitness to practise committee chairs. Topics are expected to include time management and control of a hearing. The GOsC is also looking to arrange joint training sessions with the General Optical Council.
  - b. PSA Learning Points: members were informed that a meeting with the PSA Director of Scrutiny and Quality had taken place in March to discuss a PCC final hearing which was considered by the PSA in February at a section 29 case meeting. A learning points letter had been recently received from the PSA which, among other matters, highlighted the following:
    - The importance of Committees inviting submissions from the parties and taking legal advice before reaching a decision
    - The overall weakness in the reasoning of Committee decisions
    - The need to effectively manage the hearing, including difficult Counsel.
  - c. Hearings and Sanctions Guidance: a six week public discussion paper setting out questions and proposals for a revised Hearing and Sanctions Guidance has now closed; the deadline for submissions had been 1 May 2017. The feedback will be used to inform the updating of the current Indicative Sanctions Guidance, and to reflect upon whether there are any additional areas we need to consider. Feedback from the consultation together with the revised guidance would be brought to Council at its meeting in July.
  - d. Data Report: key statistics for Q4 were:
    - i. Thirty formal complaints had been closed during Q4, a higher number of complaints closed than the other quarter figures combined.
    - ii. The high number of cases closed has resulted in a reduction of formal cases opened at the end of the quarter which now stands at 54.
    - iii. It was expected that the number of formal cases will continue to decrease dependent on the number of cases remaining stable during 2017-18.
    - iv. The IC decision median has decreased and is back in line with current KPI.
    - v. The PCC median increased during Q4 due to a number of cases considered which were older than 52 weeks. The Regulation team are currently listing cases in advance of the KPI which should result in reduction of the PCC median in 2017-18.

- vi. Due to the number of cases to be considered by the PCC in Q1 of 2017-18, it was expected that the number of cases referred by the IC but not yet heard, to have decreased during Q1.
- vii. There was a reduction in the number of formal complaints during Q4 and consistent with KPI. The longest case took 108 weeks for an IC decision due to a number of factors including a criminal investigation and lack of engagement by the witness.
- viii. The PCC considered 18 cases during Q4 which is three times the number considered in Q3.
- ix. There had been a considerable improvement in the number of final hearings concluded. This is in part due to the listing protocol introduced in 2016 improving efficiency in terms of listing cases for hearing. The Regulation team would continue to monitor and make improvements in the fitness to practise process during 2017-18.

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

- a. Members asked what the reasons were for cases going beyond 52 weeks. It was explained the complexity of a case and external factors such as police investigations, or a case being 'part heard' were all contributory factors as to why cases go beyond their KPI. However, this was rare. The Chair commented that it was important for Council to know and understand the reasons for cases which go beyond the KPI and asked that this be included in the next report to Council.
- b. It was asked if there was a legal time limit to how long a case could stay open. Members were advised that there was no legal time limit and it was possible for cases relating to a registrant's health (because of the requirement to have review hearings) or having external factors (such as police investigations) to run for a number of years.
- c. Members asked if the increase in 'no case to answer' reflected a trend. It was confirmed it was a matter that had been noted as a potential concern. A review would be undertaken to understand any reasons for the increase and whether this is a trend or simply a cluster of cases. The outcome of the review would be reported to Council in due course.
- d. Members asked about the PSA learning points and what actions would be taken from them. The Head of Regulation explained that there were set procedures for panel chairs to follow during hearings but guidance could not cover every eventuality. Training for panel members and chairs was vital in ensuring effective performance. The Chair added that where issues of performance were a concern she worked with the fitness to practise chairs to ensure efficiency and standards were met.
- e. Members also asked in relation to the PSA learning points, and specifically weak reasoning, was the concern that the reasons were weak or the inability to articulate the reasons. The Head of Regulation confirmed that the

concerns identified by the PSA related to both, the reasons were weak and the articulation of the reasons was also weak.

- f. Members commented on the meeting of the Determination Review Group, taking place on 9 May, saying it was a worthwhile initiative and positive that there was interregulatory participation. Members asked how the cases to be reviewed would be chosen. The Head of Regulation responded that the agenda for the meeting would include the case referred to in the PSA learning point letter and also two cases where the PSA had requested the additional papers. Also included for discussion would be cases with which participants had particular issues. The terms of reference for the DRG would be provided to Council at its next meeting.
- g. Members asked if the Executive believed there was the potential for more advertising complaints to be received. The Chief Executive responded that the complainant had accepted that the Advertising Standards Authority should adjudicate in the matters of claims in advertising. However, they were still making assertions about what some osteopaths claim they could treat but this was not a matter related to advertising.
- h. Members asked about the self-referrals and referrals by other osteopaths. It was explained that referrals by other osteopaths stemmed from patients who may have been treated by another registrant. The potential complaint would be followed through by a case-worker contacting the patient for further information. In the matter of self-referral this might stem from issues raised on a registrant's renewal form or where they might have received a conviction and informed the GOsC.
- i. The Chief Executive commented that the issue of old cases had been picked up in the PSA Performance Review. In discussion with the PSA it was shown that the number of aged cases was now reducing and part of the issue had been the high number of advertising cases which were being dealt with by the Regulation team. The bulge of fitness to practise cases caused by complaints about advertising had now reduced and it should be noted that the GOsC's performance compares well against others.

**Noted: Council noted the Fitness to Practise Report.**

### **Item 7: Complaints and Hearings Guidance for Registrants**

- 19. The Head of Regulation introduced the paper which proposed two guidance booklets developed as part of a range of support and information the GOsC is planning to put in place to assist osteopaths under investigation in fitness to practise procedures.
- 20. The booklets, Fitness to Practise Complaints Procedure and Hearings Guidance for Osteopaths, underwent a three-month public consultation from January 2017



to March 2017. Although only nine responses were received there were 309 views of the documents on the GOsC consultation page.

21. The guidance documents would require some reformatting and would also include diagrams and photographs. It was also the intention to have the documents crystal marked for plain English with a planned launch in July 2017.
22. It was clarified that the response to the consultation at Annex A, p. 6 of the paper was in reference to an advertising complaint.

**Agreed: Council agreed the draft Complaints and Hearings Guidance for Registrants.**

**Item 8: Rule 8 Practice Note**

23. The Senior Regulation Officer introduced the item which proposed an updated and modified draft Rule 8 Practice Note. This modified Practice Note provides a framework for decision making which is focused on the GOsC's overarching objective to protect the public and will assist Committees to dispose of appropriate cases proportionately and appropriately.
24. It was highlighted that since its implementation in October 2013 only six cases had been dealt with under Rule 8 procedures. The revised draft Rule 8 would simplify the procedure for registrants, caseworkers and the Professional Conduct Committee. It would also provide more flexibility in the type of case which can be considered under Rule 8 including failure to have in place professional indemnity insurance.
25. In discussion the following points were made and responded to:
  - a. Members commented that communication about the changes to Rule 8 would be important to avoid any perception that the amendments were not about cost savings but simplifying procedures and systems.
  - b. It was agreed that Rule 8 was the correct channel under the appropriate circumstances and would reduce the incidences of hearings concluding 'no case to answer'.

**Agreed: Council agreed to consult on the draft Consensual Disposal: Rule 8 Practice Note documents at Annex B.**

**Item 9: CPD Legislation Consultation**

26. The Head of Professional Standards introduced the item which concerned the consultation on amendments to the General Osteopathic Council (Continuing Professional Development) Rules Order of Council 2006 to fully implement the new CPD scheme agreed by Council.

27. Council was advised that the consultation document and amended rules had been discussed in depth at the meeting of the PAC in March 2017 as indicated in the paper, and the PAC was content for the consultation document to be presented to Council for agreement. It was also confirmed that the amended rules had been reviewed by the GOsC and lawyers for the Department of Health. It was noted that we are still in discussion about some minor points and the Chair would be asked to agree any further changes ahead of consultation.
28. The Chief Executive informed members that the consultation would be on the amendment order itself rather than the version before Council which showed the consolidated rules.

**Agreed: Council agreed to publish the consultation on amendments to the General Osteopathic Council (Continuing Professional Development) Rules Order 2006.**

**Item 10: The University of St Mark and St John (MARJON) – Initial Recognition of Qualification (RQ)**

29. The Head of Professional Standards introduced the item which concerned the University of St Mark and St John (MARJON) seeking initial recognition of qualifications for:
- a. Master of Osteopathic Medicine (full-time)
  - b. Master of Osteopathic Medicine (part-time)
30. The followings points were highlighted:
- a. It was confirmed that MARJON were responding to the conditions proposed to be attached to their initial recognised qualifications.
  - b. The PAC Chair confirmed that there had been robust discussion at the March meeting about new institution and qualification and the Committee had been reassured about the requirements placed on MARJON. The updated action plans and risk logs would be considered by the Committee at its meeting in June.
31. In discussion the following points were made and responded to:
- a. Members asked why the course was under non-osteopathic leadership and could reassurance be given on monitoring and scrutiny of the course. The Head of Professional Standards responded that the course leader was a physiotherapist but the curriculum had been developed with osteopathic input. The challenges were to begin and establish the course, in accordance with regulatory requirements, before bringing on board members of the profession in substantive roles. It was also pointed out that the Osteopathic Practice Standards would have to be adhered to regardless of who was conducting the course.

- b. It was noted that MARJON's Action Plan was ambitious therefore it would be important for there to be close monitoring to ensure that any difficulties could be addressed at an early stage and there were ongoing discussions to ensure appropriate support. It was confirmed that monitoring was undertaken at both Committee level through scrutiny of the Action Plan and progress on implementation as the first cohort commenced in September 2017 and also at executive level. Members were also informed that all requirements to mitigate risk were in place to support the process and its implementation. Dr Gary Shum, Faculty Director of Research and Programme Leader for Master of Osteopathic Medicine, was also building links with other osteopathic educational institutions (OEIs) and stakeholders. The Leadership Team at MARJON had set up the process of establishing a new course in the full knowledge of course closures at other institutions.
- c. The experience with a previous University and the implementation of their course which began before the RQ process had been approved, was highlighted. The Chief Executive commented that it was preferable to be involved at the start of the process and work with the institution to provide the appropriate support and advice and scrutiny. There was no wish on the part of the GOsC to cause any obstruction to a new course.
- d. The Head of Professional Standards confirmed that further detail about recruitment of MARJON's osteopathic staff should be considered at the meeting of the Policy Advisory Committee in June.

**Agreed: Council agreed to recognise the Master of Osteopathic Medicine qualifications awarded by the University of St Mark and St John (MARJON) subject to the conditions outlined in paragraph 16 of the cover paper from 1 September 2017 to 31 January 2021 and to seek approval from the Privy Council.**

#### **Item 11: Review of Allowances**

- 32. The Chief Executive introduced the item which concerned the review of allowances and expenses for members of the Investigating Committee and Screeners as recommended by the Remuneration and Appointments Committee at their meeting in March 2017.
- 33. The following areas were highlighted:
  - a. The size of the bundles per case for the IC had significantly increased and the number of cases considered at each meeting had also increased.
  - b. The role of the Screeners (who had not previously been paid) had also changed with the introduction of Threshold Criteria requiring the Screener to exercise a greater degree judgement and provide reasons for their decisions.

- c. Screeners were being asked to close cases which are not progressed.
- d. Members would not be able to both screen cases and read case notes so it would not be possible for an individual to be paid twice.

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

- a. Members asked if there was any evidence that the fee was a factor in losing IC members. The Chief Executive responded that he had received a comment that the current fee may have been an issue for those who could be reappointed but in a recent survey which had a 40% response nearly all respondents said that remuneration was adequate.
- b. It was confirmed there was capacity to meet the cost of the increased fees.
- c. Members agreed this was sensible and fair proposal and supported the recommended course of action.

**Council agreed:**

- a. to introduce a reading fee of £12.50 per case for Investigating Committee members.**
- b. to introduce a screening fee of £12.50 per case for Investigating Committee members.**

**Item 12: Registration Report**

- 35. Brenda Buckingham, Senior Registration Officer, and Lorraine Palmer, Overseas Applications Officer, were welcomed to the meeting.
- 36. The Head of Registration and Resources introduced the item which concerned what the qualifications shown on the Register should be restricted to. The paper also gave an update of registration activity covering the six month period from 1 October 2016 to 31 March 2017.

Qualifications to be shown on the Register

- 37. The following areas were highlighted:
  - a. A gap had been identified within the rules which did not make it explicit which qualifications should be shown on the statutory Register.
  - b. Custom and practice has been to show qualifications on the Register restricted to:
    - i. A primary osteopathic qualification
    - ii. A primary medical qualification which can be verified, for example, by checking the General Medical Council website

- iii. A non-medical doctorate, e.g. PhD.
  - c. Council was asked to formally approve the qualifications shown on the Register to continue and maintain this practice.
38. In discussion the following points were made and responded to:
- a. Members agreed the rationale proposed but asked if other qualifications might be considered also such as university degrees and post graduate masters. The Head of Registration and Resources responded that the GOsC wanted to restrict what could be shown on the Register as described in the recommendation. It was added that registrants could show personal qualifications on their websites which are linked to the online Register.
  - b. It was agreed important not to over-interpret Council's formal brief of protection of the public. The Chief Executive also commented that fundamentally that what appeared on the Register should be relevant to its statutory purpose and to the osteopathic profession.

#### Registration Report

39. The following areas of the Registration Report were highlighted:
- a. There would be a change in the way new graduates who join the Register are surveyed. It was believed that new registrants did not complete the survey as it was circulated some time after they had gained registration. The process would now change so that the survey would be circulated one month after joining allowing the opportunity to better reflect on the application process and provide feedback.
  - b. The Registration Team are also looking to streamline the presentations and target the information given to students. There has been 100% attendance at the presentations and feedback has been positive.
  - c. All CPD audits have been completed within the Business Plan year and feedback has been given to registrants. Work has already begun on the auditing of CPD Annual Summary forms for 2017-18.
40. In discussion the following points were made and responded to:
- a. Members asked why the response rates to the survey were so low at 18%. The Head of Registration and Resources responded that he could not give any specific reason for the low return but the changes to the timing of the survey's circulation might address this.
  - b. Members raised concerns about the loss of younger registrants from the Register for CPD or non-payment of fees, were there any explanations for this. The Head of the Registration and Resources responded that it was

difficult to understand the reasons relating to CPD and fee payments. Where registrants requested to be removed from the Register, a form was required to be completed. It was agreed the numbers were a concern and was something to be considered to see if there were any trends.

- c. Members commented that the survey highlighted new registrants were seeking business support but, from conversations with OEIs, student interest in tuition on setting up and managing a business, was low. It was suggested that more discussions should take place with the OEIs as well as the iO to address this area. It was also suggested that the new CPD programme would allow more opportunity for mentoring in business development. It was agreed there were a number of strands which could be drawn together to address some of the issues.
- d. Members commented on the number of entrants to the Register who were EU residents and what plans were in place if the current cross-border agreements were to end. It was agreed that there would be a report to Council on resources and arrangements relating to registrants who were EU residents should current agreements cease to exist.

**Agreed: Council agreed that the qualifications which should be shown on the Register should be restricted to:**

- a. a primary osteopathy qualification;**
- b. a primary medical qualification which can verified, for example, by checking the General Medical Council website;**
- c. a non-medical doctorate, e.g. PhD.**

**Noted: Council noted the remaining content of the Registration Report.**

### **Item 13: Osteopathic Development Group and Advanced Clinical Practice update**

- 41. The Chief Executive introduced the item which provided Council with an update on the Osteopathic Development Group's projects and, in particular, the Advanced Clinical Practice project and related discussions within the profession.
- 42. Members were informed that a mentoring tool kit had been developed for practice principals and associates and would be piloted for six months beginning in the summer. A group of 20-25 practices would undertake the pilot to see if the materials and approach would be helpful to osteopaths and practices in the future.
- 43. The Chief Executive explained the Advanced Clinical Practice group had been commissioned to look at how advanced or specialist practice in osteopathy could be recognised for patient choice and protection. There was support within the profession for some kind of accreditation and was very much supported by patients.

44. It was also shown that paediatric osteopathy was a priority and a meeting was convened between the project team and the four providers of paediatric osteopathy to explore the framework for practice. The meeting was positive and a further meeting will held in June. The idea was not to accredit existing courses but look at ways to check that individuals had the required knowledge and skills.
45. The specialist practice and scope of practice for New Zealand and Australia were also highlighted. Members were informed that in New Zealand the regulator's view has been that the level of training in paediatric practice is insufficient and all registrants would have to upgrade their skills over a three year period. New Zealand is also looking at a specialist scope of practice. In Australia the approach is that no-one can describe themselves as a specialist.
46. The Chief Executive commented although it was not the responsibility of the GOsC nor within the powers of the organisation to advise on additional qualifications or include in the Register, it was important to support the ACP scheme.
47. In discussion the following points were made and responded to:
  - a. Members commented that although specialist qualifications were not the responsibility of the GOsC, it was important to ensure that registrants were suitably qualified and validated including in areas of specialist practice and ensure the public were protected.
  - b. Members also asked if in specifically looking at the area of paediatrics, the ACP group was veering towards a single speciality. It was the understanding that the original Council remit had been more generic focusing on what makes an advanced clinician.
  - c. Member also asked if there was a voluntary register for paediatric osteopathy would there be an impact on the number of complaints the GOsC received. It was also asked whether a registrant in describing themselves as a specialist altered the risk to the public. Would the scope of the OPS mitigate against those risks?
  - d. The Chief Executive responded to the comments and concerns raised:
    - i. The work of the ACP project did not only relate to paediatrics or a particular type of osteopathy or osteopath. Members should not consider that the work of the ACP group was about small groups or risk to the osteopathy 'brand'. The critical issue was the way in which paediatrics was regarded. The knowledge and skill required when looking at paediatrics was not just about osteopathy but about child health, protection and development, and all the aspects of paediatric practice. The issue is how this is articulated and how registrants show that they have the pertinent skills to deal with paediatric cases where the needs of

patients who are children are very different. The ACP framework is built around this and shows the matter is been taken very seriously.

- ii. It was agreed that registrants must treat patients within the remit of their osteopathic qualifications, and their knowledge, skills, and experience, but registrants should also work within the standards as set in the *Osteopathic Practice Standards*. If there was a complaint and the registrant had received training, it was important they should be able to demonstrate this. It was difficult to say what the impact on complaints might be but to date complaints relating to children were rare.
- iii. When the ODG began the ACP process the discussion was about specialist practice as advanced practice is very difficult to define. There was pressure around paediatrics in particular and the complaints about advertising were being used to confront the issues relating to paediatric health and treatments. It was for the profession to monitor and change the attitudes about 'specialities'.
- iv. Further meetings were planned and it had been advised there should be patient input. The Chief Executive is also liaising with the Royal College of Paediatrics and Child Health to seek their input.

#### **Item 14: Policy Advisory Committee Evaluation**

- 48. The Chief Executive introduced the item which concerned the review of the operations of the Policy Advisory Committee (PAC) after its first 12 months of operation.
- 49. The results of the survey conducted in April 2017 showed that overall comments from members and observers who were members during 2016-17 were positive.
- 50. Three key points were highlighted:
  - a. The difficulty in achieving a balanced agenda. It was important that the agenda was not overloaded.
  - b. The amount of Committee time remained the same, therefore there were no savings in cost.
  - c. It was not always clear how Council wanted to use the Committee.
- 51. The Chief Executive suggested that in reviewing the responses the way the Committee worked, only required some small refinements.
- 52. The Chair of the Policy Advisory Committee also commented that it had been challenging bringing together the elements of the Education and Registration Standards and the Osteopathic Practice Committees as well as the introduction of observers with speaking rights but much had been successfully covered by



the members and observers. The PAC Chair also commended the work of the Executive and the Head of Professional Standards for their work in administrative support to the Committee.

53. Issues which were of concern for the PAC Chair were:

- a. the Terms of Reference (ToR) needed to be made clearer
- b. it was important for PAC discussion documents to be reviewed robustly before submission to Council so as to avoid repetition of work and discussion
- c. that the agenda must be balanced
- d. an Executive Summary should be developed highlighting key issues
- e. a change of name from Policy Advisory Committee to something that would identify the education element of the Committee.

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

- a. It was agreed there should be clarity between the policy and statutory education elements of the Committee but it was commented that the ToR was clear on this. It was clarified that it was the role of the PAC was to inform Council's discussions of Executive proposals and the work being undertaken. The role of Council was to establish policy, make decisions and agree programme plans and Council had the right to expect that thorough analysis had taken place through the Committee.
- b. Members were advised that agenda planning discussions do take place and included the PAC Chair, the Chief Executive and the Head of Professional Standards. The agenda is also informed by the requirements of the Business Plan.
- c. Members who sit on the PAC commented that it was at its best when used as a sounding board. It was also agreed that having the stakeholder participation through the 'observers with speaking rights' allowed information to be more widely disseminated throughout the profession.
- d. It was agreed that the length of time for discussion was a challenge and required consideration ensure the agenda was covered effectively.

### **Item 15: Osteopathic Practise Standards Review**

55. The Policy Manager introduced the item which gave an update on the review of the *Osteopathic Practice Standards (OPS)*.

56. The following areas were highlighted:

- a. A very useful cross-departmental meeting had been held to review the latest draft of the OPS in order to get the perspective of staff and users.

- b. The next meeting of the Stakeholder Reference Group (SRG) would take place on 9 May 2017 with a report back to the next meeting of the PAC on 8 June. Following this the updated OPS would be presented to Council at its July meeting for approval to consult from August.

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

- a. It was confirmed that the equality impact assessment would be available to Council.
- b. Members asked if the DH or the PSA had any involvement or input into the Stakeholder Reference Group. It was confirmed that neither the DH nor the PSA were involved with the SRG but the PSA would be invited to review the draft in when it came to consultation.
- c. It was confirmed that the SRG included two patient representatives and they were both expected to attend the next meeting on 9 May.
- d. It was confirmed that there would be further information about the consultation process and approach in due course at the PAC. It was planned that it would cover a wide spectrum including face-to-face discussion/focus groups.
- e. It was confirmed that guidance would be included within the OPS but a number of resources to support the standards would also be available to stakeholders and osteopaths.
- f. Members raised concerns that there was a lack of awareness about the OPS review and that registrants might be overwhelmed with the introduction of the new CPD Scheme and the updated OPS being introduced at the same time. It was agreed that it would be important that a communications exercise take place to ensure that there would be no undue concerns to the profession with the introduction of the updated OPS. The Policy Manager assured members that there should be no surprised to the profession with the introduction of the updated OPS as there would be a long lead-in to its formal publication. It was planned that there would be 18 months between publication and the date that the updated OPS would come into force (with publication planned for spring 2018 and coming into force planned for autumn 2019). During this time, the new CPD scheme would come into operation in autumn 2018. The new CPD scheme would provide a good opportunity for osteopaths to familiarise themselves with the updated standards before the implementation date.

**Noted: Council noted the progress and development of the Osteopathic Practice Standards review as set out in the paper.**

**Item 16: Equality and Diversity Annual Report**

58. The Chief Executive introduced the item which reported on work relating to equality and diversity in 2016-17.
59. The following areas were highlighted:
- a. A recent meeting hosted by the General Medical Council was attended by the Chief Executive and the Senior Regulation Officer. There is a lot of work being undertaken across health regulation reviewing approaches to equality and diversity and this would help inform the GOsC's own review of the policy now in its third year.
  - b. It was planned to re-engage and re-think best practice across the sector and a new policy would be brought to Council in 2018.
60. In discussion the following points were made and responded to:
- a. The Chair stated that equality was an important issue and that it was also important to note the developments which were taking place across regulation. The Chair commented that Council and the Executive invested a lot into equality and diversity training for non-executives and that there was a gap in the GOsC's policy in measuring effectiveness. She added that it was important for Council to engage with its own policy to measure outcomes and conclusions and was interested to see the work being developed on behalf of the GMC into this area. The Chief Executive confirmed that the results of the GMC research would be shared when the report became available.
  - b. Members commented that they were encouraged to see the involvement of the GOsC in the Lesbian, Gay, Bisexual and Transgender (LGBT) inter-regulatory group and asked how the work of the inter-regulatory group might inform GOsC policy. The Chief Executive explained that there were a number of cross-regulatory groups where ideas and areas of best practice were shared.
  - c. The Head of Registration and Resources informed members that following his attendance at the LGBT inter-regulatory group learning points from a report by Stonewall on attitudes of healthcare professionals to the LGBT community had been noted and shared at a meeting of the Council of Osteopathic Educational Institutions (COEI). This information would be filtered down through the OEIs to inform their own work relating to equality and diversity.

**Noted: Council noted the contents of the report.**

**Item 17: Minutes of the Remuneration and Appointments Committee – 1 March 2017**

61. The Chair had no additional comments relating to the meeting of the Remuneration and Appointments Committee.

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

**Item 18: Minutes of the Policy Advisory Committee – 9 March 2017**

62. The Chair of the Policy Advisory Committee commented that the meeting had been comprehensive with full and thoughtful discussion from all attending.

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

**Item 19: Minutes of the Audit Committee – 16 March 2017**

63. Members of the Audit Committee commented on the discussion relating to the IT audit and that a number of areas had been highlighted including scrutiny of supplier contracts. In order to address some of the findings of the IT audit the Head of Registration and Resources informed members that an IT Manager had been recruited and an update on key systems and security based on the IT audit report would be presented to Council in due course.

**Item 20: Any other business**

64. There was no other business.

**Date of the next meeting:** 18 July 2017 at 10.00.