



General Osteopathic Council

Minutes of the **Public Session** of the 82nd meeting of General Osteopathic Council
held on Wednesday 29 January 2014
At 176 Tower Bridge Road, London SE1 3LU

Confirmed

Chair: Alison White

Present: John Chaffey
Colin Coulson-Thomas
Mark Eames
Jorge Esteves
Jonathan Hearsey
Nick Hounsfeld
Kim Lavelly
Brian McKenna
Kenneth McLean
Haidar Ramadan
Julie Stone
Jenny White

In attendance: Fiona Browne, Head of Professional Standards
Marcus Dye, Professional Standards Manager (Item 19)
David Gomez, Head of Regulation
Kellie Green, Regulation Manager (Items 6 and 19)
Priya Lakhani, Regulation Officer (Item 19)
Marcia Scott, Council and Executive Support Officer
Brigid Tucker, Head of Policy and Communications
Tim Walker, Chief Executive and Registrar

Observers: Maurice Cheng, Chief Executive, British Osteopathic Association
Stephen Hartshorn, President, British Osteopathic Association
Ian Muir, Independent Member, Remuneration and Appointments
Committee

Welcome and opening comments

1. The Chair welcomed Maurice Cheng, Chief Executive, and Stephen Hartshorn, President, of the British Osteopathic Association (BOA).
2. The Chair also welcomed Ian Muir, Independent Member, Remuneration and Appointments Committee

Item 1: Apologies

3. Apologies were received from Julie Stone who would join the meeting late and John Chaffey who would leave the meeting at lunchtime.
4. Apologies were also received from Matthew Redford, Head of Registration and Resources who was unwell. On behalf of Council the Chair asked that best wishes for a full and speedy recovery be passed on to Matthew.

Item 2: Questions from observers

5. There were no questions from the observers.

Item 3: Minutes and Matters arising

6. The minutes of the public session of the Council held on 17 October 2013 were approved as a correct record of the meeting.
7. There were no matters arising.

Item 4: Chair's Report and Appointments

8. The Chair gave an oral report to Council. The main points were:
 - a. Appointments: the Chair informed members there had been a busy programme of appointments, and she had chaired a number of appointment panels, including: two registrant members of the Investigating Committee; a lay member for the Audit Committee; a registrant member for the Osteopathic Practice Committee; and most recently, a lay member from Northern Ireland for Council. She had been impressed with the quality, calibre and wide experience of applicants for all positions, though there was still some concern about the capability of applicants to properly evidence their competence for the various positions. This matter is under active consideration by the Remuneration and Appointments Committee. The Chair thanked those members of Council who had participated in the processes; it was appreciated this took up a lot of time to ensure that the processes were conducted fairly, robustly and professionally. The Chair reminded Council that appointments to Council are a matter for the Privy Council, and she would undertake to advise Council of the outcome as soon as possible.
 - b. Council Members' Annual Review: in the past few months the Chair met with some members of Council for their interim personal development reviews, and reminded members that that the process for Council's annual reviews was due to begin shortly. The Chair advised Council that preparations would begin in order to arrange for the annual review sessions to start after Easter and members were asked to give early consideration to their own reviews and any development objectives that were agreed in 2013. The Chair had discussed potential moves in

Committee membership with some members, and she would be in touch during the next few weeks to begin organisation of the processes to manage a seamless transition during the spring.

- c. Council Development Plan and Training Day: the Chair advised members it was her intention to conduct an early review of the whole Council development plan (agreed at the last strategy day, September 2013) possibly at the next seminar session, 1 May. She asked members to also give some consideration to that as well. As there had been no training day during 2013, the Chair and Chief Executive felt it would be appropriate to have one this year. It was thought that if a day in early December could be scheduled, this could be combined with a modest drinks reception before Christmas. Member's availability would be established and arrangements made for this event.
- d. PSA Symposium and Law Commission Review: the Chair informed members that the annual symposium of the Professional Standards Authority would take place towards the end of February. It had been anticipated there would be some early insight into the outcome of the Law Commission review, but as it appears that this has now been delayed, the extent of the insight could be limited. The Chair advised she would keep Council informed.

The Chair's report was noted.

- 9. The Chair introduced the item on appointments requesting Council's approval for the appointment of members of the Audit, Investigating and Osteopathic Practice Committees and Medical Assessors.

Council agreed the following:

- a. **To appoint the nine doctors listed in the annex to the paper as medical assessors to the General Osteopathic Council and its fitness to practise committees from 1 April 2014 until March 2018**
- b. **To appoint Helen Bullen and Caroline Guy registrant members of the Investigating Committee from 1 April to 31 March 2018**
- c. **To appoint Chris Shapcott as a lay member of the Audit Committee from 1 April 2014 to 31 March 2018.**
- d. **To appoint Manoj Mehta as a registrant member of the Osteopathic Practice Committee with immediate effect until 31 July 2015.**

Item 5: Chief Executive's Report

10. The Chief Executive introduced the report which gave an account of activities that have been undertaken by the Chief Executive and others since the last Council meeting and not reported elsewhere on the agenda.
11. The Chief Executive highlighted the following:
 - a. Business Plan and financial report: the Chief Executive advised that the Business Plan and Finances continue to be in a healthy state as the GOsC moves to the end of the 2013-14 financial year.
 - b. Promoting registration campaign: as part of the Communications and Engagement Strategy 2013-16, the Chief Executive announced that the promoting registration campaign was now ready to be launched. As part of the campaign all registrants will be sent an information pack which will include a range of new resources to assist osteopaths. The resources will include new 'I'm registered'/'We're registered' registration marks which will replace the 'Safe in our hands' logo, supported by new public information posters, freely available to osteopaths for display in their practices. Members were invited to review the promotional materials on display at the meeting.
 - c. Osteopathic International Alliance (OIA): the recent OIA conference in Austin, Texas, attended by the Chief Executive, saw the launch of a major publication *Osteopathy and Osteopathic Medicine – A Global View of Practice, Patients, Education and the Contribution to Healthcare Delivery*. The Chief Executive had been part of the editorial working group for the publication and encouraged members to review the publication. A link to the document would be circulated in due course.
 - d. Web redevelopment: the Chief Executive reported good progress was being made in re-platforming the GOsC website. He advised members an implication of the re-platforming would be that the current Members Site would cease to exist but a new document library was being developed and content migration was well underway. Further information about the new document library would be circulated in due course.
 - e. Collaboration with other health regulators: in response to a question raised by a member about the number of areas reporting collaboration between the GOsC and the General Optical Council (GOC) the Chief Executive explained that the work between the GOsC and GOC was informal and on an ad hoc basis, based on similarly shared vision in collaborative working across both organisations' departments. Members were assured that if a more formal approach to collaborative working was considered this would not be done without consideration by Council.

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

- a. Development: members were pleased with the work of the Osteopathic Development Group (ODG) to date but believed there was room for developing closer links with patients and seeking their input to these projects.

The Chief Executive confirmed that ODG had discussed patient involvement at their October meeting although it was not reflected fully in the project initiation reports. The Head of Policy and Communications and her department with input from the GOsC's patient group would be looking into and discussing ways to increase involvement with the development projects.

- b. Members also asked for clarification on the areas in the development projects which were developing slowly. The Chief Executive explained the specific areas were around service standards and leadership where not as much work has been done as had been planned by him. Some of the other delays are due to capacity constraints among those involved. It is hoped that with the recent appointment of an experienced project manager there would be an improvement in progress.
- c. IT procurement: members asked for clarification on the issue of large scale procurements and governance. The Chief Executive responded that since the dissolution of the Finance and General Purposes Committee (F&GP), which had previously had oversight of large scale procurement, it had been agreed between the Chair and Chief Executive, that there needed to be tighter scrutiny arrangements relating to issues of procurement. It was agreed to seek the advice of the Audit Committee on an appropriate approach.
- d. Professional Standards Authority (PSA) – audit of cases closed at the investigating stage: members requested clarification on the request to the PSA for an audit of cases closed in 2014 rather than the due date of 2015.

The Chief Executive explained that following the PSA move to a 3-year cycle of audits and the recent implementation of the new guidance for fitness to practise committees it was agreed prudent to request the PSA to bring forward the GOsC audit so as to ensure there are no problems with the new procedures and show good practice.

- e. Osteopathic International Alliance (OIA): members asked if there would be any disadvantages for the GOsC now the organisation no longer held a seat on the Board of the OIA. The Chief Executive explained that the British Osteopathic Association (BOA) and the British School of Osteopathy (BSO) were now members of the OIA with seats on the Board which was adequate representation for the UK in the OIA. It should also be noted that since originally taking a seat on the Board of the OIA the

nature of the GOsC had changed from one of representing osteopathy and, following a review by the OIA, it was agreed that the GOsC's membership status should change. The Chief Executive advised that although the GOsC would no longer have a voice as a board member the organisation would still be involved with the work of the OIA and through its regulation forum continue to build links with many other countries including New Zealand and Australia. The Chief Executive also informed members that GOsC hoped to join US colleagues to give a presentation at the International Association of Medical Regulatory Authorities (IAMRA) Conference in September 2014.

- f. Changes to Constitution Order: members were informed that there were no immediate changes to report in relation constitutional or statutory changes from the Department of Health until the Law Commission Review was completed. As information becomes available Council will be advised.

Business Plan

- g. It was noted that a number of status indicators were not included in the Business Plan Monitoring Report at:
- 1.4 Continuing fitness to practise (revalidation) – page 11: Public consultation – analysis of the consultation;
 - 1.5 Fitness to practise – page 12: Implement any changes to procedures recommended by the PSA.

The Chief Executive acknowledged the omissions and confirmed the report would be amended.

The Chair added that the Business Plan reflected good progress and commended the Executive and staff saying that for a small organisation the GOsC should be proud of the achievements which had been made.

- h. Development projects: members raised a concern about the GOsC's capacity in supporting the development projects and whether the projects would have adverse impact on the current business plan. The Chief Executive responded that there would be no substantial impact and the GOsC would do its best to be constructive in its support to the development projects.
- i. Cloud computing and disaster recovery: members asked what disaster recovery measures were in place. The Chief Executive explained with the move to cloud computing the relocation site which had been established was no longer required and the contract would expire later in the year. In the unlikely event of a disaster situation staff could easily relocate to any site quickly, and re-establish access to GOsC IT and phone systems easily. The revised approach would be reflected in the updated Business Continuity Plan in due course.

Council noted the Chief Executive's report.

Item 6: Quarterly Fitness to Practise Report

13. The Head of Regulation introduced the item highlighting the following:
- a. Professional Conduct Committee (PCC) training day: feedback received from the Chair and members about the training day was very positive. The day was facilitated by external facilitator Mary Timms, and included a presentation from Keisha Punchihewa, the senior lawyer at the PSA. Members also received training on the Indicative Sanctions Guidance, Conditions of Practice Guidance, the Practice Note on use of Rule 8 Procedure, and a refresher on data security and Information Governance.
 - b. A joint staff training event between GOsC and the GOC on 'Handling Challenging Contacts with Suicide Awareness', had been held with training delivered by the Samaritans.
 - c. Quality assurance – peer review audits:

Internal Review: results following the internal reviews have been very encouraging and the Professional Standards department was thanked for its assistance and input.

External Peer Review: the Head of Legal Compliance at the GOC attended the GOsC offices to review a sample of cases as part of the review pilot. The reviewer was given and asked to consider all the supporting material including transcripts, PCC determinations, hearing bundle, original correspondence and documents. Again the findings of the review were positive and the reviewer made some helpful suggestions to ensure best practice.

The Head of Regulation presented the new dashboard report drawing member's attention to a number of areas and giving a detailed explanation of the table.
14. The Chair thanked the Head of Regulation for a very comprehensive report highlighting especially that the Regulation team were addressing specific areas identified by the PCC Chair in his Annual Report to Council. She also commended the dashboard and encouraged members to give their feedback which would be very helpful to the Regulation team.
15. Before inviting questions from members the Chair read a question submitted by Julie Stone prior to the meeting:
- i. Whether there was an explanation for the number of applications for interim suspension sought versus number granted?
 - ii. Why we think the number of applications and FtP cases is higher than usual?

In response to the first question the Head of Regulation explained that, as part of the quality assurance process, the Department continually monitored risk using the risk assessment form introduced in July 2013. The Department took a cautious approach to risk; certain types of allegation, such as breaches of sexual and professional boundaries, would generally result in the Department making an application for an Interim Order. The application would be made at an early stage in the investigation, on the basis of the information from the complainant. At the hearing, the registrant would provide his evidence and the Committee would then have to exercise its judgment. The Interim Order decisions that were included in the datasets for the first two quarters of the dashboard had been the subject of external audit and no concerns about the appropriateness of the decisions had been identified. In relation to the decisions included in the 3rd quarter dataset, the Head of Regulation considered that this was evidence that the system was working. The Regulation team had taken a pro-active approach and made the applications, so that the issue of risk could be assessed in the round at a hearing.

In response to the second question, the Head of Regulation explained that the dashboard now recorded both the number of Interim Order hearings and the preliminary decision of the Investigating Committee (IC) Chair as to whether or not a hearing should be held. The Head of Regulation noted that on the relatively small number of cases in each quarter, it was difficult to identify concrete trends. However, looking back at the comparative data over the last five years, it seemed that the number of formal cases was in the region of about 30 cases each year. The current year to date figures indicated that a similar number of formal cases would be received this year.

16. In discussion the following points were made and responded to:
- a. Members thanked the Head of Regulation for a very thorough and comprehensive report with the dashboard report being especially welcomed. It was suggested that although included in the public session of Council, might it be made available to a wider audience on the GOsC website.
 - b. Members asked if peer review was standard practice for regulators. The Head of Regulation responded that it is not as widespread as it probably should be. It was agreed it would be a good idea to widen the scope for peer review although getting other regulators on board might not be easy. It was not a mandatory activity.
 - c. Members asked for clarification on transcripts. The Regulation Manager responded that after a PCC case transcripts are required for review on request for PSA, appeals or where conditions apply.
 - d. Members agreed that the external elements for peer reviews were good and reassuring for integrity of process. Concern was raised about the

internal audit check list and whether the GOsC are clear about the direction of travel and maintaining the independence of PCC and management. The Head of Regulation explained that the checklist was for internal use only. Members sought reassurance that the Executive was comfortable with the document and that there was no compromising the fitness to practise process. It was stated that GOsC should be careful over integrity of design and independence of the process.

- e. The Chair understood the concern which had been raised but commented that GOsC had moved along the spectrum since the introduction of the new processes and still had some way to go. Along with the fitness to practise committee chairs, the Chair had agreed there should be appropriate independence in fitness to practise processes.
- f. Members enquired whether the figures for Section 32 cases were cumulative. The Head of Regulation responded that the figures shown in the dashboard represented cases received in each quarter and the department were currently handling some 18 investigations. It was confirmed that a draft Section 32 Enforcement and Prosecution policy is to be presented to the Osteopathic Practice Committee in 2014.

Council noted the Quarterly Fitness to Practise Report

Item 7: Business Plan and Budget 2014-15

- 17. The Chief Executive introduced the item reminding members of the Corporate Plan 2013-16 three year programme of activities under the three high-level strategic objectives:
 - a. To promote public and patient safety through proportionate, targeted and effective regulatory activity
 - b. To encourage and facilitate continuous improvement in the quality of osteopathic healthcare
 - c. To use resources efficiently and effectively, while adapting and responding to change in the external environment.
- 18. The Chief Executive apologised for a number of typographical errors in the report which would be corrected. He also asked members to note that referenced activities which fell within the scope of the Francis Report Action Plan (marked **FR**) and the PSA Performance Review (marked **PSA**), had been annotated for ease of reference.
- 19. The Chief Executive also reported that the PSA levy proposals had still not been finalised and he did not expect any details about the levy until the end of 2014. If the levy is applied it will be financed through the GOsC reserves.
- 20. In discussion the following points were made and responded to:

- a. Tax liability: members asked if the information about fitness to practise panellists and HMRC was shared with other regulators. The Chief Executive responded this came from an on-going case with GMC panellists and that other regulators are aware.
- b. Members asked how the Business Plan and Budget were shaped. The Chief Executive explained that the process began in the autumn with departmental meetings followed by a meeting of the Senior Management Team (SMT). It was explained that the Business Plan was not precise in the way resources were allocated, relying instead on SMT's insight into their departments and their capacity.
- c. The Chief Executive confirmed that the Business Plan process worked in conjunction with the plans contained in the PSA Performance Review. The Chief Executive also confirmed that there were processes in place to allow for the review of GOsC policies within appropriate timescales.
- d. The Chair asked for an explanation of the additional cost of £25,000 for the appraisal and training of registration assessors. The Chief Executive explained that this stemmed from third party feedback to the PSA from the BOA that there was no specific appraisal process in place for registration assessors. It had been agreed that it would be good practice to have an appraisal and training process in place for the assessors.
- e. Members asked if there were expectations of further fee reductions. The Chief Executive explained that the fee reductions stemmed from the Government's publication in February 2011 of *Enabling Excellence*. All regulators were asked to review their costs. The GOsC is the only regulator which has consistently reduced fees in the past three years and will continue to review reductions. The GOsC has succeeded in delivering more with fewer resources but it is recognised that there will be challenges during 2015-16 and it should be noted that an annual fee reduction will not always be possible.
- f. Members raised a concern that with the possibility of fewer students and with the closure of osteopathic educational institutions (OEIs), what might be the expected impact on the income from fees. The Chief Executive responded that for the next 2-3 years no substantive reduction in numbers was expected. The forecast showed a steady state remains likely towards the end of this decade. The more likely risk to financial resources was from loss of overseas registrants, the outcome of the Law Commission review and the possible implementation of the PSA Levy.

The Chair summarised that there were challenges ahead but that the Executive and staff were coping effectively.

Council agreed:

- a. **The Business Plan 2014-15 as shown at Annex A**
- b. **The Budget 2014-1015 as shown at Annex B.**

Item 8: Registration fees and amendments to fee rules

- 21. The Chief Executive introduced the item reminding members that at the meeting of October 2014 Council had approved the principle that cost reductions identified in the Budget for the financial year 2014-15 should be passed back to registrants via a fee reduction.
- 22. The Chief Executive added that the result of the consultation was as expected and asked that Council agree the recommendation as set out in Annex B, to bring the new fees rules into effect on 1 May 2014.

Council agreed the following recommendations:

- a. **To note the response to the fees consultation.**
- b. **To make the new fees rules attached at Annex B to come into effect on 1 May 2014.**

Item 9: Charitable Status

- 23. The Chief Executive introduced the item setting out the findings of the high-level review of charitable status and the issues which Council should consider if it wished to proceed with any future application for the GOsC to gain charitable status. The Chief Executive added that overall the advantages for the GOsC in gaining charitable status outweighed the disadvantages, but the organisation would need to clarify that it would not be incompatible with the Law Commission Bill.
- 24. In discussion the following points were made and responded to:
 - a. Members asked the Chief Executive for his thoughts following discussion with regulators who had gained charitable status. The Chief Executive responded saying the discussions had been helpful especially on the issues of governance and the financial benefits.
 - b. Members asked if the GOsC would be eligible to make grant applications and would the organisation have the same remit as now. The Chief Executive responded there should be no great change and that there was the potential to access new funds and grants.
 - c. Members wondered why, apart from the General Optical Council and the General Medical Council other regulators had not taken the charitable

status route. The Chief Executive responded that he could not be certain what other regulators thought in relation to this issue.

- d. It was noted that a significant cost benefit would be around property transfer and this had been to the advantage of other organisations who had established charitable status.
- e. It was queried whether if on achieving charitable status, registrants' fees would be considered as donations. The Chief Executive responded that he did not believe the fees could be considered as donations.

The Chair summarised that at this point there was no commitment being made by GOsC while exploring the possibilities of gaining charitable status adding that the purpose for exploration was not based on finance. She asked that Council support the Executive and that members be kept informed of progress.

Council agreed discussions should commence with the Charity Commission on an application for charitable status.

Item 10: Investment Strategy Review

- 25. The Chief Executive introduced the item reminding Council that an investment strategy had been approved in April 2011 which recommended an investment in Newton Real Return Fund. The investment was based on the following key principles:
 - a. Good financial stewardship aims to increase the asset value above inflation
 - b. The investment profile of the GOsC was at the lower end of medium risk
 - c. The portfolio needed to be diverse in order to spread risk of fund fluctuation
 - d. The investment should be made via a fund route rather than a segregated portfolio
 - e. No significant capital additions or withdrawals were anticipated
 - f. The funds could be liquated quickly if required
 - g. That Council should review the investment strategy regularly.
- 26. The investment strategy was reviewed in 2012 with no change and Council was requested again to make no change to the investment strategy pending the decision on charitable status. The Chief Executive added that in reviewing it was noted the investment performance was adequate but not outstanding.

27. Before inviting questions from members the Chair read the comments submitted by Julie Stone prior to the meeting:

"... If a new ethical investment fund were open to charities, I'd certainly be happy to explore that. I was one of the 'divergent views' at F&GP making the case of ethical investment. I was in a minority and was prepared to accept that the organization has a stewardship role to safeguard registrant funds. But I am afraid my personal values find it difficult to support a mixed fund which included 'unethical' investments, and I feel strongly that the current political climate makes it hard to pretend that anything short of overtly ethical isn't potentially highly unethical. Happy to be in a minority, but would want that view presented."

- a. It was agreed that Council should wait on the outcome of the exploration into possible charitable status for the GOsC before considering a change in the investment portfolio. Members agreed that the investment had performed poorly but to change in the short term could incur additional costs.
- b. Members asked how the relationship between Newton Asset Management and GOsC could be defined. The Chief Executive explained the relationship was on a reporting level with regular reports received by mail but no regular meetings or discussions about the portfolio.
- c. It was agreed that during 2014 there should be an exploration of fund options so that comparisons could be made while looking at the possibilities of charitable status in parallel. It was also advised not to confuse stewardship with security as there was potentially more risk with some ethical funds.
- d. It was requested that a further report be brought to Council later in the year.

Council agreed to make no changes to the GOsC's investments pending the decision on charitable status, but it is to be reviewed again before the end of the calendar year.

Item 11: Development projects funding proposals

28. The Chief Executive introduced the item explaining the work to date of the Osteopathic Development Group (ODG) and the projects aimed at supporting the development of the osteopathic profession.
29. At its July 2013 meeting, Council agreed an approach to provide grants to support development projects based on clear criteria and using accrued reserves. Two of the projects are now considered well enough developed to be granted assistance.

30. The Chief Executive added that the grant request submissions were for:
- i. The Evidence Development Project – National Council for Osteopathic Research (NCOR) – this was very clear and well worth supporting. NCOR has also secured financial assistance from the BOA to develop an online and phone application to collect feedback from patients.
 - ii. Advanced Clinical Practice Project – Osteopathic Development Group (ODG) – steady progress was being made with this project. Although there are some risk factors not to support the project would be a loss to patients.

The Chair noted that the ODG submission did not include VAT in its costing for the work of a consultant although it could be that the chosen consultant may not be VAT registered. The Chair also suggested that there should be a 10% contingency included for both grants.

31. In discussion the following points were made and responded to:
- a. Overall, members were in support of the projects and supported the grant submission requests.
 - b. Members asked why there appeared to be an emphasis on the role of consultant in the ODG submission. The Chief Executive responded that the focus was not necessarily on one person as there would be contributions from others.
 - c. Members raised concerns about the Osteopathic Alliance (OA) and possible lack of engagement across the wider osteopathic profession. The Chief Executive gave assurances that the projects were group focused and that they would not work if there was no engagement. The Head of Professional Standards added that there had been discussions with the ODG to ensure engagement across the osteopathic community, that mechanisms were in place to manage schemes, and projects would also be subject to review.
 - d. Members raised concerns that there were different arrangements for the projects and how that might be perceived. The Chief Executive advised that there were no concerns from the organisations involved in the applications as the projects were at different stages of development.
 - e. Although there were some concerns about the risk relating to the projects, members were assured safeguards would be in place to mitigate against risk and good project management would be encouraged. It was suggested that the Advanced Clinical Practice Project should have a more detailed breakdown of costings for the project.

- f. The Chair advised members that ultimately the governance of the projects was through the ODG and that in the worst case scenario the projects would not meet their targets. Members were right to express their concerns but should be reassured that in moving forward the Executive would ensure the grants were put to good use.
- g. In summarising, the Chief Executive emphasised the importance of good project management and that an experienced project manager had been appointed by the ODG. The Chief Executive also advised that detailed data relating to project costs were available. Grant recipients were accountable for and obliged to complete their projects by the agreed deadlines. Clear branding was in place and the Policy and Communications team were looking at how to involve patients in the work. The Chief Executive also reiterated that one of the purposes of the ODG was to encourage the member groups to work together and build confidence and trust.

Council agreed the following:

- a. To award a grant of £7,200 to NCOR for the adverse events component of the evidence development project.**
- b. To award a grant of £29,500 for the advanced clinical practice project, subject to the conditions set out in paragraphs 28 and 29.**
- c. To allow the Chair to authorise any additional grant requirement up to 10% of the grants amount.**

Item 12: Guidance for Osteopathic Pre-registration Education

- 32. The Head of Professional Standards introduced the report highlighting that currently the GOsC are the only regulator that does not have specific guidance in relation to undergraduate education and therefore this was a very important development. She also reported the very helpful discussions with the BOA and OA on language, terminology and patient suitability for osteopathic treatment.
- 33. In discussion the following comments were made and responded to:
 - a. Members were very pleased the guidance saying it was now more reflective of osteopathy. Members commented on page 13 of the draft guidance, the Quality Assurance Quality Code does not apply to research degrees pre-registration.

- b. In reference to Annex B and the minimum hours of clinical practice, it was suggested it might be useful to reflect on the World Health Organisation's guidance 'Benchmarks for Training in Osteopathy'¹ relating to hours.

Council agreed the recommendation to publish draft Guidance for Osteopathic Pre-registration Education for consultation.

Item 13: Education Quality Assurance Contract

- 34. The Head of Professional Standards introduced the item which set out the plans for future procurement of quality assurance services in the context of the current regulatory and osteopathic educational environments. Council was being asked to waive the procurement requirement, to extend the current contract and to agree the tendering plan for a new contract to commence from August 2015.
- 35. In discussion the following points were made and responded to:
 - a. Members asked about the GOsC view of the performance of the Quality Assurance Agency (QAA). The Head of Professional Standards responded that after a number of evaluations and following a positive review by the Education and Registration Standards Committee, the GOsC were content with the work of the QAA.
 - b. Members asked for clarification as to whether the review would have taken place by 2015. The Head of Professional Standards responded that the review would have taken shape by that time. A discussion paper will be presented to Council looking at models of how quality assurance could be operated. If a new provider was employed the GOsC would work with the provider to shape the framework.
 - c. Members were concerned about the envisaged timeframe for commencement in 2015 and training for the new framework. The Head of Professional Standards agreed it was a concern and was planning that there would be skeleton framework in place within the timeframe. It was hoped that those who were still interested in working with the GOsC would still be available for quality assurance work.

Council agreed the following:

- a. To waive the procurement requirements in relation to the existing quality assurance contract up until August 2015.**

¹ World Health Organization (WHO), *Benchmarks for training in traditional/complementary and alternative medicine: benchmarks for training in osteopathy*, WHO Library Cataloguing-in-publication Data: ISBN 978 92 4 159966 5 (NLM Classification: WB 940), World Health Organization 2010, [Chapter 2 2.1 page. 7](#)

- b. The plan for tendering a major quality assurance contract to commence from August 2015.**

Item 14: Periods of Adaptation Guidance

36. The Head Professional Standards introduced the item explaining that the revised document had been finalised following consultation. The Chair said she would provide some drafting comments but otherwise members had no further comment on the item.

Council agreed the recommendation to publish guidance on periods of adaptation for applicants and educational institutions.

Item 15: Review of scheme of delegation

37. The Chair introduced the item which had been identified as best practice in the Council improvement plan. She invited the Chief Executive to add any further comment. The Chief Executive advised members that it had been noted there was further work to be done as some discrepancies had been noted. The Chief Executive and the Chair suggested that it could be a subject for discussion at a future seminar as part of the Council improvement plan looking at the role of Council and the Executive.
38. The Chair added that subject to Council approval further duties could devolve to the Chief Executive.
39. In discussion the following points were made and responded to:
- a. Members asked if proposed amendments to delegation linked to those changes expected to be made by the Law Commission and elsewhere. The Chair responded that the Law Commission review would have an impact on the delegation of duties but this would take some time and it was appropriate to have discussion now.
 - b. The Chief Executive added that the GOsC have lobbied the Law Commission about the ambiguities such as defining the role of Council as a Board, as opposed to the General Osteopathic Council as the whole organisation.
 - c. Members were advised that any amendments made to the Governance Handbook were noted in its document history to be found on the final page of handbook.

Council made no substantive changes to the scheme but noted that minor inconsistencies would be corrected, and agreed to revisit at a future seminar.

Item 16: Corporate Social Responsibility (CSR)

40. The Chief Executive introduced the item and thanked Nick Hounsfield, and staff members, Marcia Scott and Meera Burgess, who had consulted with GOsC staff to get their input.
41. In discussion the following points were made and responded to:
- a. Overall members were pleased with the policy. It was agreed that it was more than a tick box exercise and a good test of how the organisation was doing in respect of its responsibilities towards its staff and wider community.
 - b. Members advised they would like to see the investment policy developed in line with the CSR policy. The Chair also suggested that in due course a section on sustainability could be included in the Annual Report.

The Chair thanked Marcia Scott and Meera Burgess for their work on the policy.

Council agreed to endorse the Corporate Social Responsibility framework and activities as set out in the annex.

Item 17: Continuing fitness to practise engagement strategy

42. The Head of Professional Standards introduced the report and advised that the team were underway with their path-finding work with a number of groups getting involved. Council would be kept informed of progress.

Council noted the continuing fitness to practise communications and engagement strategy and update.

Item 18: Francis Report action plan

43. The Chief Executive introduced the item explaining that since the Council Strategy Day the Government had published its final response to the Francis Report which highlighted a number of areas that required scrutiny and presented a number of challenges for the Regulators. In relation to the action plan there were a number of points to note:
- i. Develop new guidance in relation to candour and reporting of errors: this work is being coordinated by the General Medical Council (GMC) and the Nursing and Midwifery Council (NMC). A meeting which is being held on Monday 3 February to discuss issues, would be attended by the Regulation Manager.
 - ii. Support the development and implementation of an on-line reporting and development tool by NCOR: the funding for this project was now agreed as shown at Item 11.
 - iii. Improving the reporting of fitness to practise cases and trends through quarterly reporting: this had been adopted by the Regulation Department as shown in Item 6.

44. In discussion the following points were made and responded to:
- a. Members welcomed and commended the report and action plan. It was agreed a change in culture was required and that the Francis Report and professionalism project should be inter-related.
 - b. Members asked if there was a timeframe for implementation of recommendations and whether the PSA had any oversight in ensuring implementation. The Chief Executive responded that he did not expect any single authority to have complete oversight to implement the recommendations. It was reiterated by members that the Francis Report highlights shortcomings across healthcare and therefore is core to all regulators.

Council noted the report.

Item 19: Professionalism

45. The Head of Professional Standards introduced the item thanking the Professional Standards Manager, Marcus Dye, the Regulation Manager, Kelly Greene, and the Regulation Officer, Priya Lakhani, for their work and input into the project. The Head of Professional Standards highlighted a number of areas that would inform work currently being undertaken, including GOPRE, and would establish a basis for future projects.
46. The Professional Standards Manager updated members on the project to date advising that it was still at an early stage of development. He also highlighted the work with the Regulation Department who have used their experiences from fitness to practise to inform and support the project.
47. In discussion the following points were made and responded to:
- a. The Chair suggested that the questions at paragraphs 26 and 35 – *'Does Council support this direction of travel? Is there more that we could be doing with this research to enhance its impact?'* – should be taken together as one of the issues being raised was about ensuring balance.
 - b. Members suggested there should be more emphasis on pre-clinical students and expectations, as those in clinic would be more aware of risks and the emphasis for them should be on reinforcing standards and building on experiences.
 - c. Members asked what steps the GOsC could take to encourage good role modelling. It was suggested that the ODG project on mentoring may assist in this area.

- d. Members asked if there was a limit as to how the tools could be used and whether there was scope for more on-line scenarios to be included. The Professional Standards Manager responded there were facilities for on-line interactions, but they were not as technically sophisticated as those produced for instance by the GMC.
- e. Members enquired what aspects of professionalism are being tested. The Professional Standards Manager responded that the current focus was on just one part of the Osteopathic Practice Standards. The next module would be more complex with a focus on consent issues and interactions with patients in non-professional setting. It was intended to cover a whole range of issues across the OPS.
- f. The Chair suggested that it may not be appropriate to consider all registrants in the same way. Those who had been in practice longer may not have the same views as more recent registrants and it may be necessary to take a differentiated approach.

Council noted the work to date on the professionalism project.

Minutes for Noting

Item 20: Minutes of the Audit Committee (AC) – 12 November 2013

- 48. The Chair informed members that she had attended the meeting of the Audit Committee as an observer. She invited the members of the Audit Committee for their comments on the meeting.
- 49. The AC members drew attention to the debate on how GOsC consider risk and risk tolerance and the strong support to make the risk register more of an assurance document.
- 50. The minutes of the Audit Committee were noted.

Item 21: Minutes of the Remuneration and Appointments Committee (RaAC) – 12 November 2013

- 51. The Chair invited comments from Ian Muir, the external member of the RaAC, who said that he found the meeting well run and equally challenging and supportive in discussion.
- 52. The Chair asked Council to note the challenges faced by the RaAC with its additional function in reviewing appointments especially with the increased scrutiny from the PSA.
- 53. The minutes of the Remuneration and Appointments Committee were noted.

Any other business

54. Members suggested and would welcome consideration be given to including public and patient involvement implications when compiling papers for Council. The suggestion was supported by the Chair who asked the Executive to consider. The Chief Executive responded that although he was mindful of the amount of information already included on the cover of Council Papers the suggestion would be considered.
55. Members suggested that perhaps where the GOsC required research assistance having a list of topics might be both helpful to those students finding it difficult to find appropriate items for projects. The Executive agreed to consider this in conjunction with NCOR.
56. **Date of the next meeting:** Thursday 1 May 2014 at 10.00