



Council
1 May 2014
Chief Executive and Registrar's Report

Classification	Public
Purpose	For noting
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendation	To note the report and, in particular, the revised Risk Register at Annex D.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annexes	Annex A – progress against the 2013-14 Business Plan Annex B – financial report Annex C – key data Annex D – Risk Register
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Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and others since the last Council meeting, which are not reported elsewhere on the agenda.

PSA Performance Review

2. We submitted supplementary evidence to the PSA's performance review in February which was followed up with a short review meeting with the PSA review team.
3. Given the limited nature of the PSA's concerns we are optimistic that we will receive a further positive report from the PSA when the Performance Review is published in June.

Other PSA activities

4. The Heads of Professional Standards and Policy and Communications attended a PSA conference in March on research in the area of professional regulation. One of the keynote speakers at the conference was Professor Gerry McGivern, who members will recall has been commissioned by the GOsC to carry out research on the effectiveness of regulation. The presentation attracted considerable interest from other regulators and we are holding follow-up discussions with some of these.
5. We have been involved in initial discussion with the PSA regarding a commission they have received in relation to the issue of implied consent. At present the project is on hold as discussions are taking place with the Department of Health on how to proceed.

Duty of candour

6. The GMC and NMC are convening a working group on implementing a common duty of candour across the regulators. This was a commitment in response to the Francis Report. The PSA has now been commissioned to oversee this work.
7. The working group has met on three occasions and is considering the development of a common statement and the best approach to stakeholder engagement. It is proposed that the statement should be signed off by the Chief Executive.
8. In due course we will consider what guidance we need to develop to sit alongside the *Osteopathic Practice Standards* and potential amendments to our indicative sanctions guidance. We anticipate that this will be considered by the OPC at its June meeting.

9. A further consultation in relation to a Statutory Duty of Candour has been launched by the Care Quality Commission and the Executive is considering whether to respond and also how to take this into account in our work, given that osteopaths do not require CQC registration.

Patient/public focus groups

10. As previously discussed at Council, we have now held three focus groups with patient/public groups, in Eastbourne, London and Warrington. The outcome is being written up and will be presented to members shortly. We will use the findings to inform some wider quantitative work planned for later in the year.

Isle of Man and Gibraltar

11. We have signed an interim memorandum of understanding with the Isle of Man Government on information sharing and fitness to practise matters. The MoU will come into force once Tynwald passes draft legislation on extending GOsC regulation to the island.
12. The Gibraltar Medical Council is reviewing the Isle of Man document in the light of proposals that it should be the responsible body once GOsC registration becomes mandatory in Gibraltar.

IAMRA

13. The International Association of Medical Regulatory Authorities is holding its biennial conference in London in September. We are submitting abstracts to the conference on our work on professionalism and also one jointly with the US Federation of State Medical Boards on continuing fitness to practise.

Health Education England

14. We held a first formal meeting in March with Health Education England. This was an opportunity to explain the organisation and context of the osteopathic profession and its educational institutions. In common with other regulators, we are seeking to develop a memorandum of understanding with HEE which will also identify those areas on which we might wish to cooperate as HEE's role develops.

Regional meetings

15. I have attended eight regional meetings since the last meeting of Council and these are listed below.
16. Overall the meetings have been positive with registrants well-engaged with our activities. Some of the meetings have also been attended by the BOA, which has been helpful in reinforcing our distinct roles. While this is a limited sample of

registrants, we have been pleased with the response we have received. We will continue to seek meetings with further groups throughout the year.

Continuing fitness to practise pathfinder groups

17. The Professional Standards team has been working with four groups of registrants – in London, Cheshire, Belfast and Cumbria – to further develop the proposed continuing fitness to practise scheme. Participants in the pathfinder groups have been testing the proposed standards and forms that might be used to undertake the peer review element of the scheme.

Law Commissions' review

18. There has been an intense period of activity around the Law Commissions' review. Prior to publication and on an ongoing basis there were a number of meetings between the regulators, the Law Commission, the PSA and the Department of Health on detailed aspects of the policy proposals.
19. Two inter-regulator groups have also been established to coordinate ongoing work on the draft Bill: one for those members of staff who are leading on relevant policy matters, on which the Head of Regulation sits; and a Chief Executive's group which meets independently of the normal cycle of meetings involving DH and the PSA.
20. Further details of the draft Bill can be found elsewhere on this agenda.

NCOR

21. An application has been submitted to the Charity Commission for NCOR to become a charitable incorporated organisation. We are awaiting a decision from the Commission on the application.
22. In practical terms this is unlikely to change our relationship with NCOR's activities or its governance arrangements; our position on the NCOR Management Board will convert to a trustee position of NCOR. However, it will mean that the current arrangements which require us to hold the contract with QMUL on behalf of NCOR will come to an end and the position of NCOR as a 'JANE' in our accounts will cease.
23. There are likely to be considerable benefits to NCOR itself in being able to raise money independently and enter partnership arrangements with others, as well as being an independent body.

Development projects

24. There has been further progress on a number of the development projects, including:

- a. Advanced practice – tender advertised with closing date of 11 April. Two submissions were received and these are being reviewed. Interviews will take place on 22 May.
- b. Evidence – the usability and security aspects of the two websites are currently being refined and a 'soft' launch will take place shortly.
- c. Mentoring – funding application completed and submitted to Council (see item 14).
- d. International – a preliminary survey of organisations and individuals has been completed and is being followed up.
- e. Leadership – discussions have commenced with a number of possible partner organisations and a number of existing leadership programmes are under review.
- f. Regional support – a survey has been undertaken of regional groups and is being followed up by the BOA.
- g. Service standards – a draft has been produced and is due to be discussed at the development group meeting on 5 May.

ESO and LSO

25. The osteopathic community was shocked by the sudden deaths of Adrian Barnes and Robin Kirk, the longstanding principals of the ESO and LSO respectively.
26. In the immediate aftermath, we were in close contact with the colleges to offer our assistance in any way that we could. We will continue to work closely with them through the transition period for the establishment of new leadership for the colleges.
27. In recognition of the distinguished service that both Adrian and Robin had given to the osteopathic profession, particularly in the area of education, we made a contribution to the memorial funds established by both colleges in their names.

Annual Report 2014

28. At its next meeting Council will be asked to approve the Annual Report and Accounts. Members will recall that last year it was agreed that the format of the report would be overhauled in 2014. We will be starting work shortly on a revised format and have asked the Chair, Kenneth McLean and Jenny White to act as a 'reference group' to comment on the proposed approach.

Staffing/structure changes

29. Some recent staffing changes, including Gwen Redford's planned retirement after 13 years service with the GOsC, is enabling us to make changes to the registration and finance teams. These teams will now be integrated so that a seamless service can be provided, as by far our largest volume of financial transactions relate to registration fees.

Other meetings

30. Recent meetings, calls, visits and speaking engagements include:

- Harry Cayton and Dinah Godfrey (PSA) – continuing fitness to practise
- NCOR Council and Management Board
- Bristol Osteopaths' Society
- Sheffield Osteopaths' Society
- Law Commission
- PSA – Performance Review meeting
- Osteopathic Development Group
- BSO Professional Doctorate students
- Office of Andy Burnham MP
- Isle of Man Government and local osteopaths
- Federation of State Medical Boards (USA)
- Cambridgeshire Osteopaths' Group
- Anna Rowland, GMC
- PSA annual symposium
- Asian Voice awards
- BSO strategy day
- Osteopathic Educational Foundation
- Northern Counties Osteopaths' Society
- Suffolk Osteopaths' Group
- Westminster Health Forum conference
- London continuing fitness to practise pathfinder group
- Ian Drysdale, BCOM
- Oxford Osteopaths' Group
- British Standards Institute CEN meeting
- Northumberland osteopaths group
- Clinical leaders workshop
- European Federation of Osteopaths re CEN project

Progress against the 2013-14 Business Plan

31. Annex A sets out the progress made against the 2013-14 Business Plan at the end of the year.
32. The only additional slippage beyond that previously reported to Council is with the website re-platforming project which has been delayed due to technical problems with creating an appropriate register data test environment.

Financial report

33. Annex B shows the financial position at the end of the 2013-14 financial year.

Key data

34. The key data presented at Annex C is that from the period January to March 2014.

Risk Register

35. The Risk Register has gone through a major revision since it was last presented to Council. This new approach builds on the discussions in Council about the organisation's approach to risk management and risk tolerance. The revised approach was also considered by the Audit Committee at its meeting on 27 March 2014.
36. The new approach works upwards from the activities identified in the Business Plan, in turn derived from the Corporate Plan. For each Business Plan work stream a small number of key risks have been identified. We have then sought to identify whether the risks are internal or external (or both) and apply a risk score. We have also sought to highlight those 'risk averse' areas where we think there needs to be particular focus.
37. We have tried to identify the appropriate activities or processes that are the mitigating actions. We have also sought to identify where responsibility should lie for assurance. In the case of the mitigating actions, we have cross-checked these against the existing risk register and believe that there is reasonably close match.
38. It may also be helpful to note that it appears in those areas where risk is concentrated or we have identified as risk averse areas, there is already a greater focus in both mitigation and assurance.
39. We believe that probably the most important part of this new approach is the column that focuses on assurance, and this should be a helpful tool for both executives and non-executives to identify whether they are providing/receiving enough assurance in particular areas.
40. Overall, while this new Risk Register remains a 'work in progress' and will take some time for the full range of mitigation and assurance activities to be articulated, we believe it will be more helpful in the overall management of the organisation's risks.

Recommendation: to note the report and, in particular, the revised Risk Register at Annex D.