



**Minutes of the public session of the 94th meeting of the
General Osteopathic Council held on Wednesday 1 February 2017 at 176
Tower Bridge Road, London SE1 3LU**

Confirmed

Chair: Alison White

Present: Sarah Botterill
John Chaffey
Joan Martin
Kenneth McLean
Haidar Ramadan
Denis Shaughnessy
Deborah Smith

In attendance: Fiona Browne, Head of Professional Standards
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
Brigid Tucker, Head of Policy and Communications
Tim Walker, Chief Executive and Registrar

Observers: Sarah North, Policy Officer, Institute of Osteopathy (iO)
Penny Sawell, registrant

Item 1: Welcome and apologies

1. The Chair welcomed attendees to the meeting. A special welcome was extended to Sarah North, Policy Officer, Institute of Osteopathy, and registrant Penny Sawell.
2. Apologies were received from Dr Bill Gunnyeon, whose comments had been submitted to the Chair in advance of the meeting.

Item 2: Questions from observers

3. There were no questions from observers.

Item 3: Minutes and matters arising

4. The minutes of the public session of the 93rd meeting of Council held on 2 November 2016, were agreed as a correct record.

Matters arising

5. Appointment of Legal Assessors: it was noted that the appointment of four Legal Assessors had been agreed via an email circulated to members on 1 December 2016.

Item 4: Chair's Report

6. The Chair gave her report to Council. The main points were:
 - a. Recruitment: it was noted that it had been a particularly busy period for recruitment for both members of the interview panels and the Executive. The hard work to ensure that the process ran smoothly and to the appropriate standard was acknowledged by the Chair, who offered her thanks to all those that had participated in making the exercise such a success. In particular Amanda Chadwick, HR Manager, and Marcia Scott, Council and Executive Support Officer, were commended for their support.
 - b. The Chair advised members that she still remained concerned about the availability of suitable registrant candidates for non-executive positions and it was an issue which would be discussed with the Remuneration and Appointments Committee to establish if there was more that could be done to attract and develop a wider pool of registrants.
 - c. Appointments to Council: the review of the personal development requirements for those members who joined Council during the past year had been completed and there would now be a requirement for the induction and development of the new Members of Council who will join in April. A recommendation had been made to the Privy Council for two new members to be appointed, and subject to its decision, it was hoped an announcement would be made soon and the new members would be welcomed to Council at its May meeting.
 - d. As this was the last Council meeting for Kenneth McLean the Chair thanked him for his long, distinguished and honourable service to Council, adding that he would be missed by all when he stood down at the end of March.
 - e. Professional Conduct Committee – independent investigation: the Chair reported an area of concern which had arisen in the area of fitness to practise. The Chair had commissioned an independent lay person to investigate and report to her. Following the conclusion of the investigation the Chair considered the report had properly addressed the terms of reference, and had been thoroughly and independently conducted. As a result, the Chair was confident that the integrity of the process could be relied upon and the matter was closed.
 - f. The Chair also reported that the outcome of the case was now being considered by the PSA and it was possible that in due course matters relating

to this may need to be discussed by Council, at which time it that it will be important to ensure that the statutory role of Council and separation from fitness to practise decision making was properly observed.

7. In discussion the following points were made and responded to:
 - a. Members asked what the envisaged timeline might be for the PSA's findings to be made available to the GOsC about the case and if those involved were aware of the issue. The Chief Executive responded that all PCC decisions are submitted to the PSA. The Chief Executive was unable to confirm the timeline but advised that it could take up to 40 days for them to consider.
 - b. It was agreed that if there was a need to review and address additional training needs for fitness to practise committees this would be done after the PSA had delivered its conclusions.

Noted: Council noted the Chair's report.

Appointments

8. The Chair asked that Kenneth McLean withdraw from the meeting for the duration of the discussion and Recommendation 1: Appointments to the Professional Conduct Committee.
9. John Chaffey, as a member of the interview panel for recruitment to the Investigating Committee, confirmed that it had been disclosed in advance of the interviews that both he and one of the appointees were employed by the European School of Osteopathy.
10. The Chair introduced the item which sought approval from Council for the appointment of a number of new members of the fitness to practice committees and to agree the process for appointment of member of the Policy Advisory Committee.
11. In discussion the following points were made and responded to:
 - a. Members expressed concern about attracting registrants to the roles on Council and Committees. It was suggested that more work in collaboration with the stakeholders such as the iO might be required so as to increase interest in the roles.
 - b. Members were informed that an analysis of the recruitment exercise would be presented to the Remuneration and Appointments Committee and would include data on how many of the applicants had attended the recruitment open day and had subsequently been successfully recruited. Members were also informed that many of the applicants who were unsuccessful in their application had not taken part in the development process. Consideration

would need to be given on how to further encourage personal development and future applications.

- c. It was agreed it would be useful to publish the numbers of registrants who had applied. The Chair added that she also provides feedback to those registrant candidates who request it and this has been found to be helpful.

- 12. The Chair thanked members of the interview panels and the Executive for its work on the recruitment exercise.

Agreed: Council agreed the following recommendations:

- a. **to appoint Tom Bedford, Alastair Cannon, Colin Childs, Kenneth McLean and Lakshmi Ramakrishnan as members of the Professional Conduct and Health Committees from 1 April 2017 to 31 March 2021.**
- b. **to appoint Sue Gallone, Catherine Hamilton-Plant, Linda Hawkins, Debbie Watt and Tamsyn Webb members of the Investigating Committee from 1 April 2017 to 31 March 2021.**
- c. **to appoint Philip Geering and Alastair Cannon as Panel Chairs of the Professional Conduct and Health Committees for the duration of their terms of office.**
- d. **to appoint Richard Davies as Chair of the Professional Conduct Committee and Philip Geering as Chair of the Health Committee from 1 April 2017 to 31 March 2021.**
- e. **to agree that the appointment of four external members of the Education Committee (Policy Advisory Committee) should be agreed by email prior to the next Council meeting on 2 May 2017.**

Item 5: Chief Executive and Registrar's Report

- 13. 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.
- 14. The Chief Executive highlighted the following:
 - a. Charitable status: a request for additional information had been made by the Charity Commission and was completed in January. The GOsC was now waiting for the final decision on its application.
 - b. Osteopathic Education Foundation (OEF): the OEF has now transferred its operations to the Institute of Osteopathy (iO) which will become the corporate trustee of the new 'Osteopathic Foundation'. The funds which had been transferred were now at £2.5 million which has built from £250,000 over a ten year period. An independent Chair had been appointed by the iO to the Foundation and discussions with stakeholders will commence to look

at how the funds can be used to support the continuing development of the profession. The Chief Executive added that he was pleased with the successful outcome of the venture and the role the GOsC had played in reaching this point in the ongoing development of the profession.

- c. Osteopathic Practice Standards review – Stakeholder Reference Group: a successful and productive meeting had taken place on 30 January, which determined some of the key issues that would be major aspects of the consultation. An update would be prepared for the Policy Advisory Committee meeting, 9 March, including a first draft of the OPS for consultation with subsequent discussion at the May meeting of Council.
- d. Health regulators’ Chairs and Chief Executives joint meeting: on 15 December there had been a joint meeting of the health regulators’ Chairs and Chief Executives. The purpose of the meeting was to explore potential areas for cooperation and begin to set out criteria for joint working. It was pointed out there was already some collaboration between the regulators but the idea was to explore at a higher level the benefits, and how to overcome some of the difficulties in areas such as finance and governance. The Chief Executive would keep Council informed of future developments.

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

- a. Members asked if there was any further information relating to the work undertaken by the PSA on behalf of the Department of Health on risk. Members were informed that the PSA had been working on a risk model looking at professions which should be regulated. It was likely that with any consultation on the future restructuring of healthcare regulation the Government will want to explore the criteria for the regulation of new professions and/or the continuing regulation of current professions. The timescales for this are unclear.
- b. Members asked if there was any indication that the Good Thinking Society (GTS) had been satisfied with the work the GOsC had implemented to address the issues which they had raised relating to advertising. The Chief Executive responded that as a result of discussions a further meeting had taken place with the GTS and the Advertising Standards Authority (ASA). The meeting had been helpful in clarifying the roles of both the ASA and the GOsC. Members were informed that on meeting with the GOsC the GTS had put their campaign of complaints on hold and that any further action would be guided by their assessment of the work to bring to the attention of the profession guidance on the treatment of babies and children.

16. Progress against the 2016-17 Business Plan: Council was asked to note that due to changes in priorities some areas of the business plan would be delayed these were listed as:

- 1.3 – PCC Bank of Conditions: this work would now take place in 2017-18.

3.2 – IT user feedback: this work is delayed and awaiting further staff IT user group input.

3.2 – Use of Intergra for case management: This is delayed following changes in regulation staff.

17. Members offered their congratulations on the work completed to date on a plan which was ambitious and challenging. The Executive should take pride in what had been achieved.
18. Financial Report: the Head of Registration and Resources introduced the report informing members that as at 31 December 2016, income projections were on target with a forecast of a small surplus at year end 31 March 2017, that the balance sheet was in a healthy position and the cash-flow well placed. The financial position remained strong in supporting the business plan.
19. Members thanked the Head of Registration and Resources for his clear and concise narrative.

Noted: Council noted the Chief Executive's Report.

Item 6: Fitness to Practise Report

20. The Head of Regulation introduced the item which gave an update on the work of the Regulation department and the GOSC's fitness to practise committees.
21. The following areas of the report were highlighted:
 - a. Section 32 prosecution: costs of £200 were awarded against Mr Graham, who was removed from the register in May 2016, and pleaded guilty at his trial on 24 January 2017. In awarding costs Mr Graham's financial position had been taken into consideration and was kept to a moderate sum.
 - b. Hearings Guidance for Registrants: the guidance was approved by Council for consultation in November 2016 and the consultation commenced on 16 January 2017. To date the consultation has generated a lot of interest and the expectation was that by the end of the consultation period, 10 March 2017, the number of comments and feedback would be significant.
 - c. Advertising: there have been no further complaints from the GTS since July 2016. Complaints about advertising have been received but these have been submitted independently of the GTS.
 - d. Data report: key statistics were:
 - i. The number of cases open at the end of each quarter continues to increase and currently stands at 73. There are a number of factors for this including the number of cases adjourned by the Investigating Committee including a number of advertising complaints between

November 2015 and July 2016. It was explained that in relation to the advertising complaints the IC cannot determine breaches of the CAP code and they have adjourned their consideration of matters pending the ASA reaching a decision on each case

- ii. A listing protocol was being employed to help reduce the number of cases adjourned and part heard by the PCC.
- iii. The KPI for both IC and PCC had increased. The reason for the IC increase was that a number of cases previously adjourned in March, April and August 2016 were outside the KPI. There were also no meetings during May, June, July, September and November. Meetings were now being scheduled every eight weeks to ensure cases are continuously progressed through the IC stages and that KPIs are met.
- iv. The reason for the KPI increase for the PCC was due to the consideration of two cases which exceeded the 52 week KPI. The listing protocol is being used to ensure cases are dealt with as soon as possible.
- v. There had been an increase in the number of cases referred by the IC to the PCC from 25 to 30 and, while the increase is high, 13 of the cases have been listed for consideration during Quarter 4 and a further 11 are listed for April/June 2017.

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

- a. Members asked about the number of complaints that appeared to be a backlog and the length of time to it would take to close them. It was explained that with improved protocols and provision of more information to the IC the expectation was that by Q4 there should be a significant decrease in the numbers and within the next two quarters there should be a marked improvement in the figures.
- b. It was also highlighted that what was described as a backlog was not the case; it was a representation of total caseload. However, there had been a conflation of a number of issues which had led to the high number of cases. Many of the cases have been listed with back-to-back hearings arranged.
- c. It was also explained that of the high number of adjournments, seven were related to the GTS and the others were related to the need for further information for which protocols were now in place to ensure as much information as possible is made available to the Committee.
- d. The Chief Executive commented that it was correct to note that caseloads appeared to be increasing. It was advised that it would be helpful to look at the financial report in tandem with the data report to note the number of cases which had been listed. He added that the figure of 73 also included

cases which would close without going to the PCC. Members were asked also to reflect that the GOsC's complaints handling systems were not designed to deal with the number of complaints generated by the GTS, and even though many of these have been closed at an early stage this has had an effect on the handling of cases of a more serious nature.

- e. In response to the comment on whether there was anything which Council could contribute in terms of training, appraisal or policy for the fitness to practise committees, the Head of Regulation informed members that a number of areas were to be reviewed with the IC including the IC Decision Making guidance, training events, more detailed reports and the issuing of advice. The Chair noted the plans to be put in place to address some of the issues raised and asked that further reports be made to Council.
- f. Members asked if, for instance, the IC changed the way in which it was expected to be provided with information so impacting on KPIs and incurring cost, was it within their remit to do so or was it for Council to endorse the amount of information required to do their job effectively? The Head of Regulation responded that there was a separation of function and that the IC was an independent statutory body therefore the GOsC cannot influence or restrain them from their decision making, but it can be made certain that they have a complete toolkit which includes training and understanding what is required of the Committee. Council's support would be in approving decision-making guidance and policy relating to the fitness to practise committees.
- g. Members asked why it appeared that there were no IC meetings for five months. It was explained that there had been four IC meetings, two in April and two in August therefore the same number of meetings as usual but at different points. It is planned that future IC meetings will be more regularly spaced.
- h. Members asked about the IC closing cases with an advice letter. Would such a letter be public and could the advice form part of a registrants CPD? In response members were informed that the approach had not yet been developed and would need to be considered and agreed by Council as part of the decision-making guidance. It was pointed out that advice given by other regulators is not made public but does form part of the registrant's fitness to practise history.
- i. Members were pleased to see that equality and diversity monitoring was to be used for the purpose of quality assurance.

Noted: Council noted the Fitness to Practise Report.

Item 7: Business Plan and Budget 2017-18

23. The Chief Executive introduced the item which provided the Council with drafts of the 2017-18 Business Plan and Budget.
24. It was affirmed that the Business Plan was a continuation of the 2016-17 plan and the second year of the Corporate Plan 2016-19.
25. In discussion the following points were made and responded to regarding the Business Plan:
 - a. Members asked if the potential changes to regulatory legislation would have an impact on the Business Plan. The Chief Executive responded that he did not believe there would be any impact in this year.
 - b. Members asked if there was a way to use data collected on equality and diversity to influence policy. The Chief Executive explained that where possible this data would be used but the difficulty was reaching robust conclusions due to the limited data available.
 - c. It was suggested that equality and diversity could be the subject of a future Council seminar discussion.
 - d. Members asked how decisions would be made on prioritisation and what work areas might be delayed in the plan. The Chief Executive responded that the priority had to be public protection and patient safety, followed by ensuring statutory processes are kept up to date and working well. Other areas would be less of a priority and this has always been the case. Council's job is to agree to what can be delayed but at this juncture it would not be prudent to say what any areas of delay might be.
 - e. The Chair commented that she was pleased to see the prioritisation associated with work on improving the operation of Rule 8, and also the decision making guidance for the IC. She also suggested that the proposals for collaborative working with other healthcare regulators should be included. The Chief Executive agreed it would form part of the CE's next report to Council.
26. Budget 2017-18: the Head of Registration and Resources introduced the item on the draft budget which he explained was consistent with the budget strategy presented to Council in November 2016. The following were highlighted:
 - a. It was anticipated there would be a small surplus in the financial year 2017-18.
 - b. Expenditure reductions had been identified which would offset increases in other areas of expenditure and new activity including research projects.
 - c. The budget for fitness to practise would remain at the same level taking into consideration areas identified by the Regulation team including increasing

the ability to work on-line and the introduction fixed of fees for external legal providers. The budget would allow for any additional committee and ISO meetings and could be contained within the same budget envelope.

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

- a. Members asked about the difference in the expenditure on staff. It was confirmed there was an increase in staff resource and a percentage increase for any pay award determined by the Remuneration and Appointments Committee. The Chief Executive added that the Regulation team had increased its complement from four to 6.5 in the last few years and the team included greater legal expertise.
- b. Members asked if recommendations from the recent IT audit conducted by Crowe Crown Whitehill were covered by the budget. It was explained that following a recent conversation with the auditor, the recommendations made would mainly involve staff time and therefore would not have a significant financial impact.
- c. Members asked what 'other income' related to. It was explained that the majority of this income came from the sale of advertising in *the Osteopath* magazine. Income also came from bank interest and the sale of leaflets.
- d. The Chair asked about the mechanism from bringing costs out of reserves and back into budget referenced at paragraph 14 in relation to the CPD scheme. The Head of Registration and Resources explained that in terms of CPD there would be reports to Council which will explain the expenditure. It was agreed that in future the expenditure from designated funds would be included as part of the Chief Executive's Report – financial reporting annex.

Council agreed:

- a. the Business Plan 2017-18 at Annex A**
- b. the Budget 2017-18 at Annex B**

Item 8: Review of Financial Reserves

28. The Head of Registration and Resources introduced the item which concerned the reserves which are held by the GOsC to ensure it has sufficient funds to guard against unforeseen events. The paper reviewed the reserves position and accompanying narrative in anticipation of a successful application for registration as a charity.

29. The following points were highlighted:

- a. The GOsC's responses to questions posed in the Charity Commission's guidance document, *Charity Reserves: building resilience*, so as to inform its own reserves position.

- b. In considering the key risk areas and possible financial impact the considered target range was £350-700k and, based on the guidance, this would exclude restricted income funds, tangible fixed assets, amounts designated for essential future spending and any funds which have restrictions in the way funds have to be used.
- c. At the financial year end 31 March 2016, GOsC had funds totalling £575,000 which was within the target range.
- d. The Annual Report would include a statement on the reserves position subject to any comments by the financial auditors and would give additional transparency and disclosure.

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

- a. Members requested clarification about the target range of £350-£700k. It was explained that based on the risk areas identified the range encompassed the possible increase volume of complaints, judicial reviews, and any unforeseen increase in quality assurance activity. The main focus of the range is for uninsurable losses i.e. data protection fines which could reach up to £500k.
- b. It was also explained that the budgets had been stress tested and that if there were a decrease or sustained reduction in the GOsC income then expenditure would have to be reviewed to ensure the management of the GOsC's core business.
- c. The Chief Executive added that once charitable status had been achieved the reserves position would be reviewed on a more regular basis forming part of the annual budget strategy discussion.

Agreed: Council agreed the proposed approach to reporting the financial reserves in the next Annual Report and Accounts.

Item 9: Governance Handbook updates

- 31. The Chief Executive introduced the item which, in anticipation of a successful outcome to the GOsC's application for registration as a charity, considered changes required to the Governance Handbook.
- 32. It was highlighted that the mapping exercise between the Charity Commission's *Essential Trustee* guidance and the GOsC Governance Handbook had been completed with the outcomes and recommendations shown at paragraph 6.
- 33. As a result of the mapping exercise and analysis the proposed amendments to the Governance Handbook would be made subject to the successful application for charitable status.

Agreed: subject to the successful outcome of the application for the GOsC's registration as a charity, Council agreed to make the changes to the Governance Handbook identified in the table at paragraph 7 of the report.

Item 10: Appointment of external financial auditors

34. The Head of Registration and Resources introduced the item which concerned the tender exercise for external audit services which commenced in December 2016 and concluded in January 2017.
35. Following the tender exercise the Audit Committee have recommended the appointment of Crowe Clark Whitehill.
36. The following points were highlighted:
- a. It was noted that all of the audit firms which had been considered were capable of providing the financial audit services which the GOsC required. Crowe Clark Whitehill demonstrated they had researched the GOsC and presented their audit team for the interview all of whom had been fully engaged and participated in discussions.
 - b. The current auditors, Grant Thornton LLP, were aware of the process which had been undertaken and would be contacted following the decision of Council.
 - c. Members were advised that Grant Thornton LLP would resign their position as GOsC financial auditors and there would be an agreed transitional period to allow Grant Thornton to hand over to Crowe Clark Whitehill.
37. The following points were made and responded to:
- a. Members were informed that Crowe Clark Whitehill had experience in working with health care regulators, membership organisations and the charitable sector.
 - b. The audit fee had been confirmed for the two year period. It was not anticipated there would be a significant increase after the two year period.
38. The Chair asked that the thanks and appreciation of Council be passed on to the team at Grant Thornton LLP for their many years of service.

Agreed: Council agreed to appoint Crowe Clark Whitehill for a period of two years.

Noted: Council noted that the contract may be extended for an additional three years subject to:

- a. **satisfactory performance, and**

- b. a review of the audit team composition to ensure the relationship continues to demonstrate the necessary professional independence and maintain sufficient challenge.**

Item 11: Voluntary Removal Policy

39. The Head of Regulation introduced the item which concerned a draft policy formalising the decision-making process the Registrar undertakes when an osteopath makes a request to be removed from the Register of Osteopaths. The policy sets out how the process differs depending on whether there are current fitness to practise concerns at the point when they make an application for removal.
40. The following points were highlighted:
- a. Following a three month consultation, from 1 September to 30 November 2016 there had been six responses including a response from the Institute of Osteopathy.
 - b. One response in particular was highlighted:

‘I don’t believe that there should be an option to resign to effectively avoid a complaint, I believe that a complainant would want a hearing and if I were in the complainant’s shoes it wouldn’t be enough that the registrant was not practising.’

Following discussion at the meeting of the Policy Advisory Committee and Council on the wider public interest it was believed that the complainant’s view should be taken into consideration if it was relevant. This is now included in the document.
 - c. It was highlighted that an equality and diversity statement has also been included.
41. In discussion the following points were made and responded to:
- a. It was pointed out that voluntary removal was not about avoiding punishment but the consultation highlighted the issue of the wider public interest. The Voluntary Removal policy encompasses the area of upholding the standards of the profession where if there are serious allegations of misconduct it is in the public interest to be dealt with in a public forum.
 - b. Members were assured that there were a number of safeguards in place to stop an individual reapplying to join the Register and that the Registrar is made aware of such issues.

Agreed: Council agreed the draft Voluntary Removal Policy at Annex B.

Item 12: Research into boundaries

42. The Head of Professional Standards introduced the item which concerned the collaborative commissioning of a literature review to support scoping of research into boundaries and evidence based policy making in this area.
43. The following points were highlighted:
- a. There had been a helpful discussion at the Policy Advisory Committee and it was recognised that the area of boundaries was important and beginning the research with a literature review would help to scope further research objectives.
 - b. The Head of Professional Standards was pleased that the General Chiropractic Council (GCC) would jointly commission the research. The Health and Care Professions Council (HCPC) would also be involved in an advisory capacity.
44. In discussion the following points were made and responded to:
- a. In relation to governance, Council was advised that there would need to be discussion about a contract between the GOsC and the GCC.
 - b. The Executive was asked to consider in more detail the approach to be taken when formalising the agreement. A critical issue was the high degree of risk in terms of finance. The Chief Executive highlighted that this would as this would not be a complex exercise and the governance should be proportionate to the project.
 - c. It was explained that due to the HCPC's regulatory responsibilities across a wide range of professions its role would only be advisory rather than as a full participant.
 - d. Members asked if there was a timeframe for the project. It was explained that it was hoped that the project could be completed during 2017 as it was not complex. It was suggested that if completed there might be an opportunity to share findings at the Scottish Government Health Regulators meeting in October. It was also suggested that the body of related literature written by Jorge Esteves could also form part of the research.
 - e. Members highlighted the risk of unintended consequences in focusing on touch when looking into the area of boundaries and the wider impact on the profession.

Agreed: Council agreed to commission a literature review into boundaries to help the GOsC scope research objectives in this area.

Item 13: Continuing Professional Development update

45. The Head of Professional Standards introduced the item which gave an update on the implementation of the CPD Scheme. Council was asked to consider the risk analysis and their agreement was sought on the timeline for amendment to the CPD Rules which has been agreed with the Department of Health.
46. It was pointed out that Council had asked that for further examination of the risk associated with the CPD scheme as it was important to keep this under review. The Chair commented she was pleased to see that there was now a well worked through analysis as had been requested.
47. It was also noted that the timeline, taking into consideration the Department of Health, would be tight although achievable.
48. In discussion the following points were raised and responded to:
- a. In relation to IT, members asked what contingencies were in place to mitigate the risk of overruns in terms of cost. It was explained that there had been discussion at the PAC of three key areas around IT and the project:
 - i. CPD on-line resources: the website had been launched and was on track and could continue to evolve and be developed.
 - ii. E-portfolios: these were currently being piloted with Early Adopters but it had been recognised that this was not critical for the provision of the new CPD scheme and neither was it a requirement for the GOsC to run an e-portfolio system. The key issue will be whether the GOsC accept the risk and cost or outsource.
 - iii. On-line registration: it was anticipated that this would be simpler and require only minor changes.

In summary the Chief Executive advised that although it was important to keep the IT risk analysis on the register there were no critical changes to be made for the introduction of the new CPD scheme.

- b. Members noted the most of the risk ratings were high. How often would the register be reviewed and who had oversight? It was explained that it had been agreed that Council would have oversight but would be regularly reviewed by the Senior Management Team and the Policy Advisory Committee.
- c. Members asked what assurances could be given in terms of 'hard to reach' registrants and the CPD scheme. The Head of Professional Standards explained the approach to the scheme was to work through other organisations so that communications would not be solely from the GOsC and information would cascade down. It was added that those registrants described as 'hard to reach' would only be identified when the scheme was implemented. It was suggested that through the self-declaration registrants would not only be asked questions about compliance but also about their preparations. Consideration was also required about how to identify and

distinguish between those who were not engaging with the scheme and those who were finding the scheme challenging.

- d. Members raised a point about Early Adopters and the webinars which they would want to attend, as it was clear that there were some which were of particular interest and could be in high demand. It was suggested that there might be a discussion with stakeholders on how they would develop their own capacity in areas of high demand. It was agreed this was an area requiring further development with the stakeholders and data from the Early Adopters would feed into this.
- e. A member commented on a number of issues with the perspective of an Early Adopter and as an organiser of a regional group to which the Head of Professional Standards responded:
 - i. Scaling up of the scheme – the new CPD scheme was in its early stages and therefore easy to manage with small groups and a lot of support from the GOsC. This might not be the same when scaled up. It was explained that each of the learning outcomes from the CPD programmes would help and support the scheme for others through a number of online resources.
 - ii. Concerns about the three year bulge – the peer review in 2021 could reach a critical point when up to 5,000 people might be trying to do peer review. It was agreed this was a high area of risk but a range of ways to mitigate this would be explored.
 - iii. There is inconsistency in the language used which can be confusing. It was agreed this could be reviewed.
 - iv. The number of CPD hours required clarification. It was explained that the legislative framework was 90 hours over three years. The removal point would begin at the end of the three year period. The current position is that if a registrant has not completed 30 hours a letter must be written to the Registrar with the removal point being at the end of the CPD year. It was also explained that removal points are at the end of the CPD year which registrants reach at different times. There was no single registration date but the bulk period was in May due when the register originally opened. It was pointed out that a reason for the September launch of the new scheme was to avoid beginning with the majority of the register.
- f. It was confirmed that the CPD requirement would remain unchanged at 30 hours per annum and 90 hours over three years with some direction as to what was required. In relation to peer discussion both the peer and participant would be able to claim this as CPD. The audit strategy is not yet decided but currently 20% of annual summary forms are audited.

- g. The Chair asked if it was possible for registrants who were not Early Adopters to use the new website as there was some very useful content. It was explained that over time the Early Adopter elements of the site would fall away and by September 2018 it would be the full CPD website. Members were advised that the lead story in *the Osteopath* would be about the site and would encourage registrants to visit and use it.

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

Agreed: Council agreed the timeline for amendment to the CPD rules as agreed with the Department of Health.

Item 14: Minutes of the Audit Committee – 24 November 2016

49. Members of the Audit Committee had no additional comments relating to the minutes.
50. Council was advised that Haidar Ramadan would be take up the vacant registrant position on the Audit Committee from 1 April 2017.

Item 15: Any other business

There was no other business

Date of the next meeting: Tuesday 2 May 2017 at 10.00