



**Minutes of the 102nd meeting of the Public meeting of the General
Osteopathic Council held on Wednesday 6 February 2019,
at Osteopathy House, 176 Tower Bridge Road SE1 3LU**

Confirmed

- Chair: Alison White
- Present: Sarah Botterill
John Chaffey
Elizabeth Elander
Bill Gunnyeon
Haidar Ramadan
Denis Shaughnessy
Deborah Smith
- In attendance: Steven Bettles, Professional Standards Manager (Items 9 and 11)
Fiona Browne, Director of Education, Standards and Development
Hannah Doherty, Regulation Manager
Sheleen McCormack, Director of Fitness to Practise
Simon McGhechie, Fairstone (Item 8 only)
Liz Niman, Head of Communications and Engagement
Steve Oliver, Brewin Dolphin (Item 8 only)
Matthew Redford, Director of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Tim Walker, Chief Executive and Registrar
- Observer: Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
Alan Clamp, Chief Executive, Professional Standards Authority
Colette Higham, Senior Scrutiny Officer, Professional Standards Authority
Leonie Milliner, Chief Executive and Registrar designate

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to Leonie Milliner, Chief Executive designate of the General Osteopathic Council, Alan Clamp, Chief Executive, and Colette Higham, Senior Scrutiny Officer, both from the Professional Standards Authority.

Maurice Cheng, Chief Executive of the Institute of Osteopathy, Steve Oliver – Brewin Dolphin, Simon McGhechie – Fairstone Financial Management, were also welcomed to the meeting.

2. Apologies were received from Simeon London and Joan Martin.

Item 2: Questions from observers

3. There were no questions from observers.

Item 3: Minutes

4. The minutes of the 101st meeting of Council held on 21 November 2018, were agreed as a correct record.

Matters arising

5. There were no matters arising.

Item 4: Chair's Report and appointments

6. This would be Tim Walker's final Council meeting and the Chair wished to place on record the thanks of Council for his exemplary service.
7. The Chair welcomed Leonie Milliner, Chief Executive Designate, to the Council table to observe her first Council meeting. Council was informed that Leonie had already started the process of her induction having regular meetings with the Chair and receiving formal induction with the Senior Management Team and meeting with staff. Leonie would formally commence her new role on Monday 4 March.
8. The Chair then gave her report to Council:
 - a. Further to correspondence shared with Council, it had been agreed to delay the approval process for the new Corporate Strategy 2019-24 until the May meeting. The pause in the process would allow Leonie the opportunity to consider how she would like to proceed with the final draft. The Chair confirmed she had discussed the background of the Corporate Strategy with Leonie considering past Council discussions on how the new Strategy should be presented.
 - b. Members would also be invited to give a short overview of their thinking and the extent to which the current draft captures this. The input from Council would help Leonie get a sense of Council's thinking and how the final draft should be presented when it comes back for sign off in May.
 - c. Council would however, proceed with approval of the Business Plan and Budget 2019-20. Council had approved the budget strategy at the meeting in November 2018 and the budget for 2019-20 had been prepared in accordance with that. It was stressed that it was important to maintain high standards during the transition from one Chief Executive to the next and approval of the Business Plan would underpin that.
 - d. The Chair was pleased to see the preparations taking place in those areas of regulation which would be most affected by EU Exit. It was noted there was considerable uncertainty in the political environment and making

proportionate preparations in respect of potential registration from EU citizens whatever happens about the EU exit is sensible.

- e. Since the last Chair's report in November, the PSA Performance Review report for the year 2017-18 has been received. Achieving the full range of regulatory standards had been challenging, and the PSA's report gave further insight into the concerns that the PSA had. Leonie would work with the Executive to review those areas with which the PSA has concerns and report back to Council with recommendations if there are areas where there should be focus and possible improvement.
- f. The Chair had been in discussions with the Chair of the Audit Committee, Chris Shapcott to consider the respective roles of the Audit Committee and Council in relation to risk management and the methodology by which risks are presented. The Chair of Council would attend the March Audit Committee to discuss the matter in more depth. Making changes to the way the process works and ensuring that the presentation of risks is commensurate with optimising Council's engagement, would be a very important part of the change which Leonie has been asked to oversee as part of the conclusion of the corporate planning process.
- g. Members were reminded that they should complete the online cyber security training. The training provides sensible, practical and informative advice and reminders that cyber security is everyone's business.

Noted: Council noted the Chair's report.

Appointments

9. The Chair introduced the item which sought Council's approval for the appointment of one member of the Health and Professional Conduct Committees and to clarify the arrangements for the appointment of the Chair of the Investigating Committee.
10. It was confirmed that in considering the recommendation to appoint Abby Mulholland to the Health and Professional Conduct Committees the issue of where her home and practice are based had been considered in terms of her availability to attend hearings. Assurances were received that with good notice she would be able to fulfil the requirements of the role and her availability should not be an issue.

Reappointments

11. The Chair confirmed the reappointment of three members of Council, Sarah Botterill, John Chaffey and Denis Shaughnessy. The reappointments, commencing 1 April 2019, had been approved by Privy Council and the members have been notified.

Agreed: Council agreed to appoint Abby Mulholland as registrant member of the Professional Conduct and Health Committees from 1 April 2019 to 31 March 2023.

Agreed: Council agreed that the appointment of the Chair of the Investigating Committee should take place electronically following the conclusion of the interviews.

Item 5: Chief Executive's Report

12. The Chief Executive introduced his report which gave an account of the work undertaken since the last Council meeting and not reported elsewhere on the agenda.

13. The following points were highlighted:

- a. In addition to the meetings listed in his report the Chief Executive informed members that he attended the first AGM and Conference of the European Federation and Forum for Osteopaths (EFFO) in Slovenia. The event had been well organised and productive. Members were reminded that the EFFO had been formed as a result of the merger between the European Federation of Osteopaths (EFO) and the Forum for Osteopathic Regulation in Europe (FORE) in which the GOsC had an integral role establishing. Moving forward it had been agreed that the GOsC would continue to play a part in the forum and had been granted status as an associate member. The iO would hold full membership. To acknowledge Tim's role in establishment of the EFFO, he had been granted honorary membership.
- b. It was also noted that Matthew Redford, Director of Registration and Resources had attended the Healthcare Professionals Crossing Borders (HPCB) conference in Dublin on behalf of the GOsC. The conference had been very useful looking at a number of issues including the future recognition of qualifications at a pan-European level.

14. Business Plan

- a. It was highlighted that there were four areas of delay in the plan all relating to fitness to practice. At this point these areas were either now on track or would appear in the 2019-20 business plan. In terms of overall monitoring the Executive were on track to achieve the objective to deliver by 31 March 2019.
- b. The delay on the Bank of Conditions was acknowledged and it was agreed that it would be prioritised as part of the 2019-20 Business Plan. It was pointed that it should be recognised this was something which affected a very small number of conditions of practise orders
- c. Council recognised that the Business Plan was substantial body of work. The Chair asked that Council's appreciation of what had been achieved by the Executive and staff be noted.

15. Financial Report

- a. Income was as expected with expenditure slightly less than forecast. The prediction for the year-end is for a higher surplus position than the budget signed by Council in January 2018.
- b. The financial report and analysis underpin the volume of activity undertaken by the staff.

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

- a. Business Rate refund: it was confirmed there had been some progress in securing the back-dated business rate refund from the London Borough of Southwark but as at the date of this meeting of Council the value and period which the refund would cover was yet to be disclosed. The GOsC auditors, Crowe, would continue to liaise with Southwark Council
- b. Tax liability on council member expenses: responding to a request for clarification of the tax liability on Council member expenses it was explained that HM Revenue and Customs consider members as office holders therefore any expenses are subject to tax and national insurance.
- c. CPD scheme expenditure: it was agreed that an analysis of expenditure on the new CPD Scheme could be provided as part of the CPD Scheme reporting. It was noted out that although the £100,000 had been allocated three years ago this was the first year of the reserve being used as earlier spending had come from the general professional standards budget.

Noted: Council noted the Chief Executive's report.

Item 6: Fitness to Practise Report

17. The Director of Fitness to Practise introduced the report which gave the quarterly update on the work of the Registration department and the GOsC's fitness to practise committees.

18. The following points were highlighted:

- a. The Determination Review Group met in November 2018 and considered a number of cases including the High Court decision of Teasdale. Learning points from the judgement had been included as part of the Professional Conduct Committee (PCC) training day which took place in December 2018.
- b. A further notification of a statutory appeal against a sanction imposed by the PCC had been received. The matter has been transferred to Royal Courts and it is expected that a date for the hearing will be set to take place during the summer. The existing High Court appeal is set for a two-day hearing in April and will take place in Manchester.

Dataset

- c. As predicted at the last quarter there has been a decrease in the PCC decisions median from 77 weeks in Q2 to 34 weeks in Q3 reflecting the conclusion of a number of complex older cases in Q2 and, during Q3, a number of low complexity cases.
- d. It was expected that the Q4 would be busy due to the twelve cases being referred to the PCC by Investigating Committee (IC). These cases are to be listed in due course.
- e. The number of Section 32, Protection of Title, cases have significantly reduced and at 14 January 2019 there were a total of 19 cases.

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

- a. Themes and length of cases: members were informed that there were no overarching themes for cases which were longer than 52 weeks other than:
 - their complexity
 - they were multi-day
 - they may have been adjourned
 - the adversarial approach taken by Defence Counsel.

With the introduction of Standard Case Directions, it was hoped that some of the issues described could be addressed.

- b. Public Indemnity Insurance: it was highlighted that the ongoing difficulties relating to registrants' failure to maintain professional indemnity insurance (PII) was not only a regulation issue but also one of registration. A number of initiatives are being undertaken to assist registrants in understanding the provisions of PII and PLI (public liability insurance) including:
 - The Registration team working to assist registrants at the point of registration/renewal of registration
 - Publication of articles in the 'Osteopath' magazine, the e-bulletin and other media on the distinction between PII and PLI
 - Development and drafting of a practice note on PII to be shared with the profession and the PCC.
- c. In considering the issues of insurance it was pointed out that that the fitness to practise route to ensure PII compliance was a legal, statutory requirement. PLI is a requirement of the Osteopathic Practice Standards. It was also pointed out that Council made the decision in May 2016 to move to a different approach to the auditing of PII which meant that registrants were not required to submit a certificate annually but must show proof of having insurance cover and the insurance provider. An audit is then conducted to check the information provided by the registrant.

- d. Judicial Reviews: it was suggested that there were more 'threats' of Judicial Reviews and appeals against decisions than actually materialised and was an issue across the healthcare spectrum.
- e. Training: there are a number of ongoing initiatives with the General Optical Council and General Chiropractic Council for training relating to fitness to practise including joint Chair training, development of employee training on case law, risk assessments and drafting of allegations. A further detailed report on the initiatives would be reported at a future meeting.
- f. Rule 8 – Disposal of Proceedings: Council was pleased to see that Rule 8 had been used in the disposal of three cases, but it was difficult to confirm if this outcome was a direct impact the changes made to the guidance. It was agreed that an evaluation would be undertaken to review the impact of Rule 8 guidance and its impact on ftp procedures.
- g. Investigating Committee scheduling: the Chair asked whether there were enough IC meetings being scheduled to match the workload and whether there should be a threshold set for convening an IC. It was suggested this information would be helpful in providing assurances to Council on the process. It was noted that the scheduling of meetings was complex; should cases be listed on demand or listed across the calendar year in the hope there are cases for the meeting – this would impact on the KPIs. It was explained that cases are scheduled in line with KPIs and IC meetings are usually arranged approximately six months in advance. It was added that when and where necessary IC meetings can be arranged on an ad hoc basis. It was noted that Council would find it helpful to receive data about the age of cases screened in and awaiting IC referral.
- h. It was noted that in considering KPIs and performance, the focus on the complainant and registrant were not lost. As part of the process the parties are kept informed on progression of a case.

Noted: Council noted the Fitness to Practise report.

Item 7: Budget and draft Business Plan 2019-20

20. The Chief Executive introduced the item which provided Council with drafts of the 2019-20 Business Plan and Budget.

21. The following points were highlighted:

- a. The themes of the Business Plan reflect those in the draft Corporate Strategy and it is recognised that if there were to be a decision to change the Corporate Strategy it would potentially impact on the Business Plan.
- b. It was noted that the Business Plan appeared ambitious in terms of the work included. It would be for Council to decide if there are areas that are not a

priority or whether there are other areas which should be considered in the year ahead. It would be for the Chief Executive designate and the Senior Management Team to review with the final version to be presented to Council at its May meeting.

- c. The draft Budget 2019-20 reflects the Budget Strategy agreed by Council in November 2018.
- d. Departments would continue to make cost savings which will allow for funds to be invested in areas providing assurances and enhancements in the organisation's business and operations including:
 - Audit of fitness to practise case decisions
 - IT security
 - Consultancy to assist the executive in looking at new approaches to activities.
- e. The budget also ensures the continuance of the core statutory functions of the business including what is required for quality assurance and fitness to practise.

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

- a. Members were informed it would difficult to highlight the areas of the Business Plan and its activities thought to be the most challenging or posing most risk. The Audit Committee (AC) had in previous years undertaken a risk assessment of the Business Plan considering the risks and challenges associated with particular activities.
- b. Although there were no specific challenges which could be pinpointed it was noted that there are a number of areas which would require some consideration such as:
 - how the updated Osteopathic Practice Standards can be embodied and used as a framework for the profession;
 - patient involvement and how data is gathered to ensure that the work being undertaken in continuing the development of the profession is making a difference.

There were no parts of the Business Plan which could be considered more challenging than another but achievements and how those achievements are evidenced was stressed. The challenges underlying the Business Plan were in areas of engagement and influence.

- c. It was explained that although the Business Plan was ambitious it was recognised that there were some limitations as to what could be achieved. It was the decision of the departments to know what was realistic. It may be there would be a need to deprioritise activities to ensure that the

organisation could meet its statutory requirements with the available resources.

- d. It was agreed there could be more emphasis placed on patient involvement in the Business Plan to demonstrate the increasing recognition of the patient voice. Articulating this relationship was important and there was work being undertaken with education providers and the Institute of Osteopathy to build on this.
- e. Registration fee: it was explained that the fee system is incremental over three years and the Registration team are aware of the number of students expected to graduate. On graduation a student will pay the entry fee of £320 in year one, £430 in year two and the maximum of £570 in year 3 and each subsequent year thereafter.
- f. It was noted that if there had been no increase in the registration fee for five years but if there had and if in line with inflation, there would be approximately £200k additional income available in the budget. It was pointed out that the GOsC fee was one of the more expensive of the healthcare regulators and if there was submission to the Department of Health to increase the fee it would probably not be well received. It was agreed that the reserves policy met the requirements of the GOsC due to the finances being well-managed but to meet the requirements of an ambitious Business Plan and what is deliverable it might be necessary to consider other approaches.
- g. It was pointed out that it had been predicted that the profession would reach a steady state in the growth of the Register. This in fact has not been the case with the register continuing to grow and it is forecast to continue to do so. Much was being done to maintain costs, but it was agreed that budgets should continue to be carefully scrutinised.

Agreed: Council agreed the Budget 2019-20

Item 8: Review of reserves and investment

- 23. Simon Oliver, Brewin Dolphin, and Simon McGhechie, Fairstone, were welcomed to the meeting.
- 24. The Director of Registration and Resources introduced the item which gave a report on the reserves held by the GOsC to ensure it has sufficient funds to guard against unforeseen events. In addition, to protect its cash reserves, the GOsC has a managed investment portfolio held through Brewin Dolphin and a separate 120-bond held with Secure Trust Bank.
- 25. The following points were highlighted:

Investment:

- a. It has been a difficult year for worldwide equity investors. No developed markets produced a positive return.
- b. A number of factors had impacted on growth including concerns of a recession, trade tariffs, and the UK's departure from European Union.
- c. The only area with a positive return was the US Treasuries with a modest 2% return.
- d. Due to the financial climate the decision was made to take no action and with the strong rally in January 2019, this has proved the correct decision.
- e. It was noted that the portfolio fell and the £534k portfolio value communicated to the GOsC in January had increased back to £562k. The investment remains strong and for 2019 although the market is not strong there is no prospect of a protracted global recession. The dividend income is strong and robust versus cash and high-grade fixed interest securities.

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

- a. It was suggested it would be helpful to Council to have sight of the 12-month Brewin Dolphin investment report.
- b. In comparison to the UK Stock Index which was down almost 10%, the investment did better. It was confirmed there was a benchmark comparison against which the investment had slightly underperformed. It was agreed that the benchmark report and management fees would be reported to Council at the meeting in July.

27. Simon Oliver was thanked for his report and requested to leave the meeting to allow Council to discuss the report with the Financial Advisor, Simon McGhechie.

28. The advice given was as follows:

- a. After 18 months into the investment strategy the past six-months had been the most difficult for the markets. Throughout this time there had been regular contact Brewin Dolphin and their approach of sitting tight and taking the longer-term view on the investment was correct.
- b. A constant check was kept on how investment managers are comparing in the markets and Brewin Dolphin holds up well in comparison to others. Overall as a business their other investments and portfolios are doing well.
- c. It was advised that the investment should be given more time to perform and performance it could be reviewed on a more regular basis as Council has requested. The requested clarifications and reports would be provided including benchmarking and fees.

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

- a. The Chair stressed that the investment underpins the GOsC's financial stability and it was also important to ensure that there were no inconsistencies between the investment and the organisation's charitable status.
- b. For Council to stand behind previous decisions having a clear understanding of the result of those decisions was important. In order for Council to make the assessment, the information must be provided including a longer-term analysis on how the investments have performed and how the performance compares against relevant benchmarks. There also was a need to understand how much the management of the investment was costing.
- c. It was suggested that there needed to be a review to ensure that what was being invested in the managed fund and the 120-day bond, was the correct balance as there was a disparity on what was being received from the two investments with the bond performing better than the portfolio investment.
- d. In relation to Brexit members were informed that a benefit of having a discretionary fund manager to manage the asset is that it will be an active investment and decisions on the asset made quickly based on the portfolio. There was no easy answer to the outcome of leaving the EU, but it was believed that the investment was positioned in the way that was more attuned to the requirements of GOsC.
- e. It was explained that the rationale for investment was set out based on several key principles as set out in paragraph 13 of the report. Council did not set a particular target for percentage growth but was more concerned with maintaining the value of the investment. It was also noted there had been concerns about ethical investments in past discussions in on investments.

Noted: Council noted the review of the reserves position.

Noted: Council noted the GOsC investment position and agreed that a further, more detailed report would be brought to Council in due course.

Item 9: Continuing Professional Development (CPD) assurance and evaluation

30. The Director of Education, Standards and Development introduced the item which presented Council with assurances on the implementation of the CPD Scheme.

31. The following points were highlighted:

- a. Staff and stakeholders including the Council of Osteopathic Institutions and the Institute of Osteopathy, and all who had given input to the report were thanked for their work to date.
- b. The Chair of the Policy Advisory Committee added that there had been extensive discussions at its meeting in October 2018 and it was noted that the timeline still required further consideration.

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

- a. Members were pleased to see the progress which had been made and congratulated the team on the work to date.
- b. It was agreed there was a high-level of ambition in the provision of assurances and the evaluation, but the progress had been positive. It was confirmed that the strategy itself was still evolving and what was being sought was Council's endorsement that the approach and direction being taken was correct.
- c. Council were given an update on the visits and engagement sessions to date. The sessions which have been well attended have so far been positive and supportive of the new CPD scheme. Many of the questions raised have been similar and easy to answer for example - what is an objective activity? Emphasis is placed on the flexibility of the scheme and how registrants' activities can be spread over a three-year period.
- d. It was recognised that there were still challenges in reaching those registrants who were less engaged and/or professionally isolated and less inclined to participate. It was also recognised that those who did attend meetings were more likely to be already be engaged with the process.
- e. It was recognised that the purpose of the scheme was to effect change. It was suggested there should be more emphasis on the desired outcomes and in doing things differently as part of the engagement strategy, encouraging those who may be less willing to embrace change. In response it was stated that encouragement was being given but needed to be done sensitively and for things to be framed in a positive way.
- f. It was suggested that the list of desired changes expected over time could be compiled and that the datasets and metrics be mapped against the list to determine if changes had taken place.
- g. It was agreed that the KPI on the numbers of osteopaths who report working with other health professionals could be expanded or split to include osteopaths working with other osteopaths.
- f. It was noted that the questions relating to CPD could be predicted that the communication strategy was based on this. The key point, as reported in the

NMC's revalidation evaluation report, July 2018, was the need to listen and respond to registrants, this was a critical part of being a reflective regulator. What was more difficult to demonstrate was that registrants' feedback was being taken on board and responded to.

- g. An observation in the most recent issue of the Osteopath magazine was a report on NCOR complaints data which showed concerns had reached a five-year low. If sustained there would have been a marked reduction in concerns raised about communications and consent. This change suggests that more people are talking about issues and as a result making improvements in practice and possibly fewer complaints.
- h. It was confirmed that there was flexibility with the questions which could be asked using YouGov. The questions for the survey had been selected as they formed part of the care measure and based on a validated questionnaire on patient feedback.
- i. It was suggested that if risk and consent are to be measured then the view of patients should inform part of the survey and not only the views of the patient partnership groups. It was pointed out the survey had been circulated to 500 osteopathic patients and though all the questions were important the final two responses were of particular interest, as the outcomes were lower than expected and the areas where the interest lay in effecting change.
- j. It was explained that by the time the survey is completed it is hoped there will be approximately 75% of the register on the scheme. It was planned for there to be further questions on peer discussion review and recording and reflection. There would also be a telephone survey covering the same questions. The view of the PAC to delay the survey were acknowledged but the Executive considered it was better to have the incomplete data rather than waiting 18 months. The 16-week survey would begin in March capturing the May renewals, and the data would be cross tabulated to ensure capture of all those who join the scheme.
- k. It was confirmed that student presentations include information on the CPD scheme. From presentations which have taken place to date the feedback from students about the scheme has been positive and has shown a degree of comfort in what is expected over the initial three years of compliance. It was added that at one particular education institution the professionalism programme had been changed to include the CPD scheme from day one of the curriculum. It was agreed that a KPI could be added to reflect student engagement.
- l. A concern highlighted by the Executive was the level of engagement with educators and a paper was being developed to evaluate the implementation of the OPS.

Noted: Council noted the progress of the implementation of the CPD Scheme.

Agreed: Council agreed the strategy for providing assurance about the successful implementation of the CPD Scheme.

Item 10: Restoration Guidance

33. The Director of Fitness to Practise introduced the item which proposed the introduction of guidance on the arrangements for and procedure at a hearing where an application for restoration is made after the removal of an osteopath from the register following a fitness to practise hearing.

34. The following points were highlighted:

- a. A number of amendments and additions have been made since the previous draft presented to Council in July 2018, when members raised the issue of whether a complainant's view should be sought and placed before a Committee as part of the restoration hearing process.
- b. The views of stakeholders including those outside of healthcare regulation and those involved in the regulation of the legal profession had been sought as part of the policy development.
- c. Members were asked to note paragraph 17 of the draft guidance which captures the key issue which had concerned members:

The Committee should have regard to the particular facts and circumstances of the case. The Committee should consider any remediation against the backdrop of the reasons leading to the Applicant's removal. Where an application has been made before five years has elapsed since the substantive decision to remove, the Committee should only restore the applicant's name to the register in exceptional circumstances.

The consultation will seek views on this and on the formal views of the patient to be presented before the PCC. The PSA's views would also be sought.

- d. The review of the Worboys' case will have little impact on the guidance as this case involved victims who were not part of the indexed event that led to the criminal conviction and did not feature on the indictment.

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

- a. Members sought clarification of the final sentence of paragraph 13 in the report:

The Complainant providing a statement akin to a Victim Contact Scheme could be said to be extremely prejudicial with only limited relevance as the

allegation has already been ventilated and adjudicated upon at a principal hearing.

It was explained that the applicant seeking restoration might argue that a complainant might be prejudicial and impact on the decision of the restoration hearing.

- b. It was confirmed that the requirements for an Applicant's restoration to the Register were clearly set out in the guidance at paragraphs 11, 15 and 17 and in compliance with the Osteopaths Act 1993. Restoration can also be covered by conditions of practise.
 - c. It was confirmed that an Applicant seeking restoration would also have to demonstrate the steps taken to keep their professional knowledge and skills up to date (paragraph 15. d of the report). It was added that anyone seeking restoration to the Register is encouraged to undergo the return to practice process, but this is not compulsory.
 - d. It was explained that the general principal is that when an individual is removed from a register it is for life, but it is rare and in exceptional circumstances that applications for restoration are made. Case law is now beginning to develop around this issue. The GOsC guidance seeks to present fair and clear instructions for the Professional Conduct Committee.
 - e. Because of the Worboys' case it was considered that it would be good practice to engage and support patients during the restoration process, as complainants would be treated during any fitness to practise case.
 - f. It was confirmed that a restoration hearing took place in public session and could be observed.
36. In summary the Chair requested that Council have sight of the consultation document in advance of its circulation and give any further feedback as this is a particularly critical issue. The questions to be asked should be neutral to ensure that respondents could not be influenced. Consideration would need to be given as to the nature of the audience and who the respondents are.
37. It was added that the issues might be different depending on the timing of the restoration. It was recognised that erasure from the Register happens in only the most serious of circumstances. Where there are issues of patient protection the different issues relating to an applicant returning to the Register after one year, or ten years, must be very carefully considered. The way which the guidance is written and the timescale for restoration would play an important part in the PCC's decision making.

Agreed: Council agreed the draft Restoration Guidance for consultation; subject to sight of the proposed consultation document.

Item 11: Registration assessments

38. The Professional Standards Manager introduced the item which gave a review of the registration assessment process to reflect the updated Osteopathic Practice Standards (OPS), and feedback received from assessors and applicants.

39. The following points were highlighted:

- a. The implementation of the updated Osteopathic Practice Standards meant that a review of the registration assessment documents was required.
- b. There has been very helpful engagement with the Registration Assessors who have taken part in face-to-face training days and webinars helping to develop the draft documents for consultation. The drafts also reflect feedback from the Policy Advisory Committee meeting held in October 2018.
- c. It is not expected that the consultation will produce a substantive response, but feedback will be sought by engaging with key stakeholders and focus groups. The timeline remains the same to be ready for the implementation of the OPS from 1 September 2019.

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

- a. In defining the term 'osteopathic technique' it was explained that there were techniques typically devised and used by osteopaths which come under the nomenclature but could be used by any manual therapists: the term itself had no legal protection. Within the context of osteopathic education and assessment it was understood what the term denotes. In terms of an assessment where a technique being used was appropriate, safe and being competently applied then it would be acceptable. It was suggested that the term 'osteopathic technique' as used in the document would be understood by the assessor and applicant but it was agreed that it would be reviewed.
- b. There was some anxiety about the time it might take to complete a consultation as the documentation was comprehensive. It was pointed out that the consultation was not starting out from scratch and it was planned to target the osteopathic education institutions, assessors and other key stakeholders as a starting point and who had already participated previous consultations.
- c. Members were advised that a summary of the amendments were contained in the consultation document. It was a challenge to highlight all the changes without making the information too expansive. It was also pointed out that highlighting changes within the document would make the documents less accessible and difficult to read.
- d. Members were advised that before international applicants are eligible to submit their further evidence of practise questionnaire there is an initial

screening of their qualifications. If there was evidence of gaps in the applicant's osteopathic education, then they would not be eligible to proceed.

- e. There had been consideration about other types of assessments and how to plug the gaps that might exist. A question was included on this was included in the consultation.
- f. It was explained that there were different routes to application dependent on whether an individual was an EU or non-EU applicant.
 - An EU applicant would need to provide evidence of qualifications and evidence of lifelong learning/CPD.
 - A non-EU applicant would need to provide evidence of qualification, course handbook and module guides.
- g. It was agreed that that the EU Exit might be an issue in the future. The issues relating to internationally applicants needed to be viewed from a risk basis and to date there had been no major challenges. It was important to keep a sense of proportionality in terms of the number of international applicants to the Register.

Agreed: Council agreed the proposed documentation, consultation strategy and timetable in relation to the updated of the FEP and ACP process.

Item 12: Any other business

41. There was no other business.

Date of the next meeting: Wednesday 8 May 2019 at 10.00.