



Meeting of Council

Minutes of the 114th Meeting of Council (Public) meeting, held in-person and online, Wednesday 9 February 2022, at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU, and via the online meeting platform Go-to-Meeting

Confirmed

Chair: Dr Bill Gunnyeon

Present: Daniel Bailey
Sarah Botterill
Professor Deborah Bowman
Elizabeth Elander
Caroline Guy
Simeon London
Dr Joan Martin
Dr Denis Shaughnessy
Deborah Smith

Presenting: Fiona Browne, Director, Education, Standards and Development
David Bryan, Regulation Manager (Item 7)
Rachel Heatley, Senior Policy and Research Officer (Item 12)
Sheleen McCormack, Director of Fitness to Practise
Matthew Redford, Chief Executive and Registrar
Maxine Supersaud, Head of Resources and Assurance

In Attendance: Steven Bettles, Policy Manager, Professional Standards
Liz Niman, Head of Communications, Engagement and Insight
Marcia Scott, Council and Executive Support Officer

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy
Kate Husselbee, Lay Member, GOsC Remuneration and
Appointments Committee
Rebecca Moore, Scrutiny Officer, Professional Standards Authority
(PSA)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. There were no apologies.

Item 2: Questions from Observers

2. There were no questions from the observers.

Item 3: Minutes – 25 November 2021

3. Council's agreement via email (10 December 2021) for the revised recommendation for the College of Osteopaths renewal of RQ was noted. The revision related to the postscript and correction to the recommendation in the minutes at Item 14. College of Osteopaths: Renewal of Recognised Qualification (RQ):

Agreed: Council agreed to renew the recognition of the Bachelor of Osteopathy (B.Ost part-time) and the Masters of Osteopathy (M.Ost part-time) programmes awarded by the College of Osteopathy from 1 May 2022 with no expiry date, and to seek approval of the recognition from Privy Council.

4. The minutes of the 113th meeting, November 2021, were agreed as a correct record.

Item 4: Matters arising from the meeting, 25 November 2021.

5. It was noted that all items had been completed with the exception of the Registration Fee Amendment Order. The Chief Executive informed Council that he had now responded to the Department of Health and Social Care (DHSC) and that he was not confident the Amendment Order would be approved given the legal resource pressures at DHSC focusing on regulatory reform. It was agreed this was not entirely satisfactory, but the Executive would continue to pursue the issue.
6. Further to issues raised at the November meeting the Chief Executive informed Council that work to upgrade the telephone system is due to be completed and will maximise the use of Microsoft Teams communications platform.
7. There were no further comments on the matters arising from the meeting 25 November.

Noted: Council noted the Matters Arising.

Item 5: Chair's Report

8. The Chair gave an update on the activities undertaken since the meeting of November 2021. The following points were highlighted:
 - a. A meeting took place with the new Chair of the General Dental Council, Lord Toby Harris. The issue of more contact between the Chairs of the Health Regulators was discussed.
 - b. One-to-one meetings were held with the Chairs of the Fitness to Practise Committees Brian Wroe (IC), Andrew Harvey (PCC), and the new Chair of the Health Committee, Nora Nanayakkara.

- c. A bilateral meeting with the Chair and Chief Executive of the Institute of Osteopathy is scheduled to take place on 16 February.

Appointments:

9. The Chair gave updates on the position of the recruitment round for appointments for 2022.

Council Member (Northern Ireland)

- a. The interview panel had been unable to make a recommendation to the Privy Council for appointment of a lay Council member, Northern Ireland, following the interviews in December 2021.
- b. A new recruitment campaign is to be launched and the Executive are in contact with a number of agencies including the Department of Health Northern Ireland, to raise awareness of the role.
- c. As a result of the unsuccessful recruitment campaign the role will remain vacant until an appointment is made after the interviews scheduled for May 2022 are concluded. The DHSC have been made aware of the position as legislation requires the GOsC to have a member of Council from each of the devolved administrations.
- d. This would be last Council meeting for Dr Joan Martin, the current member for Northern Ireland. Joan's contribution over her 8-year term of office to discussions at Council and on the statutory Education Committee (the Policy and Education Committee) were acknowledged and, on behalf of Council and the Executive, the Chair expressed sincere thanks and wished her well for the future.

Council Associates (CA)

- e. Following the successful campaign and interviews for the new position of Council Associate which concluded in January 2022, the panel were able to recommend the that from 1 April 2022:
 - Harriet Lambert be appointed for a period of two-years to March 2024, and
 - Shireen Ismail be appointed for a period of one-year to March 2023.
- f. The staggered approach to the appointments would ensure that each year there would continue to be an opportunity to appoint a new Council Associate.

Registrant Member, Investigating Committee (IC)

- g. The recruitment campaign for a registrant member of the Investigating Committee concluded in January 2022 following a re-run of the 2020-21 campaign which at that time did not identify any suitable candidates.

- h. The interview panel interviewed three candidates and concluded that Vince Cullen should be recommended for appointment, effective from 1 April 2022.

Independent Lay Member, Audit Committee (AC)

- i. The recruitment campaign for an independent member of the Audit Committee concluded in January 2022 following a successful recruitment campaign which produced a number of high-quality potential candidates.
- j. The panel interviewed 5 candidates and concluded that Robert Jones should be recommended for appointment. As the interviews were held after the dispatch of the papers, a summary biography was read into the minutes:

Robert is currently the Head of Risk Management and Audit at the General Pharmaceutical Council and has spent almost his career to date in various roles across professional regulation. Previous roles have been at the General Medical Council, Nursing and Midwifery Council, and Architects Registration Board.

Robert's experience spans registration, fitness to practise and assessment, in operational, policy and senior leadership roles.

Robert has worked in risk management since 2017, during his time at the Architects Registration Board, and has been registered with the Institute of Risk Management since 2019.

Lay Member, Professional Conduct Committee (PCC)

- k. The recruitment campaign for a lay member of the Professional Conduct Committee will conclude in February 2022. Of the 57 applications 4 have been invited to interview.
- l. Council will be asked to approve the recommendation of the panel electronically so that the successful candidate is able to commence activity from 1 April 2022.

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

- a. *Council Member (NI)*: It was noted that a number of channels are being used to advertise the vacancy including the DHSC Northern Ireland through its public appointments' forum. Council was informed that every effort is being made to ensure notice of the vacancy reaches the widest audience and potential candidates. Members of Council were also encouraged to raise the profile of this opportunity through their own professional networks.
- b. It was confirmed that for Council to operate with an ongoing vacancy was unusual and there had only been one occasion in recent memory where Council had continued to operate with an ongoing vacancy.

- c. *Council Associates (CA)*: It was confirmed that, in addition to a programme of induction and regular meetings with the Chair, a 'buddying/mentoring' system would be established in partnership with members of Council. Mentors would provide ongoing support for Council Associates.
- d. It was noted that the Remuneration and Appointments Committee would be considering how to evaluate the effectiveness of the Council Associates programme.
- e. Council was informed that the General Optical Council had also developed their own Council Associate programme and discussions have taken place to consider the development of a forum for Associates from different health regulator professions. Associates would be able to come together to share experiences and develop a support network. It is hoped that as time progresses links can be established with the larger regulators that are already running similar programmes.

Appointment of the Chair, Audit Committee (AC)

11. The Chair highlighted the following points:

- a. Chris Shapcott's final meeting as Chair and independent lay member of the Audit Committee for the GOsC will be 24 March 2022, and his term of office will formally end on 31 March 2022.
- b. While it is recognised that Audit Committee must retain its independence there is a need for closer links between the work of the committee and Council. It is therefore proposed that, to provide continuity, Dr Denis Shaughnessy, a member of the Audit Committee, be appointed as the new Chair of the Committee.
- c. On behalf of Council the Chair thanked Chris Shapcott for his significant contribution and commitment as the Chair and member of the Audit Committee.

12. Denis Shaughnessy left the meeting for the duration of the discussion in which following points were made and responded to:

- a. Members supported the proposal that a Council member should be Chair of Audit Committee. Members also supported the principle that, with the exception of the Fitness to Practise Committees, GOsC Committee Chairs should also be members of Council.

Appointment of the Chair, Remuneration and Appointments Committee (RaAC)

13. The Chair highlighted the following points:

- a. The Chair of Council has historically also chaired the meetings of the Remuneration and Appointments Committee.
 - b. The view is that it is inappropriate for the Chair of Council to be the chair of a committee which makes recommendations to the Council, therefore the Chair of Council will step down from the RaAC.
 - c. To ensure links continue between the work of the committee and Council it is proposed that the new Chair of the RaAC should continue to be a member of Council. The recommendation is for Sarah Botterill to be appointed as the new Chair of the Committee from 1 April 2022.
 - d. The proposed changes to the Committee would require a revision to the RaAC Terms of Reference. The amendments will be considered by the RaAC at its meeting in March 2022 and the subsequent recommendations circulated to Council by electronic means for approval in time for commencement on 1 April 2022.
14. Sarah Botterill left the meeting for the duration of the discussion in which following points were made and responded to:
- a. Members supported the proposal that the Chair of Council stand down from the Committee Chair role and agreed it appropriate for a member of Council to be appointed as the RaAC Chair.
 - b. It was noted that the Committee Chair roles were open to either lay or registrant members of Council. Appointments to these roles are dependent on members having the requisite expertise and/or experience. The Executive would consider the provision of appropriate training and development in skills required for Council members considering chairing roles.
 - c. It was noted that the Statutory Rules limited the chairing of the Fitness to Practise committees to lay members.

Appointment of Medical Assessor

- 15. The agreement to appoint Dr Tim Garvey as a medical assessor by email in December 2021, outside of the normal meeting cycle, was noted. The reason for the appointment was due to the existing medical assessors being unavailable and the appointment would allow an interim suspension order hearing to proceed.
- 16. The Chair thanked members and the Executive for their continuing support and contributions to the appointments process.

Council agreed the following recommendations:

- a. To note the Chair's report.**

- b. To note updates concerning the appointment processes for the positions of Council member, Northern Ireland, and lay member of the Professional Conduct Committee.**
- c. To appoint to the position of Council Associates, Harriet Lambert for a two-year period from 1 April 2022 and Shireen Ismail for a one-year period from 1 April 2022.**
- d. To appoint Vince Cullen to the position of registrant member of the Investigating Committee for a period of four years from 1 April 2022.**
- e. To appoint Robert Jones to the position of independent member of the Audit Committee for a period of four years from 1 April 2022**
- f. To appoint Dr Denis Shaughnessy as the Chair of the Audit Committee from 1 April 2022.**
- g. To appoint Sarah Botterill as the Chair of the Remuneration and Appointments Committee from 1 April 2022.**
- h. To note that the Remuneration and Appointments Committee will be seeking changes to its Terms of Reference post its March 2022 meeting and agreed to consider a recommendation from the Committee electronically in advance of 1 April 2022.**
- i. To record the appointment of Dr Tim Garvey, medical assessor, who was appointed by electronic decision of Council in December 2021.**

Item 6: Chief Executive's Report

17. The Chief Executive introduced the item which gave a review of activities and performance since the last meeting, November 2021, and not reported elsewhere on the agenda.

18. The key messages and following points were highlighted:

- a. The Department of Health and Social Care (DHSC) launched a consultation on 6 January 2022 on ['Healthcare regulation: deciding when statutory regulation is appropriate'](#).

The consultation considers how the powers to introduce and remove professions from regulation might be used in the future and seeks views on:

- i. the proposed criteria to make decisions on which professions should be regulated
- ii. whether there are regulated professions that no longer require statutory regulation

- iii. whether there are unregulated professions that should be brought into statutory regulation.

The consultation runs for 12-weeks, and the Executive will respond to that consultation before the deadline of 31 March 2022.

- b. The Audit Committee working group concluded its review of the performance of the GOsC in December 2021 and have produced a draft report. A shorter, summary report will be considered by the Audit Committee at its meeting in March 2022. The finalised report will be presented to Council to consider the Committee's findings and recommendations at the meeting in May 2022. The Chief Executive thanked the members of the Audit Committee and all who participated for their contributions to the working group and the draft report.
 - c. It was reported to Council in November 2021 that there was the potential for GOsC to participate in a group tender with fellow healthcare regulators for external financial audit services. In light of the potential group tender, Audit Committee are contented to recommend to Council that Crowe be reappointed for one year covering the audit of FY2021-22. The one-year extension will allow the Head of Resources and Assurance to fully explore whether the group tender will work for the GOsC requirements, and if not, it will allow time to undertake our own procurement process.
 - d. In November 2021, the Remuneration and Appointments Committee (RaAC) considered the GOsC Council and Committee expenses policy as benchmarked against the wider healthcare sector. It was noted that a small increase of £20 from £150 to £170 would bring the GOsC policy in line with the market in relation to hotel expenses, and the RaAC are content to make the recommendation to Council to increase to the hotel expense allowance to £170.
 - e. Protection of Title: Members were informed that following requests for clarifications the position on the protection of title was that GOsC would not give non-osteopaths exemption in the use of the title 'osteopath'. On the wider issue of concerns related to the 'Protection of Title' it was reported that a review of the s32 prosecution policy will take place.
19. Business Plan: The Business Plan is on track and where delays have been indicated resolutions for addressing these are set out. In discussion the following points were made and responded to:
- a. It was confirmed that the three Regulation activities (BP page 14) marked as status-amber would be taken forward to the Business Plan 2022-23.
 - b. Members raised a concern about activities described as ongoing without fixed end dates. It was suggested that the future business monitoring reports be made clearer in this regard.

c. A concern was raised about the number of activities described as on-track (status–green) and what this implies about the Business Plan. It was suggested that as well as indicating efficiency there were other ways to interpret the status of activities including:

- Stretch
- Ambition
- Level of activity
- Responsiveness

It was noted that not all the activities are equal, some relate to compliance and should be green, whereas other activities are ambitious reflecting a developing organisation. It was asked what the thinking was in developing the plan, and what is the culture of the organisation in terms of risk, stretch, flexibility, responsiveness and proactiveness. It was important to understand 'why' and 'how' activities are built into the business plan and what this says about an organisation.

20. The Chair acknowledged the considerable efforts of the Executive and staff team for the work undertaken to date in what are continuing and challenging circumstances.

21. Finance Report: The Head of Resources and Assurance reported on the financial position for the nine-months to 31 December 2021.

22. The key messages from the report:

- a. It is recognised that the income budget forecast for the current financial year was estimated too conservatively post pandemic.
- b. Incurred expenditure is forecast to be significantly less than provisioned by year-end. With the extended hybrid working, the reduced in-house activities have resulted in the GOsC benefiting from associated cost efficiencies.
- c. It is noted that the expenditure for the nine months to December 2021 is under budget by c.£277k. If expenditure was spent evenly, 74% of the budget spend should have been incurred, whereas 65% has been spent.
- d. At the end of December 2021, was in a healthy position with the bank/cash position at £1.06m.

23. The following points were made and responded to:

- a. Members noted the savings which had been made but were concerned as to how this might be perceived by registrants who might make the assumption that if savings can be made this could continue moving forward and savings be passed on to them. It was explained that the pandemic context in which the GOsC has been, and continues to operate within, with the associated cost implications must be taken into account. The organisation continues to

operate a hybrid approach to working and holding meetings all of which could quickly change with a return to 'business as usual' and the related increase in costs. The difficulty lies in the unpredictability of the current situation. It was noted that future messaging to registrants about the surplus must be clear.

- b. It was noted that the impact of a period of higher inflation and the future impact of the DHSC Regulatory Reform Review must be taken into account in future budget planning processes.

Noted: Council noted the Chief Executive's report.

Council agreed the following:

- a. To re-appoint Crowe as external financial auditors for one year.**
- b. To increase the hotel allowance to £170 per night within the expenses policy.**

Item 7: Fitness to Practise Report

24. The Director of Fitness to Practise introduced the item which gave the quarterly update to Council on the work of the Regulation department and the GOsC's Fitness to Practise committees.

25. The key messages and following points were highlighted:

- a. A meeting was held with Victim Support on 17 December 2021. Ways of increasing awareness and accessibility of the service they provide to all witnesses was discussed. It was agreed to rename the service to 'Independent Support Service' which is considered to more fully reflect that the service is open to all witnesses and service users, including registrants, and not just patients. The following were also agreed:
 - Victim Support (VS) will provide the GOsC with a session covering the service they provide
 - VS representative(s) will attend our FtP webinar in April 2022 to present and engage with attendees about the service that VS provides
- b. The reserved judgment of the Court of Appeal in the case of General Osteopathic Council v Wray [2021] was handed down on 17 December 2021. The outcome of the appeal is that the GOsC lost because the Court of Appeal upheld the decision of the High Court to quash the admonishment issued by the Professional Conduct Committee to the Registrant.

26. The following points were made and responded to:

- a. Victim Support: Members were pleased with the change of name from 'Victim Support' to 'Independent Support Service' and a worthwhile outcome to

communicate to registrants demonstrating that the GOsC is sensitive to the registrant experience of Fitness to Practise.

- b. GOsC v Wray (2021) cost: It was confirmed GOsC was ordered to pay costs, in the sum of £22,805, which was as expected.
 - c. GOsC v Wray (2021) – learning outcomes: It was confirmed that there was learning to be taken from the Wray case and changes would be implemented following the Court of Appeal decision. A change of approach will be required in how allegations are drafted for conditional discharge cases. The Court's decision has indicated that a registrant can go behind a conviction that has been issued by the criminal court in circumstances where a conditional discharge has been received. The Court was clear that this could be done where it wouldn't be an abuse of legal process but did not specify what amounts to an abuse of legal process.
 - d. Section 32 cases: It was explained that the individuals to whom Section 32 of the Osteopaths Act 1993 applies are diverse including:
 - Former registrants no longer on the Register
 - Registrants who have been removed from the register pursuant to ftp proceedings
 - Individuals who may not fully qualified
 - Individuals who have never been osteopaths
 - e. Members were advised that the timeframe for monitoring of equality and diversity trends is to be considered by the Policy and Education Committee (PEC). Currently data is collected as part of the ftp process but there is no population data to compare. The current strategy is to first look at the whole population so that there is a baseline to make the comparison. It was noted that the PEC will be prioritising the analysis of the data.
27. The Regulation Manager reported the Fitness to Practise dashboard 1 October 2021 to 31 December 2021 (Q3).
28. The following points were made and responded to:
- a. In response to a point raised relating to Q3 and the decrease in the number of concerns received it was noted that this may be due to the impact of the pandemic and fewer patients attending clinics and practices. This would continue to be monitored.

Noted: Council noted the Fitness to Practise quarterly report.

Item 8: Professional Standards Authority Performance Review

29. The Chief Executive introduced the paper concerning the Professional Standards Authority (PSA) which undertakes performance reviews of the healthcare and

social care regulators it oversees. In 2020-21 the GOsC met all 18 PSA Standards of Good Regulation, the 11th year in succession this was achieved.

The PSA are in the processing of changing the performance review cycle from an annual cycle to a three-year cycle. This will consist of an in-depth periodic review, with monitoring reviews, in the intervening years.

The impact of GOsC in 2021-22 and 2022-23 was set out.

30. The key messages and following points were highlighted:

- a. The General Osteopathic Council (GOsC) passed all of the Professional Standards Authority (PSA) Standards of Good Regulation in 2020-21 for the eleventh year in succession.
- b. The Executive have identified those areas from the performance review report that the PSA will monitor in the future or where possible enhancements are suggested.
- c. The PSA are changing the performance review process from an annual cycle to a three-year cycle. A normal three-year cycle will consist of two monitoring review years and one periodic review year. The monitoring review years are expected to be lighter touch compared with a more in-depth periodic review.
- d. PSA will extend the GOsC performance review year (2021-22) by three months to end on 31 March 2022 and this will be classified as our first monitoring review year.
- e. The periods 2021-22 and 2022-23 will be monitoring review years, with a more in-depth, periodic review, scheduled for 2023-24.

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

- a. The Chair on behalf of Council offered congratulation to the Executive and staff team on achieving a successful review especially with the challenges of the past year.
- b. It was explained that the PSA concern, Standard 14 – Advertising Standards Agency (ASA) and reporting complaints, concerned the approaches to reporting advertising complaints which varies amongst regulators. The PSA would be working with the regulators to develop guidance on advertising complaints. Members were given assurance that the Executive is happy with approach taken by the GOsC in dealing with advertising complaints.
- c. Members were informed that the new PSA approach will introduce greater dialogue. This activity is welcomed and a positive development in the new process.

32. The Chair agreed that the PSA's new approach to the annual performance review was to be welcomed and would allow the GOsC to focus proportionately.

Item 9: Business Plan and Budget 2022-23

33. The Chief Executive introduced the paper which provided Council with the draft Business Plan and Budget for 2022-23
34. The key messages and following points were highlighted:
- a. Business Plan activities are set out against the four Strategic Plan goals, with the plan identifying new activity being introduced in 2022-23.
 - b. The income budget has been prepared with registration fees being frozen for the eighth successive year, following a period of fee reductions 2012-14. This means the GOsC has absorbed +£250k of lost income over the same period.
 - c. The 2022-23 budget has been balanced with a small surplus of c.£14k forecast.
 - d. The expenditure budget is similar to previous years but with some noticeable differences that demonstrate the Executive have taken active steps to rebalance where resources are to be deployed.
 - e. The budget contains a greater level of resource focused on activities which are more 'upstream' in nature.
 - f. An Equality Impact Assessment has been completed for the introduction of the Business Plan and Budget 2022-23.

Business Plan

35. In discussion the following points were made and responded to:
- a. It was commented that the Business Plan 2022-23 is ambitious and supported but there were concerns that the level of new activities would increase the burden on registrants, not only CPD requirements but also in levels of engagement and participation. It was suggested that communicating the new activities to registrants should demonstrate the advantages and how the activities provide support in meeting standards and enhance practise.
 - b. It was hoped that the plan did not give the impression that the Executive are not alive to the concerns and anxieties of registrants relating to CPD and related activities. It was acknowledged there is a need to re-engage with the profession through talking and listening to stakeholders by way of face-to-face conversations, through attending road shows, and meeting with Regional Groups to consider the activities including boundaries, clinical/professional judgement, and the learning acquired through registrants' queries and clarifications requests made during the period of restrictions. With the

approaching post-pandemic phase, it is hoped opportunities to meet with stakeholders at all levels will take place in the coming year.

- c. It was observed that the Business Plan outcomes are implicit rather than explicit. The way in which thought is given to projects and priority setting can change dependent on the view through an outcome lens. It is possible to have a lot of activity but not be clear as to the purpose, and to not always achieve the expected outcome. It was noted that the Business Plan is an internal document but that the GOsC exists in a regulatory context, how the plan speaks to that context is implicit rather than explicit. It would be helpful for the Executive to highlight and be overt about this as adaptation and the response to that context will become increasingly important in the shared learning amongst regulators.
- d. It was suggested that a cross reference linking activities within the Business Plan would be helpful. This would ensure a better understanding and strengthen the evidence that activities are being fulfilled.

Budget

36. The Head of Assurance and Resources introduced the budget 2022-23. In discussion the following comments were made and responded to:

- a. The Chair noted that in developing the budget the organisation has been closely scrutinised with the outcome being a secure budget which has reflected back on trends and then looking forward with a plan which allows for flexibility in a challenging climate.
- b. It was noted that the degree of confidence evidenced in the budget would be dependent on consistent monitoring of income and making adjustments as and when required. It was observed that in relation to the income from the surplus it would take only a 1% reduction in income to impact on the surplus. It was agreed this was a valid point, but it was reiterated that constant monitoring would help to mitigate against negative impacts on income.
- c. It was confirmed that at this point in time there was no indication of the cost implications to the GOsC relating to the DHSC Reform Review. If, during the budget year 2022-23, there are any costs incurred by the GOsC as an outcome of the reform process a Council discussion would take place to consider the implications.
- d. In response to concerns regarding the number of registrants retiring from the Register and the impact on income members were advised that the numbers were balanced out by graduates and other new registrants being signed on to the Register. It was added that the age demographic is considered and monitored, but it was agreed that decline due to retiring registrants is a risk.

- e. Council was informed that the surplus for this year 2021-22 will form part of the reserves shown on the Balance Sheet.

Council considered and agreed:

a. The draft Business Plan 2022-23.

b. The draft Budget 2022-23.

c. The Equality Impact Assessment.

Item 10: National Council for Osteopathic Research (NCOR) funding proposal: Practice-based research network (DEFERRED)

37. The Chair explained that he had discussed the proposal to use GOsC reserves to fund NCOR research with the Chief Executive as it was the view there needed to be further consideration on whether:

- Council wishes to designate reserves for funding research.
- How much should be set aside from the reserves for the purposes of research.
- Is the application for funding appropriate and are there any reasons to prohibit the funding?
- What the research criteria should be.
- What the funding application process should be.

38. These points would provide a basis to consider the use of the reserves, applications for funding and making the process more robust.

39. The key messages and following points were highlighted:

- a. In strengthening the process for research funding the application process needed to be fair and equitable.
- b. It was agreed that a designated research fund could be set up from reserves and be topped up from income surplus.
- c. It should be asked whether the GOsC wants to be involved in assessing research projects and funding them. It was suggested that other funding bodies could/should assist in supporting this.
- d. It was suggested that a Council discussion was required to consider how funding for projects is established. There is a need to distinguish between the research required by the GOsC in line with its business objectives and the needs of external bodies requesting funding for projects that may support the osteopathic profession. If research is to be funded by the GOsC a budget should be set aside to sponsor research submissions through a system which is transparent, fair, open, and competitive. Consideration should also be given

to the frequency and timing of awards and that a cap should be set on the amount of funding available.

- e. It was agreed that the GOsC should maintain an interest in funding research projects, but research funding is complex area, and it was suggested that as well as considering the use of reserves thought be also given to:

- risk
- benefits
- relationships
- process
- accountability
- measurement
- criteria

40. The Chair thanked members for their input and asked that the Executive consider the points raised for further discussion at a future meeting.

Deferred: Council deferred funding the National Council for Osteopathic Research (NCOR) development of a Practice-based research network.

Item 11. CPD evaluation and implementation update paper

28. The Director of Education, Standards and Development introduced the item which gave an update on the progress of the CPD scheme and future plans for ongoing evaluation

41. The key messages and following points were highlighted:

- a. The paper provides an up-to-date analysis of CPD self-declaration data, ongoing verification and assurance data and up to date qualitative interview material to provide assurance to Council about the implementation of the CPD scheme.
- b. The scheme is being well implemented and there are signs that it is achieving benefits including building communities.
- c. Osteopaths are practising in accordance with the Osteopathic Practice Standards (OPS) and undertaking CPD in relation to communication and consent and objective activity. Registrants do find the resources provided helpful but there are still some barriers which are being addressed.

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

- a. Verification and Assurance: The details of the Verification and Assurance system was explained. The backlog has been significantly reduced due to the increase in resource within the Registration Team.

- b. It was added that both the Communications team and the Registration team had worked to streamline the Verification and Assurance letters and making it clear what is required of registrants when selected for an audit and completing a submission. In terms of the feedback on the process the information received will help to inform a video which is being produced and help to provide reassurance to Registrants that the system exists to support them and not to 'catch registrants out'.
- c. There was surprise at the relatively low percentage of registrants qualified for 1 -5 years registering an objective activity. It was thought this number would have been higher as the expectation would be for more newly qualified osteopaths to have regular peer discussions about cases. The reason for this was not clear and it may be that being able to document this as CPD needed to more clearly communicated. This would be considered by the Executive as part of the qualitative interviews.
- d. The concern about the timeframe between the submission of registrants CPD data and the requests made for verification and assurance data was noted and would be considered by the Executive.

a. Noted: Council considered and noted the progress of the implementation of the CPD scheme.

b. Council agreed the approach to the ongoing evaluation of the CPD scheme.

Item 12. Patient Engagement evaluation

- 43. Rachel Heatley, Senior Policy and Research Officer, introduced the item which gave a progress report on the GOsC's patient engagement activity and an outline of future plans including the Patient Council Associate (PCA) Programme.
- 44. The key messages and following points were highlighted:
 - a. The revitalised patient engagement strategy has led to a significant increase in the pool of patient representatives, from 3 in 2018 to 28 in 2021.
 - b. Since January 2021, 25 patients have fed into eight GOsC projects.
 - c. Patients have contributed to policy and strategy development and have shaped the overarching approach to patient engagement.
 - d. There are a range of patient focused projects scheduled for this year including, evaluation and implementation of shared decision-making resources, GOsC website accessibility review and consultations on Adjunctive Therapy Guidance, Witness Practice Note and Interim Remote Hearings Protocol.

- e. A key work stream for 2022-23 is the development of a Patient Council Associate (PCA) Programme to support patient involvement in governance and strategy development.

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

- a. Council welcomed the report and the proposals relating to the development of a Patient Council Associate role. It looked forward to considering detailed proposals in due course.
- b. It was noted that there are a number of platforms where good practice and learning opportunities are shared including:
 - The Inter-regulatory group on Patient Engagement which shares information and seeks feedback
 - The Patient Engagement forum an arms-length body which includes NHS Improvement and other regulators, and which provides an opportunity to share project and seek feedback to experts in their fields
 - The Professional Standards Authority (PSA) Symposium – a presentation to open the PSA symposium was given by the GOsC with a patient representative which was well-received.
- c. It was noted that in considering a PCA role that there would need to be a clear purpose for the role and also an understanding of the statutory implications which might necessitate a change in legislation. It was added that when GOsC legislation is amended if the PAC role is sufficiently developed and considered appropriate it might be included as part of the amendments.
- d. It was noted that the Patient Engagement programme is still in its infancy and the rationale for the PCA role was developmental and as a proposition required further consideration. It was suggested that the title 'Patient Council Associate' might need to be revisited due to its similarity to the title 'Council Associate'.
- e. It was noted that the pool of patient representatives had increased significantly but any further increase would require careful consideration. The preference for the complement of the Patient Group would be to maintain the number at its current level which would also ensure that the appropriate level of resource is maintained.
- f. It was confirmed that the geographical representation for the Patient Representative group in England and Scotland is diverse but there is a gap in representation from Northern Ireland and Wales. It is planned work with

Patient Associations to widen the reach and members of Council also offered suggestions on groups which might be approached.

46. It was suggested that the 'ladder of participation' graphic used as an example for patient engagement direction travel might be also implemented to demonstrate the osteopathic engagement. The Chief Executive confirmed that the Business Plan 2022-23 includes a stakeholder perception survey to understand registrants' perceptions of the GOsC.

Noted: Council considered and provided feedback on the progress in embedding the patient voice in the GOsC's work.

Item 13. Questions from Observers

47. There were no further questions from the observers.

Item 14. Any other business

48. Dr Joan Martin: The Chair on behalf of Council offered Joan sincere thanks for her support and contribution to the work of the GOsC over her eight-years as a member of Council.

In response Joan thanked Council and the Executive for the all the support received when attending meetings at Osteopathy House. She had enjoyed her time on Council and as a member of the Education Committee and she would miss everyone at the GOsC, members of Council, the Committees, the Executive and Staff. Joan would now be working with the Northern Ireland Judicial Appointments Commission and looked forward to the new challenges membership of the commission would present.

Date of the next meeting: 10 May 2022 at 10.00