



**Minutes of the public session of the 92nd meeting of the General
Osteopathic Council held on Tuesday 12 July 2016 at
176 Tower Bridge Road, London SE1 3LU**

Unconfirmed

Chair: Alison White

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

In attendance: Steven Bettles, Policy Manager, Professional Standards
Sheleen McCormack, Head of Regulation
Margot Pinder, Web Manager (Item 17)
Matthew Redford, Head of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Chris Shapcott, Chair, Audit Committee (Items 7 and 16)
Brigid Tucker, Head of Policy and Communications
Tim Walker, Chief Executive and Registrar

Observers: Robin Lansman, Chair, Institute of Osteopathy (iO)
Penny Sawell, Registrant
Michael Toft, Senior Scrutiny Officer, Professional Standards
Authority for Health and Social Care (PSA)

Item 1: Welcome and apologies

1. The Chair welcomed attendees to the meeting. A special welcome was extended to Robin Lansman, Institute of Osteopathy, Penny Sawell, Registrant, and Michael Toft, the Professional Standards Authority.
2. Apologies were received from Fiona Browne, Head of Professional Standards. On behalf of Council the Chair asked that it's best wishes be extended to her.

Item 2: Questions from observers

3. There were no questions from the observers.

Item 3: Minutes

4. The minutes of the public session of the 91st meeting of Council held on 5 May 2016, were agreed as a correct record.

Matters arising

5. There were no matters arising.

Item 4: Chair's Report and Appointments

6. The Chair gave her report to Council. The main points were:
 - a. Since the last meeting the outcome of the EU referendum had been decided with both practical and political implications for Council. With the appointment of a new Prime Minister there would be a Cabinet reshuffle and potentially a change of ministers in the Department of Health. At Council's last meeting there had been discussion about where current thinking was in terms of a consultation about new regulatory legislation and what the implications might be for the GOsC. It was important that the GOsC establish its own momentum and not allow the strategy which has been set to be affected by unknown events or speculation. Having set a clear course for the future and with the reconstituted Council now fully operational, it was important that the GOsC continue to make progress. The Chair was pleased with the practical steps being taken towards the application for charitable status, and that real progress was being achieved towards development of the profession.
 - b. The first meeting of the Policy Advisory Group took place on 16 June, under the chairmanship of Bill Gunnyeon. The Committee provides an opportunity to increase the diversity of thought and input as a result of the wider group of people which now sit at the table. With the GOsC embarking on its most ambitious change programme to date, with moves towards the introduction of new CPD, the diversity of advice and the partnerships being created across the profession would be important for the GOsC's success.
 - c. Annual reviews had been conducted for returning Council members and other members of the governance structure. The Chair's own annual review was scheduled to take place during July and, following normal practice, the Chair would report the development points that emerge from that to Council. The Chair also mentioned the forthcoming departure of Jorge Esteves, paying tribute to his service on Council and wishing him well for the future. Jorge would not formally leave Council until the end of 2016, but his commitments elsewhere meant he was unlikely to attend the next Council meeting in person.
 - d. The Chair was very pleased that once again the GOsC had been given a clean report from the Professional Standards Authority (PSA), for the sixth

successive year, the only regulator to have done so consistently during this period. It was a tribute to the work of Council and the Executive but it was cautioned that there should be no complacency as there were areas which the PSA were keeping under review. Council's role in scrutinising the work of the Executive and adding value to its work was important and therefore it must be ensured that it is conducted rigorously.

- e. The Chair advised newer Council members it was her intention to organise a discussion about development objectives in the autumn. Dates would be arranged for the discussions in due course, and would give new members the opportunity to review their induction process and whether there was any more required.

Appointments

7. The Chair introduced the item which sought approval from Council for the reappointment of Ian Muir, the external member of the Remuneration and Appointments Committee, whose appointment comes to an end on 9 October 2016 after a period of four years.
8. Ian Muir is eligible to serve a further four years but, as previously agreed by the Remuneration and Appointments Committee, appointments should be coterminous to 31 March and it was proposed that the term of reappointment would run from 10 October 2016 to 31 March 2020.
9. Council was also advised that additional appointments are being planned for Legal Assessors and a Panel Chair for the Investigating Committee. As the recommendations for these appointments would be made during the summer, members' agreement would be sought via email before the next meeting of Council.

Agreed: Council agreed to reappoint Ian Muir, as a member of the Remuneration and Appointments Committee from 10 October 2016 to 31 March 2020.

Item 5: Chief Executive's Report

10. The Chief Executive introduced his report which gave an account of activities undertaken since the last Council meeting and not reported elsewhere on the agenda.
11. The Chief Executive highlighted the following:
 - a. Department of Health legislation: members were advised that it was unlikely that an Order under the *Health and Social Care (Safety and Quality) Act 2015* would be laid before Parliament's recess begins on 21 July, due to the political events currently taking place. It was hoped that the Order, which would make amendments to the GOsC's statutory objectives, would be made in the autumn.

- b. The Department of Health is continuing with the planned UK-wide stakeholder events on the reform of healthcare professional regulation, although the start of the consultation process planned for October was doubtful.

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

- a. Department of Health legislation: members commented that it was highly probable that the Government would put on hold any changes to legislation relating to the EU until the position on the UK's relationship with the EU following the referendum is clearer. It was agreed that any legislation with EU implications would be complicated although the degree to which European legislation impacts on UK healthcare professional regulation relates mainly to EU Directives on recognition of professional qualifications. An issue of concern related to aspects of the GOsC's Rules, as a preliminary request had been submitted to the DH for changes associated with the implementation of the new Continuing Professional Development (CPD) scheme. However, thus far the response has been positive. Both the Policy Advisory Committee and Council would be kept informed of progress.
- b. Information governance: members asked for further information about the planned information governance training for Council, other non-executives, and staff. It was explained that an online package had been agreed with a training provider developed specifically for the GOsC. In due course the module would be sent to all staff and non-executives and would take no more than one hour to complete. Completion of the module would be compulsory for all non-executives.
- c. Charitable status: In relation to the possible delays to legislative amendments, members asked if there were any envisaged risks in clarifying GOsC's public interest objectives either in the application for charitable status or in its statutory duty of protecting the public. The Chief Executive responded that it was possible there might be a risk to the charity application but realistically it was not thought there would be any difficulty regarding to the GOsC's public interest role, as the legal changes mainly provided additional clarification. Where there might be an issue was with fitness to practise cases as the PSA's assessment on panel decisions and whether they are unduly lenient is based on a new test which is not yet in the GOsC's legislation but is already in the PSA's.

13. Progress against the 2016-17 Business Plan: the Chief Executive reported that at the end of Q1 there was no slippage or cancellation of activities in the Business Plan. It was added that as the year progressed it was possible there would be some slippage in work areas but looking ahead there was currently no cause for concern.

14. In discussion the following points were made and responded to:
- a. It was suggested that a progress review of the Policy Advisory Committee (PAC) should be included at 3.3 – Governance, in the Business Plan, as it was a new committee operating with a new approach. It was agreed that an addition would be made to the Business Plan to reflect this.
 - b. Members asked about whether feedback was sought from registrants on what were the most of effective means of communication. It was explained that registrant surveys take place periodically and that this issue would be included in the next survey.
15. Financial Report: the Head of Registration and Resources introduced the Financial Report. He informed Council that the first quarter accounts were on track and performance was as expected. There were some minor amendments to the year-end forecast under governance and this would continue to be monitored with a report would be made to Council if the expenditure showed it was not going to meet the year-end forecast.
16. In discussion the following points were made and responded to:
- a. Members asked about the income GOsC received from registrant fees and if it was possible to realign the fee schedule so it was evenly phased. It was explained that although other organisations have such an approach the GOsC’s legislation set out the position that the date a registrant joins the Register is the date set for annual date payment from then on. There had been discussion about phasing fee payments but it was agreed that the system should continue as it was working well.
 - b. Members said that they were happy with the balance sheet but, as it was a public document and there had been changes in how the assets are presented, if a comparison was made against previous years the figures could be misinterpreted. It was agreed that a footnote would be included in future reports to explain the figures.

Noted: Council noted the content of the Chief Executive’s Report.

Item 6: Fitness to practise report

17. 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.
18. The following areas of the report were highlighted:
- a. Advertising complaints: members were informed that although the Regulation team were still receiving complaints about advertising the number received during June had reduced.

- b. Dashboard: it was reported there had been a high number of cases which had been part heard during the period under review. This prompted an assessment of how hearings were listed and whether the time allocated to specific cases was adequate. A new protocol will be implemented which will list hearings 3-5 months in advance after referral from the Investigating Committee. As part of the protocol the registrant would also be invited to respond to a number of questions relating to the case. The new protocol would be tested and a report made to Council at a future meeting.
- c. Audit of PCC decisions: there had been an audit of PCC decisions conducted by external legal auditors and findings were as expected with a number of suggestions concentrating on witness management and witness questioning skills. Steps have been taken to improve training and detailed feedback would be given at the PCC annual training day in November.

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

- a. Members asked about the increased in time in the handling of cases which had been noted by the PSA. The Chief Executive explained that the 11 weeks during the year in question had been exceptional as 17 weeks was the KPI. It was noted that this kind of fluctuation was expected as the GOsC deals with small numbers of cases.
- b. Members asked what the reasons were for part heard cases. The Head of Regulation explained there were a number of reasons:
 - i. one case which was adjourned due to ill health of the registrant;
 - ii. the Committee running out of time due to preliminary applications being made by the registrant's representative and the Committee taking longer to reach decisions.

To address the issue of preliminary applications it was planned to find out what applications would be made in advance of the hearing and factor this into the timeframe for the hearing. It was acknowledged that hearings were taking longer, but the reasons were not entirely clear. It was thought there might be issues related to training and experience with the number of new members appointed to the fitness to practise committees. It was added that the new listing protocol might also assist in alleviating some of the issues and all Committee members would be involved in the review.

- c. Members asked if there was any reason to think that the 146 outstanding advertising cases would not be closed. Members were informed that the cases had been risk assessed and it was likely that if they followed the pattern of earlier cases then the majority would be closed.
- d. Members were advised that Rule 8 cases – by which the PCC may resolve to dispose of proceedings against a registrant without holding a hearing and by

issuing an admonishment – did not appear on the dashboard for clarity and were reported on separately.

- e. The Head of Regulation was asked to elaborate on the PSA learning points. It was explained that a review of PSA learning points has been initiated by the new PSA Director of Scrutiny as none had been received by the healthcare regulators during 2015. The GOsC had just received the first one in 2016 and was reviewing it although it relates to a case which took place in 2015. For clarity it was explained that the Executive would manage PSA learning points internally unless it related to a policy issue for GOsC committee or Council to consider.
 - f. Members noted that there had only been one hearing for the PCC in the last quarter and asked why this was as, based on previous reporting, there would be usually be more. It was explained that there had also been a health case and a number of Interim Suspension Order cases and that the small number of substantive hearings had been a matter of timing.
20. Fitness to practise dataset: the Chief Executive explained that the current dashboard had been found to be complex and difficult to read. The new presentation was more aligned with the quarterly PSA report. A number of key areas were highlighted:
- i. Concerns and Complaints (page 1): the key issue was to note the number of formal cases open at the end of the quarter indicating the workload.
 - ii. Complaint progression (page 3): this showed that currently there were three cases that had not yet been listed for a hearing. If the number significantly increased it would be a cause for concern.
 - iii. Interim Suspension Orders (page 5): it was suggested this was the key area of the report showing the timeliness of ISO decisions.

It was also suggested that the new version of the dashboard was much clearer and gave a better idea of the cycle of a complaint.

21. In discussion the following points were made and responded to:
- a. It was agreed the new dataset was helpful. Members liked the narrative and suggested that this could be expanded.
 - b. Members were informed that there was some data that had not transferred from the original dashboard including freedom of information requests and data protection subject access requests. These were not considered significant as the focus of the dashboard was fitness to practise.
 - c. It was suggested that the graphs shown for the Investigating Committee (page 5) were misleading for total cases considered and concluded, as the

figures showing comparisons were not entirely clear. It was agreed that the figures could be misinterpreted and the graphs would be amended. It was pointed out that cases can be adjourned and these were not represented.

- d. It was suggested that comparisons against previous year's statistics should be included. The Chief Executive advised it was planned to report the data on a rolling basis and that it would be difficult to show the median using quarterly data but points of comparison would be considered.
- e. Members also asked that as well as median statistics if the mean could be included in the report. It was agreed that this could be considered but the data was based on the requirements of the PSA and that introducing a number of new indicators could lead to confusion.

22. The Chair thanked Russell Bennett, Regulation Manager, for his work in producing the new Dashboard reporting.

Noted: Council noted the fitness to practise report and agreed that the new dataset reporting quarterly statistics would be brought to Council in future.

Item 7: Annual Report and Accounts

23. The Head of Registration and Resources introduced the item which sought Council's approval of the Annual Report and Accounts for the financial year 2015-16. He added that the audit process had gone well, explaining that action had already been taken to address a number of minor control points that had been identified. It was also explained that due to an auditor adjustment there was a small deficit for the year 2015-16 but Council should not be overly concerned about this.

24. The Chair of the Audit Committee commented that in keeping with good practice a private meeting between the Committee and the auditors had taken place which had been open, frank and helpful. The auditors were very positive about the GOsC and with the result of the audit. He cautioned that Council should note that the Audit Findings Report only provided limited assurances for internal controls and operational processes.

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

- a. Members congratulated the Executive and the Audit Committee on the audit report and being able to have confidence in a system that was robust and well managed.
- b. Members asked why, in the auditor's financial adjustment, the investment income had been removed. It was explained Grant Thornton had advised that in keeping with best practice that the benefit from growth in the investment sit within the reserves.

26. The Chair thanked the Head of Registration and Resources and his team for their work on the audit and the accounts. The Chair also thanked the Audit Committee and its Chair for their work and continuing scrutiny work.

Noted: Council noted the Audit Findings Report and the Letter of Representation to be signed by the Chair of Council.

Agreed: Council approved the Annual Report and Accounts for signing by the Chair of Council.

Item 8: Investments

27. The Head of Registration and Resources introduced the item which proposed a change to the way the investment portfolio was managed following a review of the GOsC investment strategy that had been in place for five years.
28. The key investment principle, the protection and preservation of capital, was the primary concern and with a change of fund manager it was expected that they would be more proactive in managing the investment on behalf of the GOsC. It was pointed out that there would be no change to the bond.
29. There were two preferred alternatives – Brewer Dolphin and Prospect Wealth Management – and Council were asked to delegate authority to the Executive to meet the proposed providers and make the decision as to which would best meet the investment principles as set out.
30. In discussion the following points were made and responded to:
- a. Members asked how the decision on the shortlist had been made. It was explained a number of approaches had been taken including following up with the UK Inter-Professional Group and contacting other healthcare regulators for advice. Ascot Lloyd, the GOsC's pension's advisor, was able to facilitate contact with the fund management organisations which were being considered.
 - b. It was confirmed that in the move towards charitable status, ethical considerations would be taken into account and would form part of the discussions and any decisions made.
 - c. Members asked how the final decision would be made and what risk considerations would be taken into account. Members were advised that in terms of the asset class of the preferred providers this had been based on their understanding of the GOsC as an organisation and the investment principles. What had been put forward was an outline proposal only and the final decision would be subject to further discussion. Attention was also drawn to paragraph 1 of the report which set out the required criteria and key principles for investment agreed by Council in 2011, and part of the

decision process would be based on the Brewer Dolphin's and Prospect Wealth Management's rationale and understanding of market fluctuations.

- d. Members asked, in terms of any new funds which the GOsC invests, what timescale the Executive were considering and if charitable status might impact on where money is invested. The Head of Registration and Resources responded that the issue of charitable status would have to form a fundamental part of any decisions. In terms of the timescale, Council's decision in 2011 was to take a five-year view which was not an excessively long period, whereas a 12 month period would be too short.
- e. Members asked if when looking at the different asset classes if there would be more information available in terms of investments and risks on where funds might be placed. Members were advised that there were further details for each of the asset classes and these would be drawn out during discussion.
- f. Members asked what the expected rate of growth was and what risk might be involved. It was explained that when the approach was agreed in 2011 it was around preservation of capital, which had been achieved. There was no specific expectation and it was likely that would be the same approach this time although this might mean accepting a lower level of return. In engaging a new fund manager the purpose would be that there would be more proactive management of the funds.
- g. Members asked that a caveat be added to the first recommendation on the understanding that having had meetings with the fund managers, the Executive might decide not to proceed with either of them. The Executive was in agreement with the suggestion.

Agreed: Council agreed to transfer the investment portfolio to either Brewer Dolphin or Prospect Wealth Management, subject to further discussions on their proposed approaches.

Agreed: Council agreed to delegate to the Executive the decision about which provider would best meet the investment principles.

Agreed: Council agreed there should be no change to the 120-day bond investment.

Item 9: Whistleblowing policy and amendments to the Governance Handbook

- 31. The Chief Executive introduced the item which set out a number of recommended amendments to the Governance Handbook. The areas of change were highlighted as:

- a. Minor amendments and consequential changes based on previous Council decisions and other minor matters.
- b. Testimonials – after reviewing other regulators’ guidance, amendments were proposed to the Code of Conduct which would apply to all individuals who act on behalf of the GOsC.
- c. Whistleblowing Policy – following the recommendations of the PSA report in 2015 relating to the General Dental Council, a new whistleblowing policy was proposed which would apply to both staff and non-executives. The policy had been reviewed by the Audit Committee and their comments incorporated.

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

- a. There was some concern about the guidance on testimonials and the multiple roles of some members of the wider profession which might cause conflicts of interest. There was also some concern about conflicts where an individual was called as a witness to a fitness to practise case. The Chief Executive agreed these were valid points but advised the guidance was not just about actual conflict but perceived conflict. He assured members that the numbers of individuals who this might affect was very small and not a significant risk. In relation to a fitness to practice case, if an individual was called as a witness they would be giving evidence as fact and would be under oath.
- b. Members asked if staff were aware of and had had the opportunity to comment on the Whistleblowing Policy. The Chief Executive responded that the policy had not been circulated to staff but it would be brought to their attention in due course.

Agreed: Council agreed the consequential and minor amendments proposed at paragraph 3.

Agreed: Council agreed the guidance on testimonials at paragraph 7.

Agreed: Council agreed the revised policy on whistleblowing shown at the annex.

Item 10: Initial Closure Procedure

- 33. The Head of Regulation introduced the new initial closure procedure which was to enhance transparency of the fitness to practise process. The procedure outlines the method and timeframe for how the GOsC manages concerns raised where there is insufficient information to proceed with an investigation.
- 34. In developing the procedure the GOsC used best practice from other regulators and comments from the PSA. An internal review had identified the need for more clarity on how cases are dealt with which are described as ‘informal’. The

initial closure procedure would clearly show the process for informal complaints which would be referred to as a 'concern' until it was determined that the matter could be progressed as a complaint.

35. The procedure note had been developed for the Regulation Team with input from leading Counsel. As part of the procedure a timeframe of 42 days will be introduced after which a case will either proceed or be closed.
36. In discussion the following points were made and responded to:
 - a. Members asked if there was a risk with the change from 'informal' to 'concern' that this might be perceived as GOsC not taking complaints seriously and be a 'watering down' of procedure. Members were assured that this would not happen, that all complaints were taken seriously and the new procedure would be more accurate and transparent. The term 'concern' was agreed as it reflected something that was more than an enquiry.
 - b. It was noted that the Osteopaths Act does not define 'allegation' and to use the term 'concern' was in keeping with other regulators. It was also noted that there was currently no mechanism for closing the loop and hence a concern could remain open indefinitely. The procedure strengthens the audit trail around case closure.
 - c. Members were informed that all concerns are recorded and collated on an internal database and included in an annual report prepared in conjunction with insurers and other stakeholders.
 - d. Members asked when a telephone call is received is it recorded and are those taking the call specifically trained. Members were informed that all concerns and enquiries are recorded on an internal database which is being developed as a case management system. The majority of the Regulation Team were legally qualified and trained in case working skills.
 - e. Members asked if telephone calls were or could be recorded. It was explained that currently calls are not recorded and there would be data protection implications if the GOsC was to do so. All case workers make detailed telephone notes. The feasibility of recording calls could be considered for the future but the concern was that in doing so it might discourage the reporting of complaints and/or concerns. It was also believed that when dealing with vulnerable witnesses recording would have a negative impact and be a barrier to discussing issues.

Item 11: Voluntary Removal Policy

37. The Head of Regulation introduced the 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 an application for removal is made.

38. It was explained that an individual can make an application to the Registrar in writing to be removed from the Register at any point even if they have an outstanding fitness to practise case against them. It would be for the Registrar to consider the application. Prior to the policy there had been no formalised procedure for considerations set out.
39. It was added that the policy had been considered by the Policy Advisory Committee and their comments had been included. The policy would go to consultation and it was expected that there would be a significant response and feedback.
40. In discussion the following points were made and responded to:
 - a. Members asked if a registrant is removed from the Register following the decision of a fitness to practise panel whether they have the right to be restored after a period of time. It was confirmed that according to legislation an individual could apply to be reinstated to the Register after ten months.
 - b. Members asked what safeguards were in place for the reinstatement of osteopaths to the Register. It was explained that following the decision of a fitness to practise panel for removal of an osteopath from the Register, an application for reinstatement could be made but the presumption is that removal is permanent.
 - c. The Chief Executive agreed with the concern raised by members regarding the period for which reinstatement could be considered, but unfortunately the period of ten months was set in legislation. He also informed members the final decision for reinstatement to the Register was for the PCC to consider not the Registrar.
 - d. Members were informed that the policies of other regulators had been comprehensively reviewed. The GOsC had adapted the available information to suit the purposes of the organisation but the policy does take into consideration the same factors.
 - e. It was confirmed that a registrant who was going through the fitness to practise process would normally be denied voluntary removal from the Register.
 - f. Members commented on paragraph 10 of the procedure which suggested that if an osteopath wished to be removed from the Register at the later stages of their career the application would be looked upon favourably. It was suggested that this could stray into the area of equal opportunities as it could be viewed as a judgement on an individual's age. The Head of Regulation responded that when a person is removed in these circumstances it was assumed they would not reapply within a year and wanted to be removed for life. The Chief Executive added that a test relating to character

exists for readmission to the Register and is applied as described in legislation.

Agreed: Council agreed the consultation on the new draft policy on voluntary removal as shown at the annex.

Item 12: Review of the *Osteopathic Practice Standards* – 2016 call for evidence

41. The Professional Standards Policy Manager introduced the item which gave an update on the review of the *Osteopathic Practice Standards*. He added that the call for evidence had been successful and that the review was proceeding as planned and was on track.
42. In discussion the following points were made and responded to:
 - a. Members suggested that the multi-stakeholder group should include some independent involvement, perhaps from another regulator. This was agreed to be a helpful suggestion and would be taken into account.
 - b. Members asked how equality and diversity would feature and the equality issues to be addressed. It was explained that this was something still being considered. There had been some issues raised in the consultation about inequalities related to gender, ethnicity and cultural sensitivities and there was a need to review this across the board to ensure these concerns are addressed.
 - c. It was confirmed there would be a further update to Council in November.

Noted: Council noted the progress on conducting the 2016 review of the *Osteopathic Practice Standards*.

Noted: Council noted the revised timeline for the review.

Item 13: CPD Scheme implementation update

43. The Professional Standards Policy Manager introduced the item which gave an update on the implementation of the CPD Scheme, which to date was proceeding to plan.
44. The following were highlighted:
 - a. There had been engagement with stakeholders including the Institute of Osteopathy (iO) and a presentation would be given at their conference in November for a final push for early adopters.
 - b. The preparation and updating of resources were being developed for the early adopters.

- c. There had been between 90-100 expressions of interest to become early adopters.
- d. Work was being undertaken with regional groups to encourage engagement.

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

- a. Members asked why there had been no change to the risk log. It was explained that the log had been reviewed at the meeting of the Policy Advisory Committee and a risk workshop was being planned with the CPD Partnership Board to develop the log.
- b. Members asked about the cost of the scheme and if there were any details available. It was explained that the overall figure of £100k was in anticipation of the expected cost for different aspects of the scheme and allowed some flexibility for the future. More detail would be provided over time.
- c. Members asked if the profession was being properly engaged in preparation for the changes proposed. The Chief Executive responded that there was a need to consider the project as a long-term change programme. There are some risks but we need to be clear that the changes will be implemented. It was added that GOsC is working with stakeholders to bring the profession on board with the new scheme.
- d. Members asked if the iO had the capacity to support the portfolio management system as there was a risk element in terms of managing the project and their capacity to support it. There were also reputational risks for both the iO and the GOsC. Members were advised that in discussion with the iO it was agreed it would be useful for early adopters to trial an e-portfolio system although in the long-term as an organisation it was not something the GOsC would fund or provide. The Chief Executive acknowledged that we need to determine what information we need to receive from registrants, and whether submission of an annual summary form was even necessary as it was important that we avoided duplication in the use of the o-zone and the e-portfolio for CPD.
- e. Members asked if there was a plan for evaluation perhaps in three years time. The Chief Executive advised that there would be a future evaluation but it would necessarily be limited due to resource constraints

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

Item 14: PSA Performance Review 2015-16

46. The Chief Executive introduced the item which noted the findings of the Professional Standards Authority 2015-16 Performance Review. The GOsC had

been the second regulator to be reviewed as part of the new review scheme and the Chief Executive was pleased to inform Council that the GOsC had met all the standards required by the PSA. Members were also informed there were areas which had been highlighted for improvements and these were being addressed.

47. It was commented that the new scheme allowed less opportunity for self-reflection. It was confirmed a consolidated report would not be published but each regulator's report would be a public document. The Chief Executive said that best practice from the individual reports would be used to inform the GOsC's business planning process.
48. The Chair commended the work of the Executive and on behalf of Council congratulated the Executive and staff on receiving a positive report.

Noted: Council noted the content of the report.

Item 15: NCOR update

49. The Chief Executive declared an interest as Chair of Trustees of NCOR but remained in the meeting for the discussion.
50. The Head of Policy and Communications introduced the item which gave an update on the work of the NCOR over the past year, May 2015 to May 2016.
51. The following areas were highlighted:
 - a. PROMs (patient reported outcome measures), a data collection facility for use in osteopathic practices, which helpfully complements requirements of the new GOsC CPD scheme under development.
 - b. PILARS (Patient Incident Learning and Reporting system) which allows osteopaths to anonymously report harmful or potentially harmful incidents in that have occurred in practice.
 - c. PREOS (Patient reported experience of osteopathic service), a learning resource for osteopaths to better understand how patients perceive osteopathic care.
 - d. Assistance to the GOsC and the iO in managing advertising complaints.
52. In discussion the following points were made and responded to:
 - a. Members asked whether the low level of engagement with the PILARS scheme should be a matter of concern. It was suggested that it was expected to take time for osteopaths to develop confidence in the system and recognise its educational potential. NCOR had been actively engaging with the profession to explain the system and the wider benefits of sharing experiences. Although this engagement activity was gradually encouraging

more osteopaths to use the PILARS facility, this was a 'slow-burn' project, and the development was positive.

- b. Members asked if there had been any evaluation of the Director's leadership as she was now based overseas. It was suggested from feedback that there had been no detrimental effect and in fact the new relationship with other research groups was seen as positive. As far as the trustees were concerned, the arrangement was working well.
- c. Members commented that they would encourage NCOR to disseminate some of their findings to the wider profession especially in terms of international osteopathy. It was also commented there were opportunities for the CPD scheme early adopters in engaging with NCOR.

Noted: Council noted the content of the report.

Item 16: Committee Annual Reports

- 53. The Chief Executive introduced the Annual Reports of the GOsC Committees, Audit (AC); Education and Registration Standards (ERSC); Osteopathic Practice (OPC), and Remuneration and Appointments (RaAC).
- 54. It was noted that the reports were the final for the ERSC and OPC which had been amalgamated to form the new Policy Advisory Committee (PAC). The Annual Reports for both committees had been reviewed by the PAC.
- 55. Audit Committee: The Audit Committee Chair highlighted the following:
 - a. Reappointment of the Auditors: It was noted that the auditors Grant Thornton would have been working with the GOsC for a total of 10 years at the end of the audit of financial year 2017-18. There would be no objection by the Audit Committee to an application for reappointment as part of an open tender.
 - b. FRS102: the new accounting standards are now being used. It was noted that the GOsC is not obliged to follow FRS102 as the Osteopaths' Act 1993 only require the keeping of 'proper accounts'.
 - c. Risk and risk management: the importance of the Audit Committee's role and that of Council concerning risk and risk management was emphasised by the AC Chair. Council was reminded that it was the AC's role to look at issues relating to risk and management of risk but it was the task of Council to oversee and take responsibility for it.
- 56. The AC Chair was thanked for his comments. It was noted the issues relating to risk and risk management were critical and it was agreed there was scope for improvement.

57. Remuneration and Appointments Committee: the Chair reported that the RaAC had been highly engaged over the past year in a number of areas, the culmination of which had been the successful recruitment process for the new members of Council.

Noted: Council noted the Annual Reports of:

- a. Audit Committee**
- b. Education and Registration Standards Committee**
- c. Osteopathic Practice Committee**
- d. Remuneration and Appointments Committee.**

Item 17: Welsh Language Scheme Annual Report

58. The Web Manager introduced the item. Under the Welsh Language Act 1993, the GOsC is required to publish an Annual Report on the implementation and progress of its Welsh Language Scheme. This was the fifth Annual Report and provided an update on the forthcoming introduction of Welsh Language Standards.
59. Council was advised that there are no updates relating to the introduction of the new standards and that this might not take place until early 2017.
60. A report was made to Council on the findings of a Welsh language survey conducted by the GOsC for registrants based in Wales. The survey enquired into the number of registrants who spoke Welsh and whether Welsh was spoken or used in the practice, and if this should be indicated on the Register for the benefit of Welsh-speaking patients. The survey also tested the awareness of registrants in Wales regarding resources in Welsh offered by the GOsC.
61. The majority of respondents did not think it was helpful to indicate on the Register the availability of Welsh services, and this outcome along with other findings would be reviewed by the Policy and Communications Team.
62. A significant proportion of respondents were unaware of the GOsC produces Welsh language resources. To address this, the Communications Department had produced a leaflet to be sent to registrants in Wales, promoting these resources; uptake would then be monitored.
63. In discussion the following points were made and responded to:
- a. Members asked for clarification on the figure relating to the usefulness of promoting services in Welsh. It was confirmed that 55% of respondents said it would not be helpful to note on the Register that services are offered in Welsh. It would be possible to refine the breakdown to find out what proportion of these respondents spoke Welsh, but it was believed that the majority would be non-Welsh speakers. Further analysis would be conducted to follow up on the outcome of the survey.

- b. Members asked if there was information on what was expected of plans for the new standards. It was explained that the Welsh Assembly has been publishing regulations that apply to other organisations but health regulation was low on the list for changes and compliance notices were not expected much before March 2017. Once the regulations are published then the compliance notice would be drawn up by the Welsh Language Commissioner for each organisation followed by a consultation. It was thought that final compliance would not be issued until summer 2017.
- c. Members asked what processes were in place for handling a complaint if it was received in Welsh. Members were informed there was a procedure in place and any complaint received would be sent immediately to a translation agency. If a phone call was received in Welsh, then the caller would be advised that they could write to the GOsC in Welsh or continue the call in English.
- d. It was suggested that we ask Swansea University if they know how many of their osteopathy students speak Welsh. It was agreed this was a good idea.

64. The Chair thanked the Web Manager for her report and her continuing work on the Welsh Language Scheme.

Noted: Council noted the 2015-16 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.

Item 18: Minutes of the Policy Advisory Committee (PAC) – 16 June 2016

65. The Chair of the Policy of Advisory Committee commented on its first meeting. Members were informed that this first meeting of the new Committee had also introduced the new element of observers with speaking rights and although it had been a challenging it had been a successful meeting. He was very confident that the Committee would continue to develop, build its own confidence and would be a positive asset for the GOsC.

Noted: Council noted the minutes of the Policy Advisory Committee.

Any other business

66. There was no other business.

Date of the next meeting: Wednesday 2 November 2016 at 10.00.