



**Minutes of the Public session of the 100th meeting of the
General Osteopathic Council held on Tuesday 17 July 2018, at
176 Tower Bridge Road, London SE1 3LU**

Unconfirmed

Chair: Alison White

Present: Sarah Botterill
Elizabeth Elander
Joan Martin
John Chaffey
Bill Gunnyeon
Simeon London
Haidar Ramadan
Deborah Smith

In attendance: Stephen Bettles, Professional Standards Manager (Item 13)
Fiona Browne, Director of Education, Standards and Development
Sheleen McCormack, Director of Fitness to Practise
Liz Niman, Head of Communications and Engagement
Margot Pinder, Senior Communications Officer (Digital) (Item 17)
Matthew Redford, Director of Registration and Resources
Marcia Scott, Council and Executive Support Officer
Chris Shapcott, Chair, Audit Committee
Tim Walker, Chief Executive and Registrar
Nick Woodhead, External Registrant Member – Policy Advisory
Committee (PAC)

Observers: Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Nick Woodhead a member of the Policy Advisory Committee and Hannah Doherty, recently appointed as the GOsC Regulation Manager.
2. Apologies were received from Denis Shaughnessy.

Item 2: Opening address

3. To mark the occasion of the 100th meeting of Council the Chair invited Nick Woodhead to share his reflections on the changes he had observed since the inaugural meeting of Council which took place on 16 January 1997, which he had attended. His address highlighted the following:

- a. The original Council was made up of twenty members, comprising twelve osteopath members and eight lay members. There were no staff, no premises and no funds.
 - b. The Council designate met every eight weeks and a lot of work was undertaken to evolve common views on standards to progress the establishment of the organisation. The Commencement Order to formally bring the Council into being was achieved following discussions with the Department of Health and assistance from the Royal Bank of Scotland by way of a c£1.5 million loan.
 - c. All functions and processes undertaken to establish the GOsC were conducted by members of Council including processing applications for the Professional Profile and Portfolio (PPP) and conducting visits to institutions to approve Recognised Qualifications. There are now nine providers of Recognised Qualifications and over 5,000 registrants.
 - d. At the first meeting of Council the members interviewed five candidates for the role of Chief Executive and Registrar. The successful applicant was Madeleine Craggs who became the GOsC's first Chief Executive and Registrar, followed by Evlynne Gilvarry (2007-10) and Tim Walker (2010-present).
 - e. It was also noted that Alison White was the fourth Chair of Council, previous incumbents being Simon Fielding, the first Chair, Nigel Clarke and Adrian Eddleston.
 - f. The present day GOsC is noted as an establishment with a well run Executive, an administration keeping standards and guidance for the profession continuously under review, and well regarded by the Professional Standards Authority (PSA) and other healthcare regulators.
 - g. Although the organisation has not always been popular, and still has its critics, it is recognised that the establishment of GOsC has given the profession legitimacy. Without statutory regulation the now protected title 'Osteopath' would have been devalued. The establishment of the organisation with the introduction of standards of proficiency and all that this entails put an end to questionable practises.
 - h. It is also noted that not only is the GOsC held with respect within the UK but also internationally where the organisation is seen as a leader and an example for good osteopathic regulation.
4. The following comments were made and responded to:
- a. It was explained motivation of the Council designate was the idea of the entity and how it could and should be developed. There was a lot of enthusiasm, energy and belief that there was a future for the new

organisation. The establishment of a new healthcare regulator was the first in a long time and both the Department of Health with the GOsC were feeling their way in establishing the new regulator before settling down into the organisation recognised today.

- b. The reason why the original members of Council set up independently rather than join the Council for Professions Supplementary to Medicine (CPSM) was that they identified themselves as primary care rather than secondary care providers, able to see and screen patients, and were very protective of their profession. The CPSM was an organisation for secondary care providers to which patients were referred once they had been screened, it was not believed that osteopathic care fits into this ethos. The Chief Executive added that the same issue about patient referral currently exists in continental Europe but this is beginning to change.
 - c. Registrant members recalled their experience of the PPP process commenting how the process gave some reassurance due to the diligence and thought put into a difficult process and bringing the profession together. Registrant members also reflected on the developments in education, registration, research and development since the PPP process and how far the GOsC had come and recognising all that had been achieved.
 - d. Looking ahead, the envisaged developments in the Department of Health's review of healthcare regulation, made it difficult to comment on how the GOsC might further develop in the future. It was hoped that osteopathy would remain a primary care practice and continue to develop relationships with public health services.
5. The Chair summarised a fitting tribute and testimony had been made acknowledging the vision of those members of the first Council as the GOsC moved forward into the future. On behalf of Council the Chair thanked Nick for sharing his thoughts with members and the Executive.

Item 3: Questions from Observers

6. There were no questions from observers.

Item 4: Minutes and matters arising

7. The minutes of the 99th meeting of Council held on 3 May 2018 were agreed as a correct record.

Matters arising

8. Members asked about the progress relating to the business rates. It was explained there had been no concrete progress to date and discussions were ongoing between the GOsC auditor's, Crowe, and the London Borough of Southwark.

Item 5: Chair's Report

9. The Chair gave her report to Council:
 - a. The meeting was one of the most important of the year with the consideration of the Annual Report and Accounts, a range of important areas of regulatory practice, including the latest update on the implementation of the revised OPS and the guidance for new CPD scheme which are both at a critical stage. Ensuring proper scrutiny by Council would be important.
 - b. The 2018 round of annual reviews had commenced and the Chair's own would take place later in July to be conducted by Haidar Ramadan and Bill Gunnyeon. Any development points agreed would be reported at the next meeting of Council.
 - c. Members were informed that the seminar would be a private session for non-executives and would include an item of significant importance to discuss which the Council and Executive Support Officer would attend.
10. Members commended the appropriate marking of the 100th meeting of Council. The Chief Executive highlighted that it was also the 25th anniversary of the Osteopaths Act 1993 and twenty years since the first registration of the first osteopaths. He commented that although it was good to reflect on the past it was more important to look forward to the future.

Noted: Council noted the Chair's report.

Item 6: Chief Executive's Report

11. 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.
12. The following points were highlighted:
 - a. IT Upgrade: a further stage in the IT upgrade had taken place and although there were a number of house keeping issues to resolve the email upgrade had been successful.
 - b. Progress against Business Plan 2018-19: the Business Plan was on track with a delay on just one item:
 - 1.3 – Rule 19 Practice Note: a draft was presented to the Policy Advisory Committee in June 2018. Further pre consultation work is currently being undertaken with a consultation now scheduled post-November Council decision.
13. The following points were made and responded to:

- a. Williams Review: the Department of Health published a report following the Williams Review into the issues relating to gross negligence manslaughter. The Chief Executive informed members that there were issues contained in the report covering the nature of reflective material produced by registrants and whether this should be allowed to be used within the arena of fitness to practise. The Executive have had discussions on the review in relation to the GOsC CPD scheme and concluded that it wasn't an issue for concern.
 - b. GOsC Branding Refresh: it was asked if there were cost implications related to the brand refresh project. The focus of the project was to look at ways to modernise and improve consistency in the GOsC's publications and website navigation for the public, registrants and stakeholders. It was confirmed that the project would not be costly.
 - c. HEE Education England MSK Core Capabilities: The Chief Executive explained that the workshop was part of an initiative being undertaken by Health Education England (HEE) looking at core capabilities in aspects of primary care practice. The initiative is looking at care models in the NHS and roles for MSK triage. The workshop involved podiatrists, physiotherapists, osteopaths, occupational therapists and doctors. The event was also attended by the GOsC, the iO and COEI. A draft framework had been published and some work had been undertaken in mapping the capabilities across the *Osteopathic Practice Standards* to identify any gaps. The project might become a learning programme to be rolled out by HEE but was currently a work in progress.
14. Financial Report: the Director of Registration and Resources summarised the two-month report to 31 May 2018 informing members that the balance sheet was healthy, the surplus was in line with expectations and the cash position was good.

Noted: Council noted the Chief Executive's Report

Item 7: Fitness to Practise Report

15. The Director of Fitness to Practice introduced the item which gave an update of the work of the Regulation Department and the GOsC fitness to practise committees.
16. The following areas of the report were highlighted:
- a. High Court Appeal: Teasdale v General Osteopathic Council [2018] EWHC 1679 (Admin) – the judgment from the High Court appeal which took place on 9 May 2018 was handed down on 4 July 2018. The Judge, Mr Justice Spencer, partially upheld the appeal of the appellant Ms Teasdale. The Judge criticised the approach taken by Professional Conduct Committee (PCC) in its decision making where it had failed to make primary findings of fact. He decided PCC wrongly failed to find as a fact what explanation had been given, before finding that it was inadequate.

- b. It was explained that appeals process is a rehearing, albeit on the papers. This enables the judge to review all aspects of a hearing; reviewing transcripts, the supporting materials, and taking into account the grounds for the appeal and the defendant's justifications – what was said and why. There was reluctance on the part of the High Court to overturn findings of fact made by a PCC unless material errors were found to be made in the fact finding process. Justice Spencer determined there were areas for concern and he partially overturned the decision on the facts in relation to three patients but not the findings in relation to one patient. As to sanction, the conditions of practice order imposed by the PCC was substituted for an admonishment.
- c. The Executive would be instructing external leading counsel to review the judgment and receive an opinion on the possibility of making an appeal as there were some concerns about the judgment which had been made.
- d. Council was informed that the judgment was available on-line and copies could also be obtained from members of the Regulation Team.
- e. Dataset: it was noted that the median for the longest cases was reducing, cases open are on a downward trend and there is evidence of strong case progression. A continuing trend of a heightened adversarial approach by defence counsel has resulted in an increased number of cases going part-heard.
- f. Dataset – Investigation Committee: a correction was noted on page 5, IC Interim Suspension Order (ISO) Decisions – Q1 ISO imposed should read one.

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

- a. High Court Appeal: as a result of the appeal it was confirmed that learning points had been identified and would be included in training being planned for the PCC in November 2018. The training would focus on the approach taken in decision making by the PCC and structured 'in-camera' discussions.
- b. Council was informed that there were no immediate concerns resulting from the appeal. The Director of Fitness to Practise explained that she believed that the decisions made by the PCC are generally well reasoned and are comparable to the standard of decisions reached by panels at other regulators.
- c. Key Performance Indicators (KPIs): it was explained that when reporting KPIs to the Professional Standards Authority (PSA) the data provided is based on the PSA's own questions and interest. Where it is shown that the GOsC has not meet the 52 week median it was likely that the PSA would query this and an explanation would be provided.

- d. PCC Interim Suspension Orders: it was explained that the number of ISOs shown in the dataset were applications from previous quarters before the IC and reflective of case progression.
- e. Lessons Learned Review: the number of reports recently published (Morecombe Bay, Gosport) relating to healthcare issues was highlighted. It was suggested that a distillation of these reports and any possible impacts there might be for the GOsC should be included for discussion at future meetings of Council.

Noted: Council noted the fitness to practise report.

Item 8: Annual Report and Accounts

18. The Director of Registration and Resources introduced the item which sought Council's approval for the publication of the Annual Report and Accounts for the financial year 2017-18.
19. The following points were highlighted:
 - a. Audit Findings Report: the audit finding report indicated no issues which could be identified and reported by the auditors Crowe. It was confirmed that the Audit Committee had met with auditors in private and without members of the Executive in attendance to discuss the report.
 - b. Annual Report: the Annual Report and Accounts are the first since the GOsC become a registered charity. The financial report at 31 March 2018 was that there was a small surplus before spending from reserves, the balance sheet was healthy and cash position strong and the reserves position was in line with the target previously agreed by Council. The Letter of Representation to be sent to the auditors had been reviewed by the Audit Committee and Chair of Council and confirmed an accurate statement of fact.
 - c. The GOsC annual reporting requirements relating to its charitable position was also included in the Council report.
 - d. The Chair of the Audit Committee informed Council that the Committee had had the opportunity to meet with the auditors to review the draft Audit Plan. The Committee also met in private with the auditors to review the audit report and discuss the outcomes.
 - e. It was confirmed that the letter of confirmation from Secure Trust Bank had been received therefore completing the audit.
20. The following points were made and responded to:

- a. It was confirmed that the reference to UK Generally Accepted Accounting Practice (UKGAAP) in the letter of representation had been checked with the auditors and was correct.
 - b. In response to a question on whether there was enough detail on trustee remuneration it was explained that there was no requirement to include an explanation or justification for trustee remuneration in the Annual Report although this was a requirement for the Charity Commission and had been part of the discussions around registration. The key point was that the Osteopaths Act 1993 allowed for the remuneration of Council members and this was stated in the Annual Report and Accounts.
 - c. It was confirmed that the new Code of Governance will apply for financial year 2018-19 and was not a requirement for the reporting year 2017-18.
 - d. Members noted that there had been a reduction in 'Other income' from the prior year and asked why this had happened and if it was something which Council should be concerned about. It was explained that in the first instance the core budget is based on registration fees and that 'other income' did not form an integral part of the GOsC budget. The most significant income difference between 2017 and 2018 was due to the release of the final Department of Health grant for the development of the CPD Scheme which was approximately £10k. It was also highlighted there had been a reduction of income from the FORE Secretariat and it was pointed out that there would be further reductions related to this income stream in financial year 2018-19.
 - e. It was confirmed that the costs relating to the Teasdale v General Osteopathic Council Appeal would appear in the accounts for 2018-19.
 - f. It was confirmed that the Annual Report and Accounts would be sent to Privy Council to be laid before Parliament as planned.
21. The Chair thanked Chris Shapcott, the members of the Audit Committee and the Registration and Resources team for all their work and a successful audit.

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

Agreed: Council approved the Annual Report and Accounts which were signed by the Chair.

Noted: Council noted the annual reporting requirements associated with the Charity Commission.

Item 9: External Auditor Appointment

22. The Director of Registration and Resources introduced the item which concerned the auditor Crowe who were appointed as external financial auditor in February

2017 for two years and which could be extended for a further three year period subject to satisfactory performance.

23. Crowe had completed two audits (FY2016-17 and FY2017-18) and was now due for reappointment.
24. The reappointment of Crowe had been considered by the Audit Committee in June 2018, and the Chair of the Audit Committee was happy to endorse the recommendation.

Agreed: Council agreed to reappoint Crowe for a further three year period.

Item 10: Committee Annual Reports

25. The Chief Executive introduced the item which concerned the requirement that each Committee report annually on its work to Council.

26. Audit Committee: the Chair of the Audit Committee highlighted the following:

- a. Risk: the issue of risk is a challenge to keep fresh due to the difficulty in considering all factors where problems could develop. It was explained that the Committee divided risk into two categories:

- Issues which need to be continuously monitored such as financial controls and ensuring these areas are appropriately managed.
- Issues which cannot be predicted and having the generic capability to manage unforeseen risk.

The Audit Committee reviewed the Risk Register at its meetings but it was reiterated that it is the role of Council to own the management of risk.

- b. Internal Audit: the outcomes of the internal audit of IT had moved forward and the improvements made based on the audit had been positive. It was noted that IT would continue to be an area of vulnerability with the continuous development of technology. Over the next year there will be a pause in the internal audit work due to the CPD project and IT work but this would resume in 2019.
 - c. Audit Committee resources: the resources and support provided to the Audit Committee by the Executive throughout the year had been exemplary and the Registration and Resources Team was thanked for its assistance.
27. Policy Advisory Committee: the Chair of the Policy Advisory Committee highlighted the following:
 - a. Committee membership: at the start of the Committee's second year there was an almost 50% change in its composition taking on four new external members (two registrant and two lay).

- b. The year has been interesting and challenging, the Committee has covered a lot of ground with increasing robustness in its scrutiny. There is still some lack of clarity about aspects of the role of the Committee in particular the advisory aspect and it was noted that in a discussion on risk when reviewing the Business Plan the PAC might have oversight on behalf of Council as it covers a significant part of the work of Council.
 - c. Observers with speaking rights: the PAC welcomed the presence of the observers with speaking rights (NCOR, iO, OA and COEI) and their participation is welcome and of great value.
 - d. It was suggested that a more apt title for the Committee might be Policy and Education to overcome the feeling of being two different entities but it is something that the Committee works hard to encompass.
 - e. The Chair thanked the members of the Committee and the Executive for their work and support.
28. Remuneration and Audit Committee: the Chair commented that it had been a less busy year for the Committee due to fewer appointments being planned for the year ahead.
29. In response to a question on the planning cycle it was explained that appointments are kept closely under review and that planning begins with the Remuneration and Appointments Committee. It was also explained that the key dates for the next round of appointments would be March and June 2019 to consider remuneration and then starting the appointment process beginning with the Chair and then other lay members of Council.

Noted: Council noted the Annual Reports of the:

- a. Audit Committee**
- b. Policy Advisory Committee**
- c. Remuneration and Appointments Committee**

Item 11: Investigating Committee (IC) Decision Making Guidance

30. The Director of Fitness to Practise introduced the item which invited Council to consider the draft Investigating Committee Decision Making Guidance. The guidance has been substantially updated and modified following consultation to enable the IC to improve the making of consistent, fair and proportionate decisions.
31. The following points were highlighted:
- a. The consultation took place between 19 February and 15 May 2018. There were six written responses including a response from the PSA.

- b. The guidance is a central document for the Investigating Committee equivalent to the Hearings and Sanctions Guidance for the Professional Conduct Committee.
- c. There has been some rewording following further commentary from an external legal expert to ensure that is completely fit for purpose.

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

- a. Members asked about the response from registrants when they are notified about a complaint relating to them, and if it was clear they had taken advice or responded without advice. It was explained that separate guidance documents had been produced in 2017 specifically for registrants and those who advise/represent them. It is planned to obtain feedback to monitor how effective this guidance is. Registrants do make detailed written submissions to the IC and this broadly demonstrates that registrants and those that represent them understand and engage in the process.
- b. Members asked if there was a plan to evaluate the guidance. It was confirmed that feedback would be sought from the IC on how useful they find the recommendations. It was also planned to undertake an audit on IC and Initial Stages decisions and part of the terms of reference for the audit would also include reviewing the impact of advice issued to registrants.

Agreed: Council agreed the draft Investigating Committee Decision Making Guidance.

Item 12: Draft Restoration Guidance

33. The Director of Fitness to Practise introduced the item which proposed the introduction of guidance to the Professional Conduct Committee 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. The Osteopaths Act 1993 makes provision for the restoration of an applicant who has been removed from the register by the Professional Conduct Committee (PCC). The applications for restoration can take place after a period of ten months.
- b. There is no procedure currently set out in the rules. Therefore the guidance seeks to fill those gaps in the process, creating a system for restoration to the register which is fair and transparent by detailing what occurs before and during the hearing by the PCC. For example, the guidance provides that the applicant is given at least 28 days notice of the restoration hearing and is provided with all documents the GOsC seeks to rely upon in advance. The

guidance also provides for disclosure of documents by the applicant in advance to ensure the efficiency of the hearing on the day.

- c. It was specifically highlighted that during a restoration hearing the PCC must accept the findings of fact previously found at the substantive hearing. A persuasive burden is placed on the Applicant who must satisfy the committee that:
 - They are of good character
 - They are in good health, both physically and mentally
 - They have a recognised qualification
 - They are a fit and proper person to practise the profession of osteopathy.
- d. The guidance also includes the procedure for assessing good character highlighting the cross-departmental process undertaken with the GOsC's Registration Department when an application for registration is made.
- e. It was noted by the Chair that the standard process for the implementation of guidance by way of the Policy Advisory Committee and consultation had not been applied but members were given assurances that the issue was not contentious and followed the same process as a registration appeal.

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

- a. It was explained that under the rules the original complainant would not approach to feed into the PCC decision making process where an applicant who had been removed from the register was seeking restoration. In cases where there was a complainant they will have received the decision of the PCC from the original complaint. The application for restoration to the register and subsequent hearing would be a completely separate issue and not for the consideration of the complainant.
- b. It was explained that there were no rules relating to non-practising individuals. The requirements for restoration were that the applicant must be able to satisfy the PCC that the requirements set out in the guidance were met including being able to show a Recognised Qualification. Someone who has voluntarily left the register would have to undertake a different process under the registration rules.
- c. It was confirmed that it was set out in primary legislation that the PCC would sit for a Restoration Hearing. The panel would not include those members who had sat for the hearing where the original decision for removal from the register had been made.
- d. It was explained that repeated applications for restoration could theoretically be made if an application for restoration was unsuccessful. Applicants could also appeal to County Court.

- e. It was confirmed that an individual could be restored to the register with conditions. The considerations the PCC would have to take into account are given at paragraph 15 of the guidance:
- The reasons of the Committee at the substantive hearing to direct removal.
 - Whether the applicant has any insight or remorse into the matters that led to removal.
 - What the applicant has done since his or her name was removed from the register.
 - The steps taken by the applicant to keep their professional knowledge and skills up to date.
- f. It was considered that the original PCC decision relating to the applicant would be removed from the GOsC website following a successful restoration hearing but the information would remain as part of the Annual Fitness to Practise Report where decisions on sanctions imposed and finding of Unprofessional Conduct (UPC) are published. It was pointed out that under General Data Protection Regulation an individual could request that the information be removed. This was a distinct, separate point and not for consideration in connection with the restoration guidance.
- g. Members were advised that complainants were always informed of outcomes of PCC hearings. A decision for removal from the register was relatively infrequent but did happen. The most common outcome is no UPC, followed by admonishment.
- h. The fact that after a period of ten months an application for restoration could be made without seeking the complainant's view on the application should be considered and, following on from that, whether this should be explicitly dealt with in the guidance document (as it is within the voluntary removal guidance for example).
- i. Although a complainant has locus to challenge a decision for voluntary removal from the Register by way of a judicial review, it was not clear that this would be the case in a restoration hearing.
- j. The Chair concluded that in light of the discussion the draft Restoration Guidance required further clarification, including whether seeking the complainant's view should feature in the process document. This would require further reflection and development before Council could agree the recommendation to approve and publish the guidance.

Recommendation: The Chair asked that in light of the comments made by Council the Executive should further review the draft Restoration Guidance and seek Council's approval and agreement before publication.

Item 13: Osteopathic Practice Standards implementation plan

36. The Professional Standards Manager introduced the item which concerned the publication and implementation of the updated *Osteopathic Practice Standards* (OPS)
37. The following points were highlighted:
 - a. The implementation plan for the OPS includes linking it with aspects of the new CPD scheme and demonstrating how they inter-relate.
 - b. The feedback from the consultation and initial call for evidence highlighted areas where additional support and resources would be helpful in implementing the standards in practise and these would be further developed.
38. In discussion the following points were made and responded to:
 - a. Council was informed that the Executive is in the process of reviewing the GOsC website and publications more widely and consideration was being given to developing a generic tool to promote the standards including information for patients and students.
 - b. It was also highlighted that a recent meeting with the osteopathic education institutions (OEIs) that, although the institutions have their own approaches to introducing the standards and the OPS to students, there was an appetite for more generic accessible resources.

Agreed: Council agreed the approach to implementation of the updated Osteopathic Practice Standards.

Item 14: Quality Assurance: removal of expiry dates and publication of conditions

39. The Director of Education, Development and Standards introduced the item which concerned the principle of removing expiry dates for 'recognised qualifications' and mechanisms for implementation and an update on the quality assurance review.
40. The following points were highlighted:
 - a. The consultation on Quality Assurance ran from March to May 2018 and the analysis was considered by the PAC at its meeting in June 2018.
 - b. Outcomes from the analysis showed both reasons for and against the removal of expiry dates. The PAC agreed that the principle of removing expiry dates was sound.

- c. The publication of conditions would make up to date information available to the public and to students (currently restricted as private to the institution and the PAC) on any particular conditions relating to an institution. Following the consultation the analysis demonstrated there was broad support for this approach but further work was required in relation to the definition and detail of the condition.
- d. It was also highlighted that the policy on concerns had been made more explicit and supporting good practice through communities could benefit from further development. The risk based approach and alternative ways of undertaking quality assurance was also supported but required further work.

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

- a. It was explained that the mechanisms already existed within the legal framework to remove expiry dates and removal would not change the ongoing dialogue which exists with the OEIs. It was also pointed out that removal of expiry dates would bring the GOsC into line with other regulators. It was not thought that the arguments put forward in the consultation were strong enough to cover an eight year period. It was added that lengthening the period to eight years would mean changing the frequency of quality assurance visits; this did not seem a viable way forward.
- b. It was explained that the analysis from the consultation did not show that there shouldn't be visits nor that five years was the incorrect period of time but discussions with focus groups did consider when visits might take place. A stream of work would be developed within risk based quality assurance as a method of scheduling visit dates. The current QA Handbook references five-year visits but the removal of expiry dates would give more flexibility to the PAC when timetables are being considered, and there would also be an opportunity to develop current policy.
- c. In response to the suggestion about the regulator providing training for OEIs in risk management it was considered that the onus should be on the OEIs themselves to manage this.
- d. It was clarified that the institutions use the terms 'External Examiner' and 'External Assessor' in different ways to the GOsC. It was explained that the GOsC/PAC were looking for an understanding of the nature of the roles described and the responsibilities of the individuals who provide the institutions with external information about the OPS. It was explained that the OEI Annual Reports provide confirmation from their reviewers that the institutions are delivering students who meet the OPS in line with other institutions between the times when the GOsC/QAA reviews take place.
- e. It was suggested that as part of the quality assurance review and the risk based approach research, a benchmarking exercise could be undertaken to

compare against other industries and agencies who have taken risk based approaches in their organisations (i.e. Cross Channel Ferries).

Agreed: Council agreed the principle of removal of expiry dates and the approach of publication of 'conditions'.

Agreed: Council agreed the approach to further development of the implementation process.

Noted: Council noted the update on the quality assurance review.

Item 15: Quality Assurance Procurement

42. The Director of Education, Development and Standards introduced the item which concerned progressing the management of the GOsC quality assurance activities from August 2020 to July 2023 (with an option for a further two years' extension).

43. The following points were highlighted:

- a. The generous timeframe for the quality assurance procurement would allow the Policy Advisory Committee to develop the requirements for the contract. The major decision points were also highlighted in the timeline.
- b. The use of a specialist procurement support had not been finalised and may be dependent on any changes to legal requirements following Brexit.

Agreed: Council agreed the proposed approach to the Quality Assurance major tender exercise.

Item 16: Continuing Professional Development Guidance

44. The Director of Education, Development and Standards introduced the item which concerned the publication of Continuing Professional Development (CPD) Guidance and Peer Discussion Review (PDR) Guidance following agreement of the amended CPD rules.

45. The following points were highlighted:

- a. The third consultation for the CPD and PDR Guidance took place between February and May 2018. A considerable number of responses had been received for previous consultations which might explain the small number of written responses but discussions had taken with over 30 individuals including osteopaths, patients and osteopaths from key organisations on this occasion.
- b. A number of small changes had been made to the guidance but overall the feedback on the guidance had been supportive.

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

- a. It was explained the drafts would not necessarily be the final format for the guidance. It was added that the draft documents would be the overarching guidance for the scheme providing accessible links to the tools and forms required for new CPD scheme.
- b. Council was reminded that the drafts had been through a number of consultations and had been discussed with the profession who were supportive. Feedback would continue to be taken on board to make improvements as the CPD scheme continued to develop.
- c. In response to a question on conflict resolution Council was informed that the reviewee can select their own peer in order for the review discussion to take place. It is also explained in FAQs that the reviewee can walk away if they are not comfortable with their peer reviewer and use a different peer. The use of peers from other organisations is being considered and explored.
- d. In relation to conflicts of interest it was thought that there could be issues but as the scheme progressed this and other areas that might give rise for concern would be monitored for evaluation. The main focus was to build registrant confidence and engagement with the new scheme.
- e. The CPD and PDR Guidance presented the formal guidance on the statutory CPD Amended Rules. Members were informed that a package of material was being developed for registrants as they enter the scheme post-launch which would introduce and fully explain the new scheme.
- f. It was explained the outcomes of the CPD scheme would be measured in the CPD evaluation survey considered by the PAC and agreed by Council. A full evaluation of the PDR would not be available until 2021-22. It was also pointed out that as PDR forms are received any difficulties registrants may have in identifying a peer will become evident over time.
- g. It was explained that there was a plan for the next evaluation which would take place from March 2019 onwards and would be discussed by the PAC in October and would also be considered by the CPD Partnership Group. Council was given assurances the evaluation of CPD currently in place which provides the baseline for the scheme is robust and provides proxy evidence of how the scheme will develop moving forward.

Agreed: Council agreed the Continuing Professional Development Guidance incorporation the Peer Discussion Review Guidance.

Item 17: Welsh Language Scheme Annual Report

- 47. The Senior Communications Officer (SCO) (Digital) introduced the item. Under the Welsh Language Act, 1993, the GOsC is required publish an annual report on the implementation and progress of its Welsh Language Scheme. The Paper

introduced the GOsC's seventh annual report and provided an update on the forthcoming introduction of Welsh Language Standards.

48. The following points were highlighted:

- a. There was uncertainty about how the Welsh Language Scheme will continue due the Welsh Government introducing more specific standards for organisations that operate Welsh Language Schemes. The scheme has not been entirely successful and so they are now looking instead to increase the number of Welsh language speakers. In a consultation published in 2017 a proposal put forward was to abolish the role of Welsh Language Commissioner; however it was noted that there was a current Public Appointments notice of recruitment for the vacancy.
- b. A proposal put forward by the Healthcare and Social Care Regulators for specific regulation has been acknowledged by the Welsh Government although at present it is not known what the regulations are and whether they will be implemented under current or new legislation.
- c. It was also highlighted that there has been a small increase in the number of Wales based registrants; there has been a rise in the number of views of the GOsC Welsh language website since the work was completed to make it more accessible; included on the register is information showing whether the Welsh language is spoken within a practice and twice as many practices are displaying that Welsh is spoken in comparison to 2016-17.

Noted: Council noted the 2017-18 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) – 12 June 2018

49. There were no additional comments made about the minutes of the Policy Advisory Committee.

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

Item 19: Minutes of the Audit Committee (AC) – 28 June 2018

50. There no were no additional comments made on the minutes of the Audit Committee.

Noted: Council noted the minutes of the Audit Committee.

Item 20: Any other business

51. There was no other business.

Date of the next meetings: Wednesday 21 November 2018 at 10.00.