



## Meeting of Council

### Minutes of the 120<sup>th</sup> Meeting of Council held in public on Thursday 20 July 2023, hosted via Go-to-Meeting video conferencing

*Confirmed*

**Chair:** Dr Bill Gunnyeon

**Present:** Sarah Botterill (Chair, People Committee)  
Prof. Deborah Bowman (Chair, Policy and Education Committee)  
Elizabeth Elander  
Caroline Guy  
Harriet Lambert (Council Associate)  
Simeon London  
Professor Patricia McClure  
Dr Denis Shaughnessy (Chair, Audit Committee)  
Deborah Smith  
Laura Turner (Council Associate)

**Presenting:** Steven Bettles, Head of Policy  
Fiona Browne, Director, Education, Standards and Development  
David Bryan, Head of Regulation (Items 9)  
Jess Davies, Senior Communications and Engagement Officer (Item 13)  
Adam Halsey, Auditor, Haysmcintyre (Item 7)  
Rachel Heatley, Senior Policy Officer (Items 11 and 12)  
Daniel Kalhor, Brewin Dolphin (Item 8)  
Sheleen McCormack, Director of Fitness to Practise  
Simon McGeachie, Fairstone (Item 8)  
Liz Niman, Head of Communications, Engagement and Insight  
Matthew Redford, Chief Executive and Registrar

**In Attendance:** Marcia Scott, Council and Executive Support Officer

**Observers:** Collette Byrne, Scrutiny Officer, Professional Standards Authority (PSA)  
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Jo Clift, Council Member, the Institute of Osteopathy (iO)

#### **Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting.

2. Apologies were received from:
  - Dr Daniel Bailey, Registrant Council Member
  - Maxine Supersaud, Head of Assurance and Resources.

### **Item 2: Questions from observers**

3. Speaking to agenda Item 10: The GOsC Strategic Plan: Towards 2030, Maurice Cheng asked that Council bear in mind that, when considering the Strategic Plan, the issues of declining student numbers and the impact and consequences this will have on the profession if the decline continues. It was requested that Council, in its forward planning, work in collaboration with the iO to address the future challenges of the profession.

### **Item 3: Minutes of meeting**

4. The minutes of the 119<sup>th</sup> public meeting 17 May 2023 were agreed as a correct record.

### **Item 4: Matters Arising**

5. The Chief Executive introduced the report asking that Council note the actions highlighted had been completed.
6. Council had no comments or questions relating to the matters arising report, noting the areas which had been completed and those that are ongoing.

**Noted: Council noted the contents of the report.**

### **Item 5: Chair's Report**

7. The Chair introduced the item which provided an update on the appointment and other relevant activity which has taken place since the May 2023 meeting.
8. The key messages and following points were highlighted:

#### Council and Committee members annual performance reviews

- a. The 2022-23 round of Annual Performance Review meetings for Council, Council Associate and Committee members are almost complete. The Chair thanked all who have participated in the APR process for their time and engagement with the process.
- b. The Chair confirmed that his review had been completed and the following objectives were agreed for the remainder of 2023-24:
  - To ensure completion and successful launch of the GOsC's Strategic Plan
  - To oversee the launch and embedding of the GOsC Values
  - To ensure a successful conclusion to the 2023-24 recruitment round for members of the governance structure including the roles for a new Chair,

new members of Council, new members of the FtP committees. Ensuring that all posts are filled by 1 April 2024.

- Ensure the appropriate transition planning for the next Chair of Council
- Ensure continued robust and effective leadership through to the conclusion of tenure 31 March 2024.

### Meetings

- c. The Chair confirmed his attendance at the meetings of the Policy and Education Committee (PEC), the Audit and the People Committees.

### Appointments and reappointments

- d. Since the last meeting of Council, work has continued on the recruitment campaigns for the next Chair of Council and for lay and registrant members of the Professional Conduct Committee. The application process for these roles has now closed and the shortlisting process completed.
- e. The recruitment campaigns for lay and registrant members of Council and the Investigating Committee commence in September. A campaign to identify the next registrant Council Associate will also commence in September.
- f. Three members of Council are eligible for reappointment in 2024. Caroline Guy and Dr Daniel Bailey have applied for a further term and, following the Chair's recommendation, the applications are with Privy Council for approval. Professor Deborah Bowman has, after very careful consideration, decided not to seek a further term on Council.
- g. The Chair of the Policy and Education Committee role will fall vacant from 1 April 2024 and, subject to Council's agreement, it was proposed that Professor Patricia McClure be appointed as Chair of the PEC effective 1 April 2024.
- h. One member of the Investigating Committee, Jay Ruddock, was due for reappointment. Reapplication paperwork was considered and the proposal to recommend the reappointment scrutinised and supported by the People Committee.

### Fees

- i. The People Committee have benchmarked the fees paid to Council members. They propose an increase from £7,500 to £7,800 per annum from 1 April 2024.
9. In discussion the following points were made and responded to:

Appointment of Policy and Education Committee Chair (Professor Patricia McClure left the meeting during this discussion).

- a. Members were given assurance that Patricia's suggested appointment to the role of the PEC Chair was based on her extensive academic career and, supporting this, in March 2023 had acquired her professorship. It is believed Patricia has the requisite experience to Chair the Policy and Education Committee. Her appointment would bring a wealth of experience and knowledge to the Committee and allow for continuity in a year which will see significant changes to Council and its Committees.

- a. Noted: Council noted the update on the current non-Executive recruitment campaigns.**
- b. Approved: Council approved the appointment of Professor Patricia McClure as Chair of the PEC for a 2-year period from 1 April 2024.**
- c. Approved: Council approved the reappointment of Jay Ruddock, registrant member of the Investigating Committee, from 1 August 2023 to 31 March 2027.**
- d. Agreed: Council agreed an increase in the Council member honorarium to £7,800 from 1 April 2024.**

#### **Item 6: Chief Executive and Registrar's Report**

10. The Chief Executive and Registrar presented a review of activities and performance undertaken by the team since the last Council meeting 17 May, and not reported elsewhere on the agenda.
11. The key messages and following points were highlighted:
  - a. the GOsC once again met all 18 Standards of Good Regulation for 2022-23. The Professional Standards Authority published their report into our performance in June 2023.
  - b. The Executive have been working with PSA colleagues to understand their approach to the 2023-24 performance review year which will be a more in-depth review of the GOsC's performance. Early conversations have been constructive.
  - c. GOsC colleagues presented at the PSA symposium on the topic 'How can we successfully collaborate towards safer care for all?', on the GOsC's work with the Collaborating Centre for Values Based Research.
  - d. The GOsC participated at Pride in London for the first time in its history alongside osteopaths, students, patients and representatives from other stakeholders including the iO and COEI. The GOsC's attendance demonstrates the organisations continuing commitment to equality, diversity and inclusion.

- e. The GOsC Subject Benchmark Statement (SBS) for osteopathy is a reference outlining academic standards expected of graduates and articulate what they might reasonably be expected to know, do and understand at the end of their studies. It is now confirmed that that for the first time this year it has been designated as a statement of what is expected by the statutory Education Committee expects before a recognised qualification is recommended to Council. The SBS also has status in relation to the assessment of international qualifications.

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

- a. In response to a question about the NHS Long-Term Workforce plan and the implications for osteopathic education with the planned moves towards more apprenticeships members were advised that, although there was no definitive answer, the implications would be dependent on the future direction of the education sector. It was pointed out that there are conversations already taking place about the direction of osteopathic education and what this might look like in the future.

### **Business Plan Monitoring**

13. The Business Plan Monitoring report to 30 June 2023 was presented. The activity relating to the GOsC's banking facilities was highlighted. It was noted that the Executive would be considering the planned re-tendering; whether a change of banking services is business critical and take place this year, 2023-24, or a new timetable for the activity considered and possibly deprioritised.

### **Finance Report: two months to 31 May 2023**

- 14. It was noted and confirmed that post-meeting Council would be provided with a written update on those items in the finance report where a variance had been indicated.
- 15. At the 2-month position the budget was on track and, overall, is where expected to be at this point in reporting. It was noted that there is a small deficit of £18,000 before designated spending.
- 16. In discussion the following points were made and responded to:
  - a. In response to a question concerning Education and Professional Standards cost and the drift in expenditure relating to Quality Assurance it was asked if this was a 'one-off' cost or cumulative over the financial year? It was explained that the cost of the Quality Assurance contract had increased. In terms of the budget an area of exploration will be whether the current phasing of the budget is correct or if there needs to be a different approach to reflect activity as it happens. Council would be updated on the position in due course.

- b. It was confirmed and explained that the deficit in income was a timing issue. This was due to the cyclical nature of income from the register and was consistent with previous years.
- c. Members commented on questions which might be considered from a wider perspective, considering how resources are prioritised and how used when budgeting for activities specifically in relation to policy and education but also more widely:
- What value is to be gained when considering an activity?
  - What is the wider cost of an activity?
  - The procurement of a QA provider; the cost and what value is being brought to the organising by the service provider?
  - In considering the organisations research and communications work, what are the expected outcomes and impact and whether good value has been achieved.

17. The Chair noted the questions and comments raised suggesting these would be considered as part of the discussions at Council's Strategy Day, September 2023.

### **Performance Measurement Report 2022-23**

18. The Performance Measurement Report is produced on an annual basis. The report for 2022-23 has been scrutinised by the Audit Committee and sets out the range of performance measures both quantitative and qualitative.
19. The Chair of the Audit Committee confirmed the report had been reviewed and the Committee were content.
20. The Chair commented that the outcome of the PSA performance review reflected the substantial amount of work undertaken by the staff of the GOsC and, in spite of ongoing challenges, maintaining its core function. The Chair, on behalf of Council, offered his congratulations and thanks to the Executive and staff team.
- a. Agreed: Council agreed that the variance shown in the Employment Costs of the Finance Report would be clarified by the Executive in a circulation to members**
- b. Agreed: Council agreed that the variance shown in the Professional Standards Cost of the Finance Report attributed to the provision of quality assurance services would be clarified by the Executive in a circulation to members.**
- **Noted: Council noted the questions raised which would be taken into consideration at the Council Strategy Day: the wider consideration and implications regarding budget strategy.**

- **The NHS long-term planning and the implications for the profession.**

**c. Noted: Council noted the contents of the Chief Executive & Registrar's report.**

**Item 7: Annual Report and Accounts: 2022-23**

21. The Chair reminded Council of its responsibilities, as Trustees and Council members, before discussion and subsequent approval of the Annual Report and Accounts.
22. The Chief Executive introduced the item which sought the approval of Council for the publication of the Annual Report and Accounts for the financial year 2022-23.
23. It was noted that the recommendation for the Letter of Representation was for the approval of Council and not 'to note' as described on the cover of the report.
24. The key messages and following points were highlighted:
  - a. The annual audit was undertaken by Haysmacintyre in the months of May - June 2023.
  - b. The Executive developed the Annual Report detailing the activity undertaken in the year across the four strategic goals, the work across the four countries, the narrative around areas of risk and the financial report, which for the period 2022-23 centred around the Value Proposition; the articulation of where the regulatory approach adds value.
  - c. The audit ran smoothly with three minor control points identified and set out in the Audit Findings Report which was scrutinised by the Audit Committee at its meeting in June 2023.
  - d. A different approach had been taken in presenting the Annual Report and Accounts making the report shorter and more user friendly.
  - e. The Audit Committee recommended the Annual Report and Accounts to Council subject to Council noting the continued inclusion of a provision as a result of an employment tribunal case that involves the Nursing and Midwifery Council. The Executive proposes that the provision is kept within the accounts as this reflects a prudent and cautious financial approach to the ongoing issue.
  - f. The Audit Committee considered information provided by the Executive on whether the GOsC was a going concern. The Executive and Audit Committee concluded that the GOsC remained a going concern.

- g. Council was be asked to approve the Letter of Representation to be signed by the Chair alongside the Annual Report and Accounts.
- h. The Annual Report and Accounts are required to be laid before both Houses of Parliament by 30 September 2023, and the accounts are also required to be submitted to the Charity Commission within nine-months of year end.
- i. The Chair of the Audit Committee confirmed that the Committee had conducted detailed scrutiny of the Annual Report and Accounts. In summary the Chair commented that Committee had been impressed with the thoroughness of the work undertaken and completed Haysmcintyre on what was their first audit of the GOsC. It was also confirmed that, moving forward, Haysmcintyre would attend all future meetings of the Committee.

### **Haysmcintyre**

- j. Haysmcintyre noted that in this first year of undertaking the GOsC financial audit they had been impressed by the support provided by the Head of Assurance and Resources.
  - k. It was confirmed that there had been no issues found in the review of the previous financial auditors for the GOsC, Crowe.
  - l. This had been the first year of compliance with the Audit Standard 315 relating to risks of material statement. This meant much of the audit work focused on IT and systems with a number of subsequent recommendations relating to the GOsC's IT security and ensuring the robustness of IT systems. A further area of focus was the CRM system and the challenges stemming from the IT project which are being resolved.
  - m. The GOsC's successful outcome following the PSA Performance Review was acknowledged and strength of the GOsC's fitness to practise processes noted.
  - n. The opportunity to attend meetings of the Audit Committee was welcomed and would allow for any issues to be acknowledged and discussed at an early stage. This would include any issues that may stem the plans and proposals relating to the DHSC regulatory reform.
  - o. The GOsC's financial resilience is clear and although reserves are higher than the policy level this has been clearly explained. It was suggested that the level of reserves should remain.
  - p. The GOsC can be assured that its control environment is robust.
25. In discussion the following points were made and responded to:
- a. Council welcomed the changes which had been made to the presentation of the Annual Report and Accounts.



- b. A typographical error was noted on p. 14 of the Annual Report and Accounts referencing the 'University of St Marks and St John (Marjon)'. This would be corrected to read '...St Mark and St John.'
  - c. It was confirmed that the attendance of Haysmcintyre at the meetings of the Audit Committee would not incur any additional cost to the GOsC and this had been part of, and a key feature, of the audit provision tender process.
26. The Chair in summary thanked Adam Halsey for his comments and feedback regarding the financial audit and report. The Chair also thanked the Executive, and Maxine Supersaud, Head of Assurance and Resources, for the work undertaken to complete a successful financial audit.
- a. Noted: Council noted the Audit Findings Report.**
  - b. Agreed: Council agreed to approve the Letter of Representation to be e-signed by the Chair of Council.**
  - c. Agreed: Council agreed to approve the Annual Report and Accounts for e-signing by the Chair of Council.**
  - d. Noted: Council noted the annual reporting requirements associated with the Charity Commission.**

#### **Item 8: Reserves and Investment Review**

27. The Chief Executive introduced the item. The General Osteopathic Council (GOsC) holds reserves to ensure it has sufficient funds to guard against unforeseen events. In addition, to protect its cash reserves, GOsC has a managed investment portfolio held through Brewin Dolphin.

This paper reviewed the reserves position and the performance of the GOsC investment portfolio.

28. The key messages and following points were highlighted:
- a. It is good practice to hold reserves for unforeseen events and to invest excess funds in order to protect the cash asset from inflation erosion. It is also good practice to review both reserves and investments on an annual basis, which Council does at its July meeting.
  - b. Council has previously agreed a target reserves range of between £350k - £700k based on its assessment of risk and the possible financial impact. For the year ended 31 March 2023, funds are being held above the target reserves range, due, in part, to the recovery of the investment portfolio in the prior year, in addition to prudent expenditure control this year.

- c. The investment portfolio is relatively stable, following significant market volatility over the past two years, though the impact of the rising price of oil and the subsequent global recession, is likely to affect investments.
- d. The most up to date investment valuation is £1.17m at 31 March 2023.
- e. In accordance with previous Council discussions the investment portfolio in relation to environmental social governance (ESG) has been updated.

Brewin Dolphin & Fairstone

- f. In the past year, 2022-23, the portfolio provided a return of 2.6% which is positive outcome for a lower risk portfolio in what has been a challenging year for investments due to the ongoing volatility of the markets.
  - g. The GOsC's investments had performed well through diversification of its portfolio, and it is considered that the investments are currently well placed, and no changes should be made.
29. In discussion the following points were made and responded to:
- a. The Chair of the Audit Committee confirmed that he was content with the reported performance of the investments and reserves.
  - b. The Chief Executive commented that as Council contemplated the implementation of the next Strategic Plan and future activities how best to invest and support those activities should remain a consideration.
30. The Chair thanked Simon McGeachie, Fairstone, and Daniel Kalhor, Brewin Dolphin, for their reports and for the continuing support in the management of the GOsC's investments and its reserves.

**a. Noted: Council considered and noted the review of the reserves position.**

**b. Noted: Council considered and noted the GOsC investment position.**

### **Item 9: Fitness to Practise Report**

31. The Director of Fitness to Practise introduced the report which gave the quarterly update on the work of the Regulation department and the GOsC's Fitness to Practise committees.
32. The key messages and following points were highlighted:

- a. In this quarter there was a 75% increase in the number of new concerns (21), having seen a 31% decrease in the total of the number of concerns received in the previous quarter (12).
  - b. The screener KPI was exceeded however the IC and PCC (end-to-end) KPI's were not met during the reporting period.
  - c. In this reporting period, 2 of the 12 cases referred by the Investigating Committee (IC) to the Professional Conduct Committee (PCC) were listed.
  - d. Following feedback from Council at the last meeting in May 2023, a separate analysis has been provided of the caseload where 'third party' investigations have been excluded from the median figures provided. This analysis, and how 'third party' investigations are defined, demonstrates the impact third party investigations are having on the timely progression of our overall caseload.
  - e. The GOsC has commenced Section 32 proceedings to prosecute an individual, with the initial hearing having taken place on 7 June 2023 at Highbury Magistrates Court.
33. In discussion the following points were made and responded to:
- a. Members welcomed the details concerning third-party information as it clearly demonstrated the impact on case management when conducting investigations.
  - b. Members were informed that there were no clear trends that could be identified to explain the increase in concerns, but different types of cases do appear to go through peaks and troughs. It was also confirmed that the number of insurance cases have reduced in the past year.
  - c. Members were advised that there is no external FtP benchmarking data available but there is an awareness that the GOsC is not the only health regulator experiencing challenges with delays caused by third party investigations.
  - d. It was noted that the Health Regulators do share a common concern relating to third-party investigations. The Chair informed members that at a meeting of the Health Regulator Chairs there had been significant discussion on the issues and concerns surrounding third-party investigations drawing attention to PSA and the significant delays due to circumstances outside the control of the regulators and the subsequent impact on the KPIs. If the issues highlighted could be resolved it would be of benefit for all involved in the process.

- e. It was noted that at the last FtP Directors meeting in May 2023 focused on targeting older cases, progressing them and third-party issues and challenges. It is understood that a cross-regulatory approach is to be set-up with other regulators in order to work collectively to approach the police and the NHS in order to improve the provision of information. It was added that it was not believed that other regulators have the same level of third-party investigations as the GOsC, which appears to be increasing.
- f. It was noted that there is a focus on KPIs, targets and timeframes but the quality of investigations should also be underlined. Members were informed that all cases that go before the Investigating Committee are reviewed by the Director for learning points to ensure that the quality of investigations are not impacted by the focus on targets.
- g. It was explained that if those cases relating to third-party investigations were removed from the process there would still be a number remaining where delays would still occur due to the interactions with vulnerable of witnesses. It was acknowledged that great care must be taken with vulnerable patients/witnesses but, at the same time, the care of the registrant must be considered, and it is, therefore, important to ensure that there is a balance in the duty of care to all parties.

34. In summary the Chair:

- stressed the importance of a coordinated approach by regulators in addressing the impact and challenges of third-party investigations.
- suggested that at a future date it would be helpful to review how the GOsC is progressing with cases that take a longer time to conclude, and the impact on the dataset where long-term cases are removed from the statistic.
- suggested that it may be required that Council review the key performance indicators to ensure that they are achievable when taking into consideration the number of cases delayed due to circumstances beyond the control of the GOsC.

**Noted: Council noted the Fitness to Practise report.**

**Item 10: GOsC Strategic Plan, towards 2030: Consultation Publication**

35. The Chief Executive introduced the item. The GOsC Strategic Plan has been developed by Council and is now in draft form. Before the Strategic Plan can be finalised (in either November 2023 or February 2024), the proposed plan should be subject to public consultation with our stakeholders and their feedback informing the final version.

36. The key messages and following points from the report were highlighted:

- a. Council has been considering its future strategic direction over the previous 18 months. It has done this in a number of ways including meetings, strategy days and workshops.
- b. Council agreed a template for the strategy and, at the May 2023 private meeting, considered content which forms the basis of the consultation document presented at the July 2023 meeting for publication.
- c. The public consultation will launch in early September and run for three months.
- d. As part of the consultation approach, it is planned to utilise all channels available to ensure the GOsC reaches the range of stakeholders with an interest in the work of the organisation. Additionally, a focus group with patients will be run ensuring this is meaningful by initially carrying out a patient survey.
- e. It has been ensured that our consultation approach is consistent with the GOsC Consultation Principles.
- f. It was noted that the 'key priorities' would be amended and that the GOsC 'Values' would be included in the final strategic plan document but not the consultation.

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

- a. It was confirmed that the document would be watermarked, or indicated by other means, to be a document in draft prior to being published for consultation.
- b. The suggestion of a focus group specifically for registrants was acknowledged and would be considered. Members were informed that as part of the consultation process plans were in place for a range of activities which would involve Regional Groups and similar stakeholder groups.
- c. It was agreed that an explanatory note regarding the questions relating to the Welsh language would be included in the consultation.
- d. It was confirmed that the consultation would be circulated to all stakeholders who have contributed to the Strategic Plan including those who attended the Strategy Day.

**Agreed: Council agreed to commence a three-month public consultation on the GOsC Strategic Plan, towards 2030.**

### Item 11: Strategic Patient Engagement

38. The Senior Policy Officer, Rachel Heatley, introduced the item explaining the key aim of our patient engagement strategy being co-production with patients, meaning involving patients in decision making at strategic level.

The paper shares examples of models of strategic patient engagement that exist in the wider healthcare and explores which of these models could be piloted in the General Osteopathic Council.

39. The key messages and following points were highlighted:
- a. The paper is exploratory in nature allowing Council to talk through the potential models for involving patients at strategic level, what approaches might be required for successful implementation and to agree a model to pilot in 2024.
  - b. The focus is about how the GOsC makes decisions that involve patients as opposed to the diversity of patient perspectives that inform decision making as this is captured by engagement activity with the Patient Involvement Forum and broader stakeholder engagement.
  - c. To scope out potential models for Council's consideration a horizon scanning exercise of strategic patient engagement in the healthcare sector was undertaken to identify good practice and innovation, and what factors influence success.
  - d. Two models emerged during the horizon scanning exercise that could be implemented in GOsC:
    - Patient Council Associate (two representatives)
    - Patient Advisory Panel
  - e. Both models involve patients in decision making as independent critical friends to Council, supporting GOsC in undertaking its statutory duty rather than representing a personal healthcare condition or interest.
  - f. Both models would require a robust recruitment process - be transparently recruited to an agreed role specification, bringing significant expertise and experience, and provide strategic, impartial input to support with decision-making.
  - g. The question to Council was how does the GOsC ensure that the patient voice is part of the decision making in the GOsC and demonstrates true patient partnership equal with the professional voice.
40. In discussion the following points were made and responded to:

- a. The Chair noted that although reference is made to the Council Associate (CA) model the schemes are very different. The CA scheme concerns the development of future leaders within the profession.
- b. The Chair put forward a third option for members to consider suggesting that, considering timescales, a patient representative could be appointed as part of the current complement of five Council Lay Members.
- c. The PEC Chair informed members that significant discussion on this topic had taken place not only at the last Committee meeting (June 2023) but also at previous meetings. Rachel was commended for her research and the work undertaken to date.
- d. It was confirmed by the PEC Chair that the discussions at the June 2023 meeting had been helpful, but no consensus had been reached by members during the discussions with a split in support for the models that had been presented. It was the decision of the PEC Chair that, rather than further work been undertaken by the Executive, it should be for Council to give further consideration and to make a decision on the recommended options presented.
- e. Council members commented on the recommended options:
  - Members were supportive of the patient voice at a strategic level but did not consider the Patient Associate model would be viable as there is no clear progression or development pathway.
  - There was support for the third option for a Council Lay Member as a Patient Representative. It should be considered that all lay members of Council are de facto patients and if this approach was to be considered recognition the role of patient advocate role should be stipulated in when recruiting for new lay members of Council.
  - The purpose of the Patient Advisory Panel was questioned, what would the panel be advising on; it was not considered that giving advice could be viewed as being the same as having a voice and being part of discussions and decision making.
  - There was support for a Patient Advisory Panel as this would allow for flexibility and could be linked to a Lay Council member. It was also suggested that consideration be given to an independent Osteopathic Advisory Panel and also a Student Advisory Panel.
- f. In clarifying the difference between the patient advisory panel and the patient forum it was explained:

- Patient Information Forum: a group of volunteers and not recruited to specific positions or having experience of Council or Committee structures.
- Patient Advisory Panel: a group of more experienced and expert members.

41. Members were advised that although there would also be a diversification of views there would be some duplication between the Forum and Panel when considering both functions. Issues of resourcing both groups were also highlighted and clarity on the next steps was required.

42. In summary the Chair:

- Concluded that Council was not in a position to make a definitive decision on based on the recommendation to agree a model for strategic patient engagement.
- Suggested that the Executive provide more detail on the options for:
  - a Patient Advocate as a lay member of Council to fully participate in the decision-making process, and
  - a Patient Associate, able to participate in discussions but not be part of the decision-making process.
- The Executive were asked to consider and reflect on the issues which have been raised by Council and also what might best meet the aims of the project for the meeting in November 2023.
- The significant amount of work which has been undertaken to date was acknowledged but to ensure that the outcomes would properly address the requirements of the Executive, Council and future patient representatives it was important to ensure the next steps could be taken with confidence.

**a. Noted: Council considered and noted the proposed models for involving patients in governance.**

**b. Agreed: Council agreed that the Executive should further review the options presented by the Chair and the approach to be taken to fully address what would be required for the roles to function.**

**c. Agreed: Council agreed to further review and consider recommendations to be presented at its meeting in November 2023.**

### **Item 12: Patient Engagement in osteopathic education**

43. Senior Policy Officer, Rachel Heatley, introduced the item which outlined the development of patient involvement in osteopathic education.



44. The key issues and following points were highlighted:

- a. Patient and public involvement in osteopathic education is part of the educational requirements outlined in the Standards for Education and Training. Such involvement can yield a range of benefits for patients themselves, students and educational providers including for example, improved quality of care, greater exposure to important issues for patients, and greater understanding of the patient / practitioner relationship.
- b. The purpose of the thematic review is to support patient involvement in osteopathic education with the aim of collaborating with osteopathic educational institutions (OEs) to identify good practice in the sector, explore barriers and enablers to involving patients in osteopathic education and share the learning with institutions.
- c. The thematic review has spanned 2019-2023 and included a sector-wide survey, a second source literature review of patient involvement in healthcare education curricula, interactive workshops, a review of institution's annual reports and semi-structured interviews with representatives from all the providers.
- d. In April 2023, the GOsC hosted a workshop with the OEs to highlight the benefits of patient involvement, share findings from the thematic review and provide a chance to reflect. This workshop demonstrated the progress that had been made since the commencement of the project and future actions for OEs to further develop this area.
- e. The Chair of the PEC confirmed that the Committee considered the item at its meeting in June 2023, it was confirmed that there has been buy-in from the OEs.

45. Members commended Rachel for the work undertaken on the project and had not further comments.

**a. Noted: Council consider the report and the recommendations outlined to inform our thinking regarding next steps.**

**b. Agreed: Council agreed to publish the report.**

### **Item 13: Public and Patients perception survey results**

46. The Senior Communications and Engagement Officer introduced the report on the findings from the public and patients' perceptions survey conducted by YouGov and the implications for the GOsC's wider work.

47. The key messages and following points were highlighted:

- a. This paper explored the implications of findings from the third wave of GOsC's public and patients' perceptions tracking survey, which was first conducted in 2014 and then again in 2018 prior to this survey in 2022/23.
  - b. The findings continue to show useful information for osteopaths on what is important to patients prior to and during appointments. Information about the benefits of treatment, risks, costs and what treatment will involve are important for patients and in particular, older patients. Information about the GOsC's concerns process is particularly important for people with disabilities.
  - c. Since 2014 there has been a slight decrease in the levels of public confidence in osteopathy. This research does not provide an indication as to why confidence may be on the decline, however, the possible impacts of recent high profile media cases can be taken into consideration and whether other health professional regulators have experienced similar outcomes.
  - d. The findings were considered by the Policy and Education Committee (PEC) in June 2023. The Committee noted both the value in the findings and limitations in relation to method and noted the reflections of the executive team about how those findings might inform ongoing and future strategy and policy.
  - e. Going forward, these findings are useful in the work to support newly qualified osteopaths and in the ongoing shared decision making/patient values project. There may be consideration to carry out further qualitative research to explore the findings in relation to the drop in confidence among young people, and the reasons for the decline in respondents from ethnic minorities viewing regulation as important.
  - f. As the patient perceptions survey was established prior to the communications and engagement strategy, there is interest in exploring further gaps that may exist in the GOsC's knowledge and how best to address them.
  - g. The PEC Chair had no additional comments but advised that the outcomes and insights provided by the survey should neither be overstated nor underplayed but the data used address and build on the public and patient perceptions of the profession.
48. In discussion the following points were made and responded to:
- a. Members noted that the questions on the cost of visiting an osteopath but further questions on the future impacts of cost did appear to feature in the survey. It was explained that cost does feature in the survey, and could be expanded. It was added that a key finding was that patients are aware of the cost of visiting an osteopath and this was important to them; although cost may be an issue it was not a barrier.

**Agreed: Council agreed to publish the report as outlined.**

**Agreed: Council agreed the approach to the next steps.**

**The following Reading Room items were circulated prior to the meeting for Council's consideration and were noted.**

#### **Item 14: Welsh Language Scheme**

49. Under the Welsh Language Act 1993, the General Osteopathic Council (GOsC) is required to publish an annual report on the implementation and progress of its Welsh Language Scheme. This paper introduced this year's annual report.

50. The key messages and following points were highlighted.

- a. In June 2023, GOsC received its final compliance notice from the Welsh Language Commissioner regarding the implementation of the Welsh Language Standards, which were laid in the Senedd in 2022.
- b. GOsC is expected to implement all but one standard by 6 December 2023.
- c. GOsC is expected to implement standard 20 (the provision of an online registration process available to registrants in Welsh) by 6 December 2024.
- d. The Executive have been attending regular meetings with other healthcare professional regulators on the subject of the Welsh Language Standards to discuss how we can support each other and how we are each approaching implementation.
- e. In the previous reporting year, we have seen the number of practices where Welsh is spoken drop from 34 to 27. The number of Welsh language pages on our website has not changed, but we have seen the percentage of Welsh pages on our website drop to 4.5% which is due to an increase in the overall website number of English pages.

51. Council made no additional comments and noted the Annual Report and the anticipated changes in Welsh language requirements.

**Noted: Council noted the 2022-23 Annual Report on the GOsC Welsh Language Scheme and the anticipated changes in Welsh language requirements.**

#### **Item 15: Equality, Diversity and Inclusion Annual Report**

52. The paper presents the Annual Report to Council on the work undertaken on equality and diversity in the year 2022-23.

53. The key messages highlighted:

- a. Council receives an annual Equality, Diversity and Inclusion report, which is presented at Annex A. The report again reflects our activity which meets the actions outlined in the GOsC's first ever Equality, Diversity and Inclusion Framework 2021-24.
- b. The GOsC met 4 out of the 7 actions agreed by Council last year, with two delayed by the work on the CRM upgrade and one action remaining outstanding.
- c. The Annual Report includes an update on the research project into the under-represented groups experiences of osteopathic education and training (UrGEnT) which Council is co-funding.
- d. The paper recommends that the remainder of the 2023-24 year be used to develop the next Equality, Diversity and Inclusion Framework, towards 2030. This will align with the new GOsC Strategic Plan which will shortly be published for public consultation.
- e. It is suggested the GOsC limit the actions in developing the next EDI Framework as there is a need to be realistic about what can be achieved at a time when there is a significant amount of work ongoing across our small staff team.

54. Council had no additional comments on the EDI Annual Report and the paper was considered read.

**Noted: Council considered and noted the Equality, Diversity and Inclusion Annual Report 2022-23.**

**Noted: Council noted that the remainder of 2023-24 would be used to develop the next EDI Framework which will cover the period towards 2030.**

#### **Item 16: Committee Annual Reports**

55. Each Committee is required to report annually on its work to Council. Council was requested to note the Annual Reports of the Policy and Education Committee, the People Committee and the Audit Committee.

**Noted: The Annual Reports of the GOsC Committees were noted.**

#### **Item 17: Any other business**

56. Commenting on the agenda the Chair asked that the Executive consider how recommendations to Council are framed when decisions are required on items relating to policy. It was suggested that providing more clarity on what the important issues of a subject are including:

- how does the item fit with the business plan and strategy,
- the value versus the cost,

- the available resources,
- the prioritisation of the subject

Taking these factors into consideration would allow for more focused discussions and better-informed decisions.

**Item 18: Questions from observers**

57. There were no other questions from observers.

**Date of the next meeting: 22 November 2023 at 10.00**