GENERAL OSTEOPATHIC COUNCIL

Minutes of the public session of 71st meeting of the General Osteopathic Council
Tuesday 12 April 2011

Chair: Professor Adrian Eddleston

Present:

Geraldine Campbell
John Chuter
Paula Cook
Jonathan Hearsey
Nick Hounsfield
Professor Ian Hughes
Kim Lavely
Brian McKenna
Kenneth McLean
Robin Shepherd
Fiona Walsh
Jenny White

In attendance:

Tim Walker, Chief Executive and Registrar
Fiona Browne, Head of Professional Standards
Alan Currie, Head of Registration and MIS
Matthew Redford, Head of Finance and Administration
Velia Soames, Head of Regulation

Marcus Dye, Professional Standards Manager)
Sarah Eldred, Communications Manager) for relevant parts of the meeting
Kellie Green, Regulation Manager)
Jane Quinnell, Governance Manager

1. Observers, as follows, were welcomed to the meeting:

   Michael Watson, Chief Executive of the British Osteopathic Association (BOA)
   Ben Katz, osteopath
   Professor Bernardette Griffin, external member of the GOsC Education Committee
   Jane Fox, external member of the GOsC Education Committee.

Apologies

2. Apologies were received from Professor Julie Stone and Brigid Tucker.

Questions from observers

3. Mr Watson raised four questions:

   a. Revalidation He wondered what action the GOsC would be taking to inform osteopaths about the General Chiropractic Council's recent decision to do no further work on revalidation?

   b. Letters from osteopaths to *Osteopathy Today* about the attractiveness of being

regulated by the Health Professional Council He asked what the GOsC would be doing about the feelings espoused in the letters.

c. Draft Osteopathic Practice Standards Mr Watson continued to have concerns with clauses D16, 3.6 and D17, 2.9 and 'regulatory creep' – had a situational analysis been done with regard to these clauses.
d. Agenda item 15 In connection with this paper, the BOA wondered whether the GOsC would review its policy on regulation and whether it continued with its broader approach to regulation with a significant developmental role or would narrow its remit?

4. The Chief Executive answered the questions as follows:

a. Revalidation The GCC's decision in March to undertake no further work on revalidation was particular to the chiropractors because the GCC was taking a approach with its revalidation scheme considering sub-optimal outcomes. It was understood that the chiropractic profession welcomed its Council's decision but that the Department of Health and the Council for Healthcare Regulatory Excellence had a different view. It was further understood that the GCC were looking at enhancing its Continuing Professional Development scheme which would bring it closer to the GOsC's proposed revalidation scheme. The GOsC was currently putting out an invitation to the profession to take part in piloting the draft revalidation scheme, on a voluntary basis. With the current interest from osteopaths in piloting the scheme, there was a worry that the pilot invitation would be over-subscribed. The Executive was considering how best to communicate the GCC's recent decision to confirm that it had no relevance to the GOsC's approach.
b. HPC regulation This would be covered in agenda item 15. A response to the letters in *Osteopathy Today* would be made following the Council meeting.
c. Draft Osteopathic Practice Standards The two areas of concern to the BOA would be looked at by staff before the agenda item was discussed in the meeting.
d. Agenda item 15 The Council had a requirement to consider cost savings, following the Government's White Paper and the type of regulation would be something to consider when the agenda item was discussed.

Minutes and matters arising

5. The minutes of the public session of the Council meeting held on 3 February 2011 were **agreed**.

6. It was confirmed that the Executive was still awaiting responses from two of the other healthcare regulators as to whether they would be interested in filling the Remuneration Committee external member vacancy with an appropriately qualified member of staff. The update to Council members on three outstanding matters from the February Council meeting would be re-circulated as it appeared it had not been received by all.

Chair's Report

7. The Chair presented his report.

a. Appraisals Dates for Council members' appraisals were now scheduled.
b. Chairs' meeting – 29 March 2011 Currently, these were informal meetings where the

Chairs of the regulatory bodies share problems/experiences etc. The Chairs were now looking to move the meetings forward to have a formal agenda and a record of the meetings but that they continue to be private. At the next meeting, the Chairs were going to consider how they should engage with the CHRE Chair and the CHRE in general and also the interactions between Chairs, their Chief Executives and the CHRE.

8. The report was **noted**.

Chief Executive's report

9. The Chief Executive presented his report and highlighted several items:

a. CHRE complaint about possible breach of confidentiality The complaint about a possible breach of confidentiality was now resolved.
b. Liberating the NHS: Developing the Healthcare Workforce The joint response from the GOsC, the BOA and COEI was an important piece of collaborative work between the three bodies.
c. Osteopathic Educational Institutions' visits The Surrey Institute of Osteopathic Medicine visit had taken place with only the London College of Osteopathic Medicine still outstanding.
d. Equality and diversity It would appear now that the GOsC was outside the requirements under the Equality Act 2010 to have an Equality Scheme but it was important to stress that the GOsC was committed to equality. The Chief Executive and the Head of Regulation were continuing to work on equality and a report would be prepared for Council at its next meeting.
e. UK Border Agency GOsC lobbying with the UK Border Agency and the Home Office over foreign students and the OEIs had proved positive and a meeting was to be scheduled with the Home Office.
f. Financial report (annex B) This report was draft as it was prepared just after the month end. It showed final outturn figures at the end of the 2010/11 financial year.
g. Key data (annex C) There was a problem with the web-tracking software which meant that there was incomplete data for the website and the **o** zone in quarter 4. The Head of Registration and MIS confirmed that to date, there had been 388 online renewals.

10. Members then raised questions or made observations.

a. Equality and diversity Miss White confirmed that this was a very complex area made more so by the Government quite regularly changing policy. The GOsC appeared to be being treated differently to other regulators in that it was not named in the Act as having specific duties but was a public authority with general duties.
b. Advertising Osteopaths with potentially problematic websites were being approached and asked to correct their websites so that they did not fall foul of the ASA CAP Code.
c. National Council for Osteopathic Research (NCOR) Currently, there was no commitment from any of the other stakeholders for future funding of NCOR. It was acknowledged that whether the GOsC supports any sort of research infrastructure goes to the question about the GOsC's regulation remit. NCOR was considering its own plans and the costs involved. It had reduced its core costs from approximately £95k to £75k and it had been told that post March 2012, funding was unlikely to

return to previous levels.

d. Key data The Treasurer commented that the performance data did not list the strategic risks. He further added that he felt the Council needed to take ownership of the risks and should not have to rely solely on the Audit Committee. It was confirmed that the Audit Committee considered and updated the risk register regularly but the risk register should also be shared with Council.

11. The report was **noted**.

Fitness to practise report

12. The Head of Regulation presented the report which represented a busy two months including the first protection of title prosecution (via an interdict) in Scotland, a fitness to practise training session for the BOA and the results of the CHRE's audit of the initial stages of the fitness to practise process. It was confirmed that following John Mundy's resignation as Chair of the Investigating Committee on his appointment as a Sheriff, there was an appointed panel chair who could take proceedings in the interim. The Executive was considering how to appoint a new Chair. Mr Mundy was thanked for his sterling work for the Investigating Committee and the Council since his appointment in April 2009. It was confirmed that the Rocca case (para. 21 of the report) had now been relisted for the end of May.

13. The report was **noted**.

Stakeholder engagement report

14. The Communications Manager presented the Stakeholder engagement report which summarised GOsC stakeholder engagement activity in the period February 2011 to March 2011. Concern was raised at the number of consultations being carried out with osteopathy students through the OEIs. It was confirmed that the student representatives co-ordinated the circulation of any consultations to students so it was not too onerous on the OEIs but the Communications Department was considering alternative ways to carry out consultations.

15. The report was **noted**.

Investment Strategy

16. The Treasurer and the Head of Finance presented this paper which showed how the GOsC had sought to develop a more sophisticated investment strategy, in today's current economic climate, and which asked the Council to endorse the Finance and General Purposes Committee's (F&GPC) recommendation to invest £1 million in the Newton Real Return Fund. The F&GPC has considered, in great detail, good stewardship of the reserves, liquidity requirements, ethical investments and the risks involved.

17. Council members fully appreciated, in the current climate, finding the balance between not eroding the reserves and good stewardship but felt that in the absence of a GOsC ethical policy, it might be difficult to make a full decision on the recommendation. The Council expected osteopaths to act ethically and osteopaths would expect the Council to act ethically with the reserves. The paper recommended a review in 12 months and it

would therefore seem wise to ask the F&GPC to consider an ethical investment policy at the same time.

18. **Agreed** to invest £1 million in the Newton Real Return Fund. It was further agreed that the F&GPC would review the options for ethical investments including keeping a watching brief on the returns from ethical funds and make further recommendations to Council after 12 months.

Members' remuneration 2011-2012

19. It was noted that all Council members present obviously had an interest in this item. The Chief Executive presented the paper which asked the Council to approve the recommendation of the Remuneration Committee on the level of increase in members' allowances for the 2011/12 financial year. He confirmed that Cumberlege Connections, in their 2008 work on remuneration for members of the governance structure, had recommended that the Senior Salaries Review Body annual report be used as a guide to annual review of remuneration. Both the Chief Executive and the Remuneration Committee agreed that this was not an appropriate way to consider reviews as the Body dealt with totally different kinds of jobs/appointments to those in a regulatory body. Therefore the Remuneration Committee had agreed to take the same approach as that used for members of staff. He confirmed that more work was required on the payment of responsibility allowances and that a paper would be brought to a future Council meeting on this subject.

20. Some members were concerned that, in the current economic climate, increasing the remuneration of the members of the governance structure, while the profession was struggling was not appropriate. Others were concerned that by freezing remuneration, the Council might have to 'catch up' in the future which could be equally unpalatable. It was confirmed that the other regulators had been canvassed as to their remuneration increases and that the Remuneration Committee's recommendation was to go lower than the median.

21. One member pointed out that he thought the Treasury's tax allowance for using a car had gone up from 40p a mile to 45p a mile and this should be amended in the expenses policy.

22. Members were reminded that up until 2003, Council members were not paid at all, and that the GOsC's policy had always been that there was some element of *pro bono* in members' remuneration. Members were also reminded that many in the private sector were taking pay cuts and the public sector faced a two year pay freeze. It was confirmed that the Council could reject the Remuneration Committee's recommendation and that individual Council members could refuse the rise if Council accepted the recommendation.

23. Members cautioned that when it came to recruitment for vacancies, the Council had to be careful that it remunerated applicants properly because it did not want to attract only applicants who had other income and could afford to take what was perceived as a lower rate.

24. The Council for Healthcare Regulatory Excellence was to carry out a review of the

regulators' governance arrangements and remuneration was sure to come under this.

25. **Agreed**

a. Not to increase members' honoraria and committee members' allowances in 2011/12.
b. That there should be no changes to member's expenses in 2011/12.
c. To note that the Remuneration Committee would give further consideration to the level and distribution of special responsibility allowances at its next meeting.
d. The Remuneration Committee was asked to consider how it might handle 'catch up' in remuneration, in the future and also to consider the level of mileage claims in the next review of remuneration.

Business Continuity Plan

26. The Head of MIS and Registration presented the draft Business Continuity Plan (BCP) for approval. Council members raised questions and made observations as follows:

a. It was confirmed that the password on page 12 of 18 under Alarm monitoring would be removed and changed.
b. Under next steps, IT recovery, should there be a breakdown, was to be tested. Staff were to be trained and a full disaster recovery rehearsal would be carried out.
c. The Department of Health, the GOsC's auditors and NHS direct would be added under Key stakeholders and service providers.
d. A second person would be nominated in case the Head of MIS and Registration was ill, under Section 2.
e. Fuller explanation was felt appropriate around 'flu-like' symptoms in Section 3 as infection control was important in a small organisation.
f. Who was the 'second in command' should the Chief Executive be incapacitated?
g. Who deputised for whom in the Senior Management Team if someone is away on leave?

27. **Agreed** subject to the amendments discussed to approve the draft Business Continuity Plan.

Osteopathic Practice Standards

28. The Chief Executive introduced the item by confirming the good example of the strength and depth of the GOsC staff with the Professional Standards and Regulation Managers working closely together to bring this large piece of work together, and working well to a conclusion. The Professional Standards Manager summarised the position so far, following the conclusion of the Osteopathic Practice Standards (OPS) consultation and the further work by the OPS working group. There were two issues within the draft OPS that the working group could not provide a recommendation on – the reporting of civil proceedings and the refusal of provision of treatment because of religious or moral/ethical belief. The Council was asked to consider these two outstanding items and then to agree to publish the revised OPS and the GOsC's response to the OPS Consultation to a set time table culminating with the OPS taking effect from 1 September 2012.

29. Recommendation a On whether osteopaths should be required to report the outcome of

civil proceedings, no other regulators required the reporting of outcomes of civil proceedings but it was required, under GOsC rules, during the annual renewal process. Some felt that if the requirement was in the Rules for annual renewal then it should also be in the OPS. Any pattern of civil proceedings against an osteopath could be an alert to a fitness to practise problem.

30. **Agreed** (with a strong disagreement from one Council member) that the OPS should not contain a requirement that osteopaths provide information on civil proceedings to the GOsC. The Executive would look at the continued requirement in the Registration Rules and whether to recommend to Council that this should also be revised.

31. Recommendation b **Agreed** to replace paragraph 2 of standard D4 with:

'If carrying out a particular procedure or giving advice about it conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and tell them they have the right to see or be referred to another osteopath.'

32. Recommendation c

a. Standard D16, guidance 3.6 Discussion took place over 'are no longer in your care' and how long would this period be. It was difficult to be specific as it depended upon the vulnerability of a patient. The CHRE had carried out a lot of work on sexual boundaries and this guidance and the wording was based on the outcomes of this work.
b. Standard D17, guidance 2.9 Members wondered whether the guidance needed re-wording as osteopaths may not be able to control postings put on social networking sites. Members had concerns over 'not being associated with' and whether stronger wording was required and what was 'inappropriate'. It was agreed that the wording should be changed to reflect the requirement that osteopaths' on-line behaviour should not be any different to that elsewhere.

33. **Agreed** to agree the changes to the draft OPS recommended by the OPS Working Group and, subject to the approval of the Chair of Council of revised wording of D17, 2.9, to publish the revised OPS.

34. Recommendation d **Agreed** to publish the GOsC's response to the OPS consultation.

35. Recommendations e and f The GOsC had a legal requirement, under the Osteopaths Act 1993, s13(4), to publish the new OPS for a year before it came into effect and it was proposed that it be published on 31 July 2011. The Regulation Department would be very careful to ensure that any fitness to practise cases were dealt with under the correct standards of practice. It will be made very clear to the profession that there is a new OPS and when it will come into effect.

36. **Agreed** the timetable for publication of the new OPS and that the OPS will take effect on 1 September 2012:

Revalidation – recruitment of pilot assessors

37. The Head of Professional Standards presented the paper which asked the Council to consider the recruitment and selection of the assessors for the revalidation pilots. She confirmed that the Revalidation Standards and Assessment working group (RSAG) had considered and agreed the job description and person specification and the strategy for selection of assessors at its meeting on 16 March 2011.

38. One member felt that an odd number on a selection panel might be more appropriate. It was confirmed that there would be approximately five days work for the panel on a small budget hence four members. There was no specific view on whether any particular type of lay member of Council was required – this was for the Council to nominate someone. The per diem rate of £350 was not the same as was paid to fitness to practise panellists as this rate was to reflect the expertise around assessment. In discussion it was felt that the requirement for 'a professional osteopathic qualification at an appropriate level to assess registered osteopaths' was unnecessary.

39. **Agreed**:

    a. The recruitment strategy for the assessors
    b. The job description and person specification for the revalidation pilot assessors subject to removal of the second bullet point under Essential criteria on person specification.

Revalidation Pilot

40. The Head of Professional Standards presented the paper which set out the background to the Council's reasons for piloting the revalidation scheme and details of the progress in relation to the revalidation pilots. Council was asked to consider the revalidation pilot specification, the methods of recruitment of pilot participants and proposals for matching participants in the sample. All four recommendations had been seen and approved by the RSAG.

41. The RSAG had agreed the characteristics of osteopaths to be involved in the pilots subject to replacing 'Non-UK regions' under Geography with Scotland, Wales and Northern Ireland.

42. The Revalidation Pilot Invitation Pack was in the last stages of development and it was to be dispatched over the next couple of days. There were already some 280 expressions of interest from osteopaths interested in piloting the revalidation scheme.

43. The RSAG had discussed extensively how osteopaths who expressed an interest in piloting the scheme would be assessed against the criteria. The pilot stage budgeted for 350 people taking part in the pilots and if there were more volunteers, additional funds would be required to assess them and this could be managed by extending some of the non-critical projects in the Corporate Plan. There would be drop outs from the volunteers and it was impossible to judge how many would be 'completers' so it was important to be able to assess all volunteers for the pilots.

44. **Agreed:**

a. To endorse the RSAG decision to agree the characteristics of osteopaths to be involved in the pilots.
b. To note the process of recruiting pilot participants.
c. To endorse the decision of the RSAG about the process of involving participants in the sample.
d. To agree the revalidation pilot specification.

Revalidation evaluation and impact assessment

45. The Head of Professional Standards presented the paper which proposed publishing Report C – the report on the methods used to identify costs, benefits, financial and regulator risks of revalidation. There was some concern that value judgments were still creeping into KPMG's reports. Additionally, there was concern that KPMG did not appreciate the distinction between managed environments and clinical governance. On page 14, it was thought that the first bullet point under the methodology to incorporate patient feedback should read 'Consultation with a general *public not patient* group …' and under the third bullet point, the wrong research was quoted.

46. **Agreed** subject to amendments as discussed above, to publish Report C – Report on the methods used to identify costs, benefits, financial and regulatory risks.

Recognised Qualifications – streamlining the process

47. The Head of Professional Standards presented the paper which invited the Council to consider how the recognised qualification (RQ) process could be streamlined at the Privy Council, the Department of Health (DH) and internally to try to avoid the considerable delays in the granting of some RQs. The process, currently, was lengthy in places and this sometimes inconvenienced OEIs. Discussions had been held with the DH and following the preparation of a background briefing and chronology of recent RQs, a further meeting was planned involving DH lawyers and policy officials to explore improved ways of working.

48. Members cautioned against asking Council members to make major RQ decisions via email as it took a while for new Council members to understand the RQ process and be confident to make these sort of decisions electronically. Of course, a Council member always had the right to ask that a particular RQ decision be taken at a meeting rather than electronically. The DH had confirmed that the Council could not delegate the main RQ decisions but that it could streamline some of the RQ processes. Members asked that the Executive consider any wording used to describe obtaining a decision which is taken by the Council but not when they are sitting in person so that it is described accurately.

49. The Council:

a. **Noted** the steps being taken with the DH to streamline the RQ process.
b. **Agreed** to consider a revised policy following discussions with the DH and further consideration by the Executive.

Student Fitness to Practise

50. The Head of Professional Standards presented the paper which considered the progress of work related to aspects of student fitness to practise. The OEIs are all at various stages with their work in this field and in particular in relation to the management of health impairments and disability. OEIs' validating universities' policies in this area also influenced the OEIs. The work all needed to be brought together and formalised across the sector.

51. Th research on management of health impairments and disability will start imminently and it was hoped that the guidance would be completed by autumn 2011.

52. **Agreed** to publish the Student Fitness to Practise Guidance for OEIs and the Fitness to Practise Guidance for Osteopathic Students for formal consultation from April to August 2011.

53. **Noted** the successful tender for the development of Guidance for OEIs about the management of health impairments and disability.

Healthcare professional regulation White Paper (*Enabling Excellence: Autonomy and Accountability for Health and Social Care Staff* published 16 February 2011)

54. The Chief Executive presented both papers prepared for this agenda item together. He gave a full introduction as this was a very important matter, the salient points of which were:

55. Paper a This paper gave a broad overview of the White Paper *Enabling Excellence* as it related to the GOsC. Enabling legislation would allow the GOsC to set its own rules within the framework of a single act. This welcome development, which would speed up the production and amendment of rules, was unlikely to be before the 2014-15 session of Parliament and would be unlikely to come into force before 2016. The Council for Healthcare Regulatory Excellence (CHRE) would have a strengthened role and would also be undertaking a review of healthcare regulators' governance arrangements. The powers to establish voluntary registers would require close scrutiny. All regulators were being asked to continue to develop the evidence base for revalidation, considering not just safety but also quality of care, which was to be welcomed.

56. Paper b This paper looked in more detail at the issues set out in Chapter 2 of the White Paper around reducing the costs of regulation and it considered some of the options available to the GOsC. The Government is intent to reduce costs and the GOsC should not hope that this would change as a result of the current resistance to wider health reforms. The Architects Registration Board has just been ordered to cut its costs by 25% and the General Teaching Council was to be abolished. Ways needed to be found to meet the requirement to at least freeze registration fees and preferably reduce costs.

57. The paper identified a number of ways in which this might be done through possible internal savings as well as making a conscious decision not to be the 'Rolls Royce' among regulators that we were called in this month's *Osteopathy Today* magazine. A concern here was that quite quickly, the GOsC could find itself losing some of those aspects of its work that contributed to the development of the profession and that provided a

distinctive flavour to what we do e.g. the degree to which we engage with a profession.

58. All the regulators were talking to each other about how they might share services and reduce costs but it was not clear where there were real financial gains to be made unless we passed to others major parts of the GOsC's work and dramatically reduce the size of the staff and the premises.

59. A stronger possibility was that the GOsC might take over some of the functions of another regulator, the General Chiropractic Council (GCC). A preliminary calculation suggested that through a collaborative arrangement, our annual fee could be reduced by about £200. This would easily satisfy the demands being placed on us by government and retain the distinctive character of the regulation we provide. The GCC are attracted to such an option because it would help resolve their urgent requirement to reduce costs and also to resolve organisational challenges which will result from the imminent retirement of their chief executive. The Council had a duty to explore this opportunity but it would have to be on our terms and understood that it offered real benefits to the GOsC.

60. Other options included:

a. Seeking partners in the non-regulated sector, although the Government was clearly not convinced that in many circumstances regulation was necessary at all.
b. Folding the GOsC into the Health Professions Council – this could be superficially attractive because of the annual fee of only £76 but the Chief Executive feared that this would completely negate everything that osteopaths and the Council had sought to achieve and would push the profession back by 20 years. Additionally, there were a number of areas where the GOsC could highlight the differences between what it did and what the HPC did. Council members were asked to reflect on whether the HPC would have the detailed discussions on behalf of osteopathy on subjects such as the Osteopathic Practise Standards or the need to increase its level of engagement with the profession. The Government had indicated quite clearly that it did not wish to legislate in this area much before the end of this Parliament so any mergers would not occur 2015 or 2016. The Government may decide in any case that it would prefer that osteopathy returned to self regulation but the Chief Executive did not feel that this was what the Council was here to do. Therefore, there were no recommendations in the paper to pursue options for merger.

62. It was acknowledged that this was the beginning of a long process to ascertain what the Council needed to know to make appropriate decisions. External consultants should be employed to do any evaluation work on options as the staff needed to carry out their day-to-day jobs. In considering any sort of cost reductions, it was reiterated that the whole osteopathic profession should be considered from a point of view of practitioners, employers, regulation, professional associations, osteopathic educations institutions and all other stakeholders.

63. Some form of re-evalution of where the Council was currently with regard to its role was required to fully consider all the available options. Members were interested to see the links with the other regulators and to hear what they were doing to save costs. The recent joint response to the consultation on proposals for a new workforce, education and training structure driven by patient need and led by local healthcare providers under

'Liberating the NHS: Developing the Healthcare Workforce' from the GOsC, the OEIs (Council of Osteopathic Educational Institutions – COEI) and the BOA was applauded. It was noted that the HPC had not responded on behalf of its registrants and the Chair of the HPC was interested to see that the osteopathic stakeholders could produce a joint response.

64. Members understood why osteopaths might consider the HPC option of a low registration fee attractive, particularly in the current economic climate, and it was important, therefore, to redouble our efforts to let osteopaths know what they currently got for their fee and what they would get under the HPC. Members agreed that incorporation under the HPC would be a backward step for the profession and that they wished to retain the profession's autonomy.

65. With regard to the recent letters in the BOA's *Osteopathy Today*, members were saddened to see that some felt the GOsC was providing a 'Rolls Royce' version of regulation while not bringing the profession forward.

66. With regard to collaboration with others, particularly the GCC, members cautioned that great care be taken before going down this route and some felt that osteopaths would not want to enter into any sort of collaboration with the GCC. Any service sharing with the GCC would be just that; both regulators were formed by legislation and the Councils would have to remain until legislation was changed. There are functions that the GOsC carried out extremely well eg setting education standards – the HPC did not set education standards. It was important that the GOsC did not lose its evidence-based, innovative, developmental approach which it had as a separate regulator. The Chair was able to report, from his recent Chairs' Dinner, that the GDC, the GOC and the GPhC were looking at ways of sharing premises inspection.

67. Members did not have enough information to be able to say whether osteopaths would prefer a lower fee – say £500 with less service or shared services – as opposed to the current fee of £750 with all the services they have now.

68. One member reported that he received reports from other osteopaths of their unhappiness with the GOsC; there was saturation of osteopaths in certain areas and that the profession was not getting value for money. He added that the profession had been promised promotion, equality with medical practitioners and NHS access and it was not getting this and perhaps now was the time to look at what sort of regulation was actually needed. Others agreed that perhaps now was the time to consider, from an osteopaths' point of view, the GOsC's function and where the profession was going. Members agreed that it would be important to know if the GOsC added value to the profession.

69. Members had reservations about how far any of the proposals might actually bring down costs and that it might be that the Council would have to consider the option that was the cheapest. The Government had high expectations that the regulators would cut costs significantly and therefore the GOsC was probably going to have to consider a radical approach to remain an independent regulator. The GOsC has to be seen to be considering how it was going to make reductions.

70. The Chief Executive cautioned members of the Council about wanting the GOsC being liked/popular as opposed to being respected for what it does. All professionals have 'moans' about their regulators and the Council probably needed to think about the bigger context of the statutory legislation put into place by the Government. Much more work was required on the various options in the paper before any serious decisions were made and put to the profession. There were a lot of ideas being floated by all the regulators but it was unclear, currently, how much money these would save. In doing the research on the various options, the Council must not be swayed by vocal groups with particular axes to grind.

71. Whatever decisions were made on this whole subject, proportionality, value for money and buy-in from the profession remained paramount. At the GOsC's heart was protection of the public and because most osteopaths are not employees, the GOsC had to keep some form of development. Some members thought that the GOsC has still not made the profession understand exactly what it did and that patient safety was its paramount role. Debate was needed as to whether the GOsC was doing too much, enough or not enough for the protection of the public. Members agreed that the GOsC regulated a relatively immature profession which still had a way to go in its evolution so it should be careful of reducing its remit and what it did too quickly. If the Council could make some savings and be seen to be considering savings, this might be enough. The Department of Health had said that the regulators could taken any actions as long as they did not require legislation therefore mergers with other regulators were not options in the short term.

72. Rule changes were required to make a change to the GOsC's current fee but it was believed that the Department of Health would enable these if we were able to show we were making savings.

73. Communication to the profession of this whole issue was very important. The papers on this item were on the public website and the GOsC would be responding to the letters in April's edition of *Osteopathy Today*. Communication, over the next few months, would go directly to all osteopaths to explain that the Council was having the debate on this subject, to explain the issues and to seek their views.

74. **Agreed:**

a. to further examination of Option B at paragraphs 14-19 (seeking internal costs savings) of the paper with a report to Council at the July meeting.
b. that the Chair and Chief Executive should seek the views of other regulators on options C and D (sharing of services).
c. to commission independent evaluation of any of these options as necessary, against the criteria set out in paragraph 49 of the paper, to inform further consideration by Council.

Council for Healthcare Regulatory Excellence (CHRE) statutory levy

75. The Chief Executive introduced the paper with confirmed that the CHRE had published its proposals for calculating the statutory levy of regulators to pay for its activities from 2012. The CHRE's proposals contained nothing about how the CHRE were going to discuss their work plan which would be funded by healthcare regulators' money. It was

not clear to members why the number of registrants was a key factor in the statutory levy as a majority of the CHRE's work was to do with fitness to practise. Members agreed that the CHRE needed to be transparent about what they were using the statutory levy to fund.

76. **Considered** the options proposed by the CHRE and **agreed** that the Chair of Council could approve the final response to the CHRE as there was no Council or F&GPC meeting before the closing date of 31 May 2011.

Communications and Engagement Strategy

77. The Chief Executive presented the paper which, following the completion of the work by the Engagement Working Group, had crystallised into a formal communications and engagement strategy and work plan. There was still work to be carried out on the range and evaluating measures for the Strategy and this would be refined. Key actions had been produced against the Strategy Objectives in the Council's Corporate Plan. The Working Group believed the two most important elements were the promotion of professionalism and the promotion to patients and other healthcare providers of an understanding that osteopaths were regulated healthcare professional subject to similar rigorous regimes as their fellow professionals. The work plan would be a living document and as such would be kept up-to-date on the Members' area.

78. The Treasurer was concerned that there was no costing supporting the action plan and he wanted assurance that the 34 key areas of activity were costed and lay within the budget. It was confirmed that the key areas were set within the current budget. One member was concerned that KA1 under Strategy Objective 5 might be seen as a 'watering down' of an earlier commitment to equality and that a change to the wording to ensure that all areas of policy development were assessed at the outset to ascertain their PPI requirements for development of a PPI plan where appropriate.

79. Council:

a. **Agreed** subject to replacement of the work 'key' with 'all' at KA1 in Strategic Objective 5, the Communications and Engagement Strategy
b. **Noted** the GOsC's approach to Communication and Engagement
c. **Noted** the Communications and engagement work plan.

Minutes of the Remuneration Committee meeting of 16 February 2011

80. The minutes were **noted**.

Minutes of the Audit Committee meeting of 8 March 2011.

81. The minutes were **noted**.

Minutes of the Education Committee meeting of 16 March 2011

82. The minutes were **noted**.

Minutes of the Finance and General Purposes Committee meeting of 24 March 2011.

83. The minutes were **noted**.

Minutes of the Revalidation Standards and Assessment Working Group meeting of 16 March 2011

84. The minutes were **noted**.

Minutes of the Revalidation Public and Patient Involvement Working Group meeting of 2 February 2011.

85. The minutes were **noted**.

Minutes of the Osteopathic Practice Standards Working Group meeting of 3 March 2011

86. The minutes were **noted**.

Any Other business

87. **Agreed** that it was not necessary for the Council to see the Working Groups' minutes if these fed back into a Committees' meeting and their minutes.

Date of next meeting

88. Tuesday 5 July 2011 at 10.00am – next Council meeting.
Monday 3 October 2011 – Council Development Day