

GENERAL OSTEOPATHIC COUNCIL

The Minutes of the 53rd meeting of the General Osteopathic Council held in public on  
13<sup>th</sup> March 2007 commencing at 10.00am at Osteopathy House,  
176 Tower Bridge Road, London SE1 3LU.

\* \* \* \* \*

Chairman: Mr Nigel Clarke

**Present:**

Mr Robert Burge	Mr Manoj Mehta
Ms Claire Cheetham	Mrs Rachel Pointon
Mr John Chuter (Treasurer)	Professor Trudie Roberts
Professor Adrian Eddleston	Mr Robin Shepherd
Mrs Catherine Hamilton-Plant	Mr Paul Sommerfeld
Professor Ian Hughes	Mrs Rosalind Stuart-Menteth
Miss Anne Jones	Miss Fiona Walsh
Mr Tim McClune	Mr John Wilden
Mr Bryan McIlwraith	Ms Margaret Wolff

**In attendance:**

Miss Madeleine Craggs, Chief Executive & Registrar (CE&R)  
Mr Vince Cullen, Head of Development  
Miss Gillian O'Callaghan, Head of Registration and MIS  
Mr Matthew Redford, Head of Finance & Administration  
Mr David Simpson, Head of Legal Affairs  
Ms Brigid Tucker, Head of Communications

Miss Jane Quinnell, Clerk to Council

**PREAMBLE**

1. Mr Clarke welcomed Miss Carol Fawkes, Research Officer from the National Council for Osteopathic Research (for item C07(Pub)/07) and Mr Nigel Graham from the British Osteopathic Association (observer). Mr Roger Goss of Patient Concern arrived at 1020, as an observer, and was welcomed. Mr Clarke confirmed that this was the first meeting of Council, held in public, where observers would be able to ask questions, if they so wished.
2. With regard to Council members' business, Mr McIlwraith had tendered his resignation, with regret, as the travel logistics of attending Council and committee meetings were proving onerous. He was thanked by members for his contributions. Council members were pleased to learn that the Secretary of State for Education and Skills had re-appointed Professor Roberts for another term of five years, to 2012.

ITEM 01/07: APOLOGIES FOR ABSENCE

3. RECEIVED: apologies for absence from Dr Stephen Barasi, Mr Martin Booth, Mrs Fionnuala Cook, Mr Andrew Popat and Dr Les Wootton.

ITEM 02/07: ADOPTION OF THE AGENDA

4. ADOPTED: the agenda as drawn, subject to moving item C06(Pub)/07 (questions from observers) to be taken after item C02(Pub)/07.

ITEM 06/07: QUESTIONS FROM OBSERVERS

5. No questions were raised.

ITEM 03/07: MINUTES OF THE PREVIOUS MEETING

6. APPROVED: the minutes of the previous meeting held in public on 5 December 2006. Mr Clarke signed a copy of the minutes.

ITEM 04/07: MATTERS ARISING

7. There were no matters arising from the Minutes of 5 December 2006 not considered elsewhere on the Agenda.

ITEM 05/07: CHAIRMAN'S REPORT

8. Government's Review into Medical and Non-medical healthcare There was a paper to follow on this item but Mr Clarke reported that he had attended a number of meetings with presidents and chairmen, about the White Paper, and so was keeping abreast of other regulatory bodies' reactions to the White Paper.
9. All Party Integrated Health Group Mr Clarke had been invited to speak at a meeting in the House of Commons on 27 March 2007.
10. Non-regulated health care There was a wide range of regulatory issues surrounding other health care, currently not regulated, and the GOsC was being called upon to help, where it could.

ITEM 07/07: NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH (NCOR)\*\*

Professor Trudie Roberts chaired the meeting for this item.

11. RECEIVED: a presentation from Miss Carol Fawkes, Research Officer, of NCOR's Annual Report for 2005/06. Professor Ann Moore was unwell and had sent her apologies.

12. Miss Fawkes highlighted various parts of the Report as follows:
- a. NCOR meetings Held approximately every 8 to 10 weeks. Professor Moore wanted her thanks recorded for all the help NCOR received from Osteopathic Educational Institutions (OEIs) and other representatives/stakeholders.
  - b. Strategic Planning meeting Held on 12 March 2007. NCOR's Strategic Plan had been revisited. A substantial part of NCOR's planned activities had been completed and outstanding work had been prioritised. Miss Fawkes currently kept records under a programme called E Notes which, unfortunately, was not readily accessible. An ISQL programmer had been contracted to translate this into a more user-friendly programme so that the accessible research database could be created.
  - c. Heads of research from the OEIs Had met to identify research projects.
  - d. Experienced Researchers Two meetings had been held of experienced researchers (experienced meant Phds, published works or higher academic awards) who could offer mentoring for early research projects. Consideration was being given to the creation of a researchers' register.
  - e. Communication Communication had been a significant theme during the year, particularly via the website. Research Hub information and the call for proposals looking at four areas of interest around Adverse Events was published on the website. It was recognised that the website needed expansion. It was hoped that students' papers could be added and work was underway with the OEIs to achieve this. Post graduate study opportunities were also to be posted on the website. Media training had been undertaken by various key members of NCOR. Enquiries came through to Miss Fawkes at a rate of about 6/8 a week, on a regular basis. She had noticed that the emphasis of the enquiries was changing from wanting assistance with, say, help for a meeting that night (immediate) to more proactive enquiries where an osteopath had an idea for a case report and wanted some assistance with research.
  - f. International Journal of Osteopathic Medicine (IJOM) This was proving a useful tool for research and osteopaths were becoming more comfortable with discussing and publishing papers. A lot more copy was being received from the UK as opposed to it previously just coming in from Australia and New Zealand.
  - g. Research Hubs A number of the Hubs had carried out critical appraisal training and most Hubs were involved in small research projects. All Hubs had produced ideas for the Standardised Data Project. Miss Fawkes had carried out 34 visits to Hubs for assistance with their projects and she was hopeful of publication for all the projects.
  - h. Standardised Data Project Phase 1 of the standardised data tool was completed. 84 separate items had been identified for the tool but these would be reduced. NCOR was currently identifying common areas.

- i. Research Governance Framework This project was completed and was being implemented by the OEIs. A summary was being prepared for osteopaths.
  - j. 10<sup>th</sup> Anniversary Celebrations NCOR would be coordinating the International Osteopathic Research Conference on 1 February 2008. Four keynote speakers had been identified and were being approached to participate.
  - k. Final priorities for this year
    - i. Osteopaths working in OEIs would be targeted to raise awareness for research in teaching.
    - ii. The formation of information and briefing papers about osteopathy and research for the various different audiences – patients, OEIs, Higher Education, other stakeholders.
13. Members proceeded to ask questions which were answered as follows:
- a. Self-sufficiency of the Hubs was not happening as fast as NCOR had planned but it was hoped that as Hub members got to know each other and projects got underway, Miss Fawkes' support at meetings would not be required so often. There was a rolling programme of Hub leaders. Professor Roberts encouraged Miss Fawkes to plan an exit strategy otherwise she would be assisting the hubs for the foreseeable future.
  - b. The biggest challenges for next year were the Standardised Data project, the Adverse Events study and improving communication.
  - c. Collaboration was taking place in the wider university sector but communication, as yet, was fairly informal. Several individuals had made contacts with the higher education sector and were developing this further. There was no particular plan at the moment but a consensus that it needed addressing. The Adverse Events research call was designed to try to encourage collaboration between higher education and OEIs.
  - d. It was hoped to encourage other healthcare professionals to join the Hubs. There was already a physiotherapy link into one of the Hubs.
  - e. Miss Fawkes would find out whether there was a straight forward rejection of articles for the IJOM or whether the editors encouraged re-submission.
  - f. NCOR representatives were encouraging good graduates to join the research hubs and that they were notifying students of Hub meeting dates.
  - g. NCOR was working with OEIs to encourage research within learning programmes and was looking at supervisory training models that exist.
  - h. NCOR was looking at the University of Brighton's 'pay per access' service to see if this was more cost effective than paying for an Athens password; the Athens management system, which provided single sign-on access for all UK Further and Higher Education and the health sector. Members understood that this was a very expensive service. Elsevier (IJOM's publishers) might also help with access to these

sorts of forums.

- i. It was hoped that research results would be coming out of the research hubs soon and then the Standardised Data Collection project would be producing a major piece of work in February 2008 with a final report in February 2009.
  - j. Currently, NCOR representatives did not visit undergraduates at the OEIs but were considering speaking to final year students. Several case presentations had, however, been made by students at Hub meetings.
  - k. The London Hub had explored links with the London Society of Osteopaths and Miss Fawkes would investigate the possibility of the smaller research hubs overlapping with the regional osteopathic groups, to support each other.
14. Members thanked Miss Fawkes for her presentation and the additional information provided in response to their questions.

#### ITEM 08/07: WHITE PAPER: TRUST, ASSURANCE AND SAFETY: THE REGULATION OF HEALTH PROFESSIONALS IN THE 21ST CENTURY

15. CONSIDERED: the White Paper, Chapter by Chapter, against each function, and the issues which arose. Mr Clarke introduced the matter explaining that the White Paper was a statement of Government intent. The Executive had had little time to prepare Council papers. Miss Craggs apologised for any perceived 'insensitivities' on the governance issues and advised that the Chief Executives and Registrars had met to discuss the paper with DH officials. The Senior Management Team then covered the relevant Chapters of the White Paper as it related to their function.
16. Chapter 1: Assuring independence; the governance and accountability of the professional regulators (Mr Redford and Miss Craggs)

#### Core Functions

- a. In paragraph 1.2 of the White Paper, four core functions were stated. Council was asked to discuss these core functions and consider whether there was any information which they felt should be fed into the working groups.

AGREED: to commit to the four listed core functions and to recognise the function of educating the public (communication with the public) as key to the delivery of these functions.

#### Independence

- b. Members were asked to consider the position of parity of lay and professional members or a lay majority. In looking at parity of membership, members discussed the definition of 'lay'. Discussion ensued around the exclusion of other healthcare professions from the term, over and above obviously excluding registered osteopaths or retired osteopaths. Members recognised the value in the breadth of experience and knowledge of other healthcare professionals, particularly as osteopathy was still an emerging profession.

AGREED: as part of the broader discussion on the final definition of a lay member, the GOsC would offer that a lay member would be an individual who was not a registered osteopath or a retired member of the profession.

- c. With regard to whether Education Committee appointed members, where Council could make the selections, members felt that the Council should not change current policy which allowed for the best person for the job.

AGREED: that the Education Committee appointed members should, at this stage, be the best people for the job and not influenced by whether or not they were lay candidates.

- d. AGREED: to defer making a decision on whether or not to move to guaranteed parity, or lay majority, until the White Paper recommendations had been developed further.

#### Appointment of Council members

- e. NOTED: paragraphs 16, 17 and 18 of the paper about the proposal for the Appointments Commission to appoint all members of Council, and not just the lay members, and the justifications for the proposal. A White Paper Working Group was suggested to take this and related matters forward.

AGREED: that the Working Group should be no more than 7 to include the Chairman, Chairman Designate, the Treasurer, the Chairs of the Education and Practice & Ethics Committees and one/two more osteopathic members. The Group would meet and bring its recommendations back to Council.

Afternote: The Chairman determined that it would be appropriate to have the few osteopaths who are Chairs or Acting Chairs of Committees on this Group. Mrs Hamilton-Plant was already nominated as Chair of Practice & Ethics Committee and therefore Mr Shepherd, as Chair of Communications and Miss Walsh, as Acting Chair of Education and Audit Committees, were asked to join the Working Group.

#### Size of Council

- f. Members were concerned about the impact of the efficient working of the committees if Council were reduced in size as more co-opted members would be required. The CE&R said that early indications were of a smaller 'Board' perhaps meeting more frequently, with small task groups being formed for particular projects. This might lead to greater use of co-opted members with appropriate skills. Some members were concerned that a Board could become disassociated from its activities and that the suggested number of 12 members was too small. Other members with experience, particularly of trust and foundation boards of 9 to 11 members (6 non-executive and 5 executive members), did not have a problem with a smaller Council in a more board-like style.

AGREED: to keep a watching brief on the situation, as the Osteopaths Act 1993 specified 24 members of Council and there was likely to be time for further consideration, before legislative change could be imposed.

Changes to the Council for Healthcare Regulatory Excellence (CHRE)

- g. The various changes proposed for the CHRE were noted.
17. Chapter 2: Revalidation;: ensuring continuing fitness to practise AND Chapter 5: Education: the role of the regulatory bodies (Mr Cullen)
- a. Chapter 2 At the GOsC Strategy Day in September 2006, it had been agreed to build on enhanced Continuing Professional Development as a model for revalidation and this was what was being proposed.
- AGREED: that the Council should push for a process that suited osteopathy and not a 'one size fits all' or other inappropriate scheme.
- b. Chapter 5 It was pleasing to note that the regulators were to retain responsibility for education. Language testing would continue to be considered as part of GOsC's ongoing work around European issues and the Development Department would monitor future work on national examinations for the GMC and other emerging issues for their further affect on osteopathy.
18. Chapter 3: Tackling concerns: the local role AND Chapter 4: Tackling concerns: the national role (Mr Simpson)
- a. The proposals in these two Chapters were headline proposals which currently lacked detail.
- Chapter 4 This chapter covered the application of the civil standard of proof (which the GOsC already used), the rehabilitation, remediation and retraining of professionals (most proposals were based on employed professionals) and adjudication.
- b. Chapter 3 Doctors were the main focus of the proposals under this Chapter for handling patients' concerns locally. Whilst the GOsC was interested in finding a means of local resolution, the White Paper proposals were dependant on an employer structure.
- c. With regard to these chapters, members warned against losing sight of standards, as part of the process and were keen to ensure that osteopathic standards were not diluted within the fitness to practise processes. Lay panellists would require training and members were concerned about how 'osteopathic' expertise would be built up if panellists served all professions. GOsC legal assessors' advice had been that the osteopathic members of a hearing panel were not to be used as the expert witnesses and that these should be separate experts.
19. Chapter 6: Information about health professionals (Miss O'Callaghan)
- a. This chapter concerned what information was placed on the healthcare bodies' registers to protect the public. A single standard definition of good character would be developed by those with a regulatory process. Student registration would be investigated further on the basis of need and the risk students presented to patients. The Department of Health would work with stakeholders to draw up protocols and

systems for clarifying the difficult area of what potentially adverse information should be recorded about an individual.

- b. It was recognised that in some cases, malicious gossip or personal vendetta were reported and the Council for Healthcare Regulatory Excellence (CHRE) would be leading on much of this work.

20. Chapter 7: New roles and emerging professions AND Chapter: Implementation (Miss Craggs)

- a. Chapter 7 There would be no new regulatory bodies and emerging professions, once they met the criteria for new and emerging professions, would be regulated by the existing bodies. The Executive would keep a watching brief on the situation around dual registration.
- b. Chapter 8 Indications were that the drafting of the primary legislation was underway with the plan being to complete much of it by the end of 2008. All reforms were to be carried out with consultation with all stakeholders. Miss Craggs suggested that changes to Council constitutions could take longer to affect, than the Government planned, because of the capacity of the Appointments Commission and the need for a phased approach to the makeup of Councils, to retain continuity.

21. Mr Clarke undertook to keep all Council members informed of the progress and implementation plans of the White Paper with full updates and timescales. It was planned to develop a part of the website to keep members informed although this would be dependent upon resources and the launch of the public registrants' website.

ITEM 09/07: FINANCIAL MATTERS

22. CONSIDERED: a Highlight Report of the Financial Year 2006/07. The Treasurer reported that the accounts were in a healthy state, with income exceeding expenditure, with increasing turnover/reserves and surplus and that the Business Plan was largely being met. Reserves needed to be maintained to meet the identified risks to the GOsC business. The Treasurer was mindful of the continual increase, year on year, of the surpluses but pointed out that the build up was not to the detriment of achieving the Business Plan but was due savings made, in house. The Finance & General Purposes Committee would be carrying out its annual review of registration fees and reinvestment of the surpluses, where possible, to the benefit of the profession. Additionally, investigation was underway for better investment of the general reserves. Members felt that it was attractive to consider reducing fees but warned that the White Paper could generate costly work for the Council and in this period of uncertainty, expectations needed to be managed. Further, that fees had not increased since they were first set in 1998.

AGREED: that this position, and a reminder that fees were reviewed on an annual basis, should be circulated to the profession.

ITEM 10/07: 2006/07 BUSINESS PLAN EXCEPTION REPORT

23. RECEIVED: an update on matters completed and an Exception Report on those not yet done, as forecast in the 2006/07 Business Plan. Members were reminded that the



Government's Review had put a blight on some activities which had caused some of the rising reserves.

ITEM 11/07: REMUNERATION FOR COUNCIL MEMBERS, MEMBERS CO-OPTED TO COUNCIL AND COMMITTEES AND EXAMINERS FOR THE FY2007/08

24. CONSIDERED: the recommendation of the Remuneration Committee in relation to the Remuneration for Council and Co-opted Members for the FY2007/08.

AGREED: to retain the daily rate at £250 and to increase the accommodation allowance to £90 per night. There were no increases to any other allowances.

ITEM 12/07: 10<sup>TH</sup> ANNIVERSARY CELEBRATIONS

25. CONSIDERED: a report on the work carried out to date, as detailed in the presented paper, for the 10<sup>th</sup> Anniversary Event, agreed at the Council meeting on 5 December 2007 when considering the 2007-08 Budget.
- a. The dates of the event had now been confirmed as Thursday 31 January 2008 to Sunday 3 February 2008. Sub-groups were being established to take the format of the events forward. Appropriate insurance was being obtained to cover situational risks.
  - b. The OEIs were looking at involving students in some of the events and were feeding back ideas. Members felt that it was important to involve 'up and coming registrants' where applicable.
  - c. Work was ongoing to source a suitable venue. Professional conference organisers were being used for this and others would be appointed for event organisation. They were often able to assist with sponsorship and would be asked to help in this way.
  - d. Council had agreed, in principle, to dedicate funding from the special reserves to the financing of the 10<sup>th</sup> Anniversary initiative. It was not possible, at the time, to confirm likely costs, but it was recognised that a figure in the region of £100,000 might be needed, even taking into account the contribution of delegate fees.
26. NOTED: the use of event organisations. Members observed that this was an ambitious venture and with regard to sponsorship of events, warned against becoming ' beholden ' to sponsors.

ITEM 13/07: ELECTION OF CHAIRMAN DESIGNATE OF COUNCIL

27. The term of appointment of the current Chairman, Mr Nigel Clarke, would end, after 12 years, in May 2008. For continuity purposes, he intended to stand down at the end of the year and hand over to a new Chairman. Additionally, with the planned retirement of the Chief Executive & Registrar at the end of this year and the forward work that would be required, as a consequence of the Government's healthcare review, it was felt prudent to elect a Chairman Designate now.

28. Two nominations had been received; Professor Adrian Eddleston and Mr Paul Sommerfeld. A ballot was held and Professor Eddleston was elected. He would work closely with Mr Clarke, over the forthcoming months, in preparation for assuming Chairmanship on 1 January 2008. Professor Eddleston was congratulated by all members.

ITEM 14/07: CORPORATE GOVERNANCE HANDBOOK FOR COUNCIL MEMBERS 2007

29. Members RECEIVED: their copies of the newly produced Corporate Governance Handbook. This Handbook set out the governance structure, its operation and the procedures followed by the GOsC. It was designed to be a useful tool for members, codifying the fundamental aspects of the organisation into a single document. The drafting had taken some time, but its release was timely, coinciding with the publication of the White paper '*Trust, Assurance and Safety: the Regulation of Health Professionals in the 21st Century*' (21 February 2007) and the work on governance that would flow from Chapter 1 of the Paper. The Handbook was created as a living document and throughout its first year of operation, it would be assessed and refined as necessary, in particular through the work of the Internal Auditors. The Audit Committee would review it annually and it would be produced on the website in due course.

ITEM 15/07: COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE)

30. NOTED:

- a. CHRE Council meetings Minutes: of 25 October 2006 and 11 January 2007.
- b. CHRE Work in Progress: Mr Clarke reported that there was a CHRE meeting the following day focusing mainly on the White Paper. It was not known when the regulators' representatives on the CHRE Council would be removed. CHRE background work continued on the patient boundaries project and on students' fitness to practise. The Director, Mr Sandy Forrest, was leaving to take up a new appointment in Scotland.

ITEM 16/07: REPORT FROM SENIOR MANAGEMENT TEAM (SMT)

31. NOTED: the written reports from members of the Senior Management Team, with highlights/additional information as follows:
- a. World Health Organization (WHO) Guidelines on Basic Training and Safety in Osteopathy – Consultation in Milan – 26-28 February 2007 This had been a challenging meeting with the American and some of the European osteopaths' other agendas to contend with. By the end of the meeting, however, although Miss Craggs and Mr Cullen had had to relinquish some of the 'gains' from the first day, everyone was satisfied with the outcomes and good relationships had been re-established between the parties. The Guidelines, which were not mandatory and had no legal status, were scheduled for publication at the end of 2007 and it was hoped that maybe they could be launched in the UK at the 10 Year Event. A vote of thanks was given to Miss Craggs and Mr Cullen for their achievements in securing the status of osteopathy as taught and practised in the UK.
  - b. SMT Planning Day The SMT had met for a planning day, away from the office, to consider the outcomes of the White Paper, the strategic priorities and the way

forward. It had been an ambitious programme for a day and more time would be needed to conclude discussions. Mr Paul Dhillon-Robinson, from South Coast Audit, the recently appointed internal auditors, had acted as a facilitator. It was suggested that members, themselves, revisit the strategic priorities in readiness for further discussion on the matter.

- c. Communications Committee Meeting – 21 February 2007 The minutes were now completed and had been tabled at the Council meeting.
- d. Osteopathy Benchmarking Project The Quality Assurance Agency had begun a formal three month consultation process on 1 February 2007 on the Benchmark Statement for Osteopathy. Copies of the statement had been distributed to Council members who were encouraged to comment.
- e. Recognised Qualifications for OEIs It was reported that the CE&R had written another strong letter to the Head of Regulation at the Department of Health (DH), about the outstanding situation of OEIs without RQ status. This followed further legal advice that the GOsC was empowered to set conditions to raise standards. Mr Clarke confirmed that he would take the matter up with the Minister, Lord Hunt, if a satisfactory reply were not received soon from the DH.
- f. External Year End Audit As this process would be commencing shortly, members were encouraged to put in outstanding expense claims immediately after the financial year end.
- g. Recruitment Process for the CE&R The Recruitment Panel was about to appoint a specialist recruitment agency, following a tender process, to have a new CE&R in post for January 2008.

#### ITEM 17/07: EDUCATION COMMITTEE (EdC)

- 32. RECEIVED: the minutes of EdC's Part I meeting held on 23 November 2006 and an oral report, from the Chairman of the Committee, of EdC's Part I meeting held on 22 February 2007. Drs Steven Barasi and Andy Thompson, from the EdC, had been nominated to sit on the NCOR Research Governance Committee.

#### ITEM 18/07: INVESTIGATING COMMITTEE (IC)

- 33. RECEIVED: an oral report from the Chairman of the Committee, on the IC meeting held on 7 February 2007. Eight cases had been considered.
  - a. In five cases, the osteopaths faced allegations of professional incompetence and / or unacceptable professional conduct. In three of these cases, the Committee had found no case to answer. In one case, the Committee found a case to answer and referred the matter to the Professional Conduct Committee (PCC). In a final case, it was noted that the osteopath had retired from practice, so the GOsC could no longer take action. The complaint would remain on the osteopath's file should the osteopath choose to re-apply to the Register at some point in the future.
  - b. A further two cases involved allegations of unacceptable professional conduct only. The Committee found a case to answer in one and referred it to the PCC. In the

second case, the Committee asked for further information from the osteopath to assist with its deliberations.

- c. One further case was considered and referred to the PCC as the osteopath had been convicted of a violent offence.

#### ITEM 19/07: PROFESSIONAL CONDUCT COMMITTEE (PCC)

- 34. RECEIVED: an oral report from the Chairman of the Committee on the cases that it had heard since the last report to Council on 5 December 2006:
  - a. Judith Hayes Shortly before the hearing, scheduled for 18 January 2007, the complainant asked for it to be withdrawn on the basis that she was too unwell to travel to London. Medical evidence to support the application for an adjournment was not forthcoming and the complainant did not attend the hearing. The Committee considered there could be no prejudice to the registrant if the complaints were withdrawn and therefore took this course of action. The Council undertook not to proceed in the future on these allegations and the case was concluded.
  - b. Donald Moody The Committee met on 1 and 2 February to resume its consideration of the case. Again, it was not possible to complete the case and the Committee will reconvene on 14 March 2007.
  - c. David Richardson The Committee met on 5 & 6 February 2007 to consider this case and the treatment of a patient in January 2005. It was alleged that Mr Richardson was guilty of unacceptable professional conduct and / or professional incompetence. After hearing the case, the Committee was not satisfied that any of the charges had been proved and the hearing was therefore concluded. Fuller details of the findings can be obtained from the Fitness to Practise Department of the GOsC.

#### ITEM 20/07: AUDIT COMMITTEE (AC)

- 35. NOTED: that the AC meeting scheduled for 28 February 2007 had been cancelled, due to lack of substantial business, and RECEIVED: an oral update of work in progress. Following appointment of South Coast Audit as Internal Auditors, the CE&R and Head of Finance had met with the Managing director of South Coast Audit, Mr Paul Dhillon-Robinson, for an initial planning meeting. He and Mr Dwai Ray also attending the SMT Planning Day. A tendering exercise for appointment of external auditors to fit in with the five year cycle of appointments, would be commencing shortly.

#### ITEM 21/07: COMMUNICATIONS COMMITTEE (CC)

- 36. RECEIVED: the minutes of CC's meeting held on 21 February 2007 and an oral report from the Chairman of the Committee. Mr Shepherd confirmed that the CC was aware of the work that needed to be carried out for the 10<sup>th</sup> Anniversary Event and he wanted to minute his thanks to Miss Tucker, Head of Communications, for the huge amount of work done on the preparation so far. He also wished to thank Mr McIlwraith for the contribution he had made since being elected to Council. Plans were in place to share the NHS Commissioning Tool Kit with the OEs and the students.

ITEM 22/07: SECTION 32 COMMITTEE (S32C)

37. RECEIVED: an oral report from Mrs Hamilton-Plant on the progress of Section 32 cases since the last report to Council on 5 December 2006:

- a. Mr Daniel Moore of Swinton, Manchester had been charged with two breaches of Section 32 of the Osteopaths Act 1993. The charges related to Mr Moore's website. The first charge concerned its name: [www.osteotherapist.co.uk](http://www.osteotherapist.co.uk). Use of the term 'osteotherapist' was expressly strictly prohibited by the Osteopaths Act. The second charge concerned the actual text of Mr Moore's website in that it suggested he was an osteopath. Mr Moore has listed 'osteopathy' as a treatment that he provided and displayed the logo of the Democratic Osteopathic Council on the web page. In mitigation, Mr Moore's counsel stated that the defendant had attempted to comply with the law by not expressly describing himself as an osteopath on the website. He said that Mr Moore was an osteomyologist and always explained that he was not an osteopath to his patients at the first appointment. It was suggested that the relevant legislation was complicated and that this had been a factor in Mr Moore's offending.
- b. However, the District Judge considered that Mr Moore had been deliberately attempting to come as close as he could to describing himself as an osteopath, without actually using that express term. He considered this an aggravating factor, particularly in view of the warning that Mr Moore had previously received. The District Judge did not accept the suggestion that the law was in any way complicated or difficult to obey. On the day of the trial, Mr Moore entered guilty pleas to both charges. Mr Moore was fined £1750 on each charge and ordered to pay the GOsC's costs of over £1800.
- c. Two other cases had been prepared for prosecution; one has been listed for 28 March 2007 at Dudley Magistrates' Court with a charges relating to the practitioner's placing and composition of his Yellow Pages advertising in the West Midlands area. The other case was to be listed for hearing shortly.

ITEM 23/07: ANY OTHER BUSINESS

38. Greater London and South East England Regional Conference – 24 March 2007 Mr Shepherd reminded members that this Conference was due to take place at the Gatwick Hilton and he encouraged members to attend if they were able.

ITEM 24/07: QUESTIONS FROM OBSERVERS (five minutes)

39. No questions were raised.

ITEM 25/07: DATE OF NEXT MEETING

40. The date of the next meeting would be Thursday 14 June 2007.

---

Chairman  
14 June 2007