

GENERAL OSTEOPATHIC COUNCIL

Minutes of the 58th meeting of the General Osteopathic Council held in public on
Tuesday 10 June 2008 commencing at 10.00am at Osteopathy House,
176 Tower Bridge Road, London SE1 3LU.

Chairman: Professor Adrian Eddleston

Present:

Dr Stephen Barasi	Dr Richard Rebain
Martin Booth	Robin Shepherd
Robert Burge	Paul Sommerfeld
Claire Cheetham	Rosalind Stuart-Menteth
John Chuter (Treasurer)	Dr Andrew Thompson
Nigel Clarke	Fiona Walsh
Fionnuala Cook	John Wilden
Professor Ian Hughes	Margaret Wolff
Tim McClune	Dr Les Wootton

In attendance:

Evlynne Gilvarry, Chief Executive & Registrar (CE&R)
Gillian O'Callaghan, Head of Registration and MIS
Matthew Redford, Head of Finance & Administration
Velia Soames, Head of Regulation
Brigid Tucker, Head of Communications

Jane Quinnell, Clerk to Council

1. Dr Richard Rebain was welcomed to his first meeting as the new osteopath member, elected unopposed by osteopaths in Northern Ireland. He had previously served on Council.
2. Michael Watson and Nigel Graham from the British Osteopathic Association (BOA) were welcomed as observers.

APOLOGIES

3. Apologies were received from Vince Cullen, Director of Professional Standards, Cathy Hamilton-Plant, Rachel Pointon and Professor Trudie Roberts.

QUESTIONS FROM OBSERVERS

4. Mr Watson raised a question on Item 7 – new registration powers under Section 3 of the Osteopaths Act 1993, as amended by S60Order 1A – and referred to the assessment methods identified and wondered whether there was a preferred option? It was confirmed that the GOsC was looking at a range of possible methods of assessment

depending upon the profile of applicants.

5. Mr Watson congratulated the GOsC on the Revalidation Forum event held on the day before the Council meeting; he felt it had been informative and useful.

MINUTES OF THE PREVIOUS MEETING

6. The minutes were signed by the Chair as a true record of the meeting held on 10 March 2008.

MATTERS ARISING

7. There were no matters arising.

CHAIRMAN'S REPORT

8. Meetings
 - a. The Chairman reported on meetings with the Osteopathic Educational Foundation (see item 10 below), Mr Roger Gale MP and the Democratic Osteopathic Council, and the BOA. He had also chaired a meeting between the European Federation of Osteopaths (EFO) and the Forum for Osteopathic Regulation in Europe (FORE).
 - b. The Chairman and CE&R had met representatives of the Democratic Osteopathic Council at the invitation of Mr Roger Gale MP. It had been a constructive meeting, offering an early opportunity to describe imminent new powers to consider applications for registration for those who did not join the register when it was originally established.
 - c. The Chairman and CE&R had had a productive meeting with the Chief Executive and President Elect of the BOA.
 - d. The Chairman had chaired a meeting between the EFO and FORE to discuss and agree the respective roles of each organization. It was agreed that both bodies had complementary roles and there was value in working together constructively to support the shared objective of promoting high standards of osteopathic practice throughout Europe. To this end, meetings between both bodies would take place at least twice annually, the next being in September 08.
9. GOsC Lay Vacancies The Chairman would be involved in the recruitment of 2 lay members on 11 June 2008 (to fill the vacancies left by Anne Jones and Andrew Popat) - the recruitment process being handled by the Appointments Commission. A shortlist of 6 candidates had been selected from amongst 169 applicants. There had been a very high standard of applications with strong consumer engagement and equality and diversity interests – the two categories in which the GOsC had a particular interest.
10. Seminar on Regulation and Professionalism on 13 June 2008 The Chairman reported that Cathy Hamilton-Plant would speak at this seminar, jointly organized by the Council for Healthcare Regulatory Excellence (CHRE) and The Academy of Medical Royal Colleges. CHRE had invited Ms Hamilton Plant at the suggestion of the

Chairman who felt she had appropriate experience in public speaking and presentation. She would address the subject: 'Does Regulation have a contribution to make to professional behaviour?' and argue against the motion. The event would be chaired by Baroness Cumberlege and other speakers included:

- a. Finley Scott, Chief Executive General Medical Council
- b. Mayur Lakhani, Past Chairman, Royal College of General Practitioners
- c. Niall Dickson, Chief Executive, Kings Fund
- d. Liz Fradd, Royal College of Nursing
- e. Nazim Coker, Chair, St George's Hospital, Tooting
- f. Duncan Rudkin, General Dental Council
- g. Judy Wilson, Patient Advocate
- h. Ian Gilmore, President, Royal College of Physicians.

DRAFT EQUALITY AND DIVERSITY SCHEME and ACTION PLAN

11. The GOsC has a statutory duty to eliminate unlawful discrimination and harassment and promote equality of opportunity in relation to each of the following areas: race, disability and gender. To discharge this duty, the GOsC is required to publish an Equality scheme setting out its main objectives in this area. The Council was asked to consider a draft set of Equality Schemes covering all three categories, together with a set of action plans outlining how it is proposed to meet the requirements of each Scheme. Once Council agreed the draft schemes, they would be submitted to a wide, three month consultation. Council members made the following comments and suggestions for amendment:

- h. That nobody should serve on an interview panel – for committee or staff positions, without first having had interview training.
- i. That, while there was no current duty to develop schemes relating to sexual orientation, religion or belief and age, these categories should not be overlooked in the GOsC's equality and diversity activities. .
- j. Para. 39, page 9 required to be amended as students with disabilities were exempted from the withdrawal of funding for Equivalent or Lower Qualifications.
- k. Equality and diversity training should be mandatory for Chairs and members.
- l. Those to be consulted should be listed – it was not sufficient simply to refer to 'key stakeholders'.
- m. Page 3, para. 10 – penultimate sentence – the 'list' should be defined – 'list of all GOsC policies'.
- n. Page 1, para. 4, 3rd bullet point – it was felt 'appropriate as an employer and provider of information and services' should be added to make the bullet point clearer.
- o. Page 11, para. 48 – the word 'formal' was missing at the end of the second line.
- p. Page 14, para. 58 – some members were sympathetic to the thinking behind this but felt it could be open to criticisms as other professions made it a requirement that a practitioner engaging in practice for even a part of a year must undertake a full programme of CPD.
- q. The scheme should refer to paternity leave. It was confirmed that some reference to paternity leave would be added to the scheme.

12. **Agreed:** to approve the draft schemes, subject to the amendment/additions outlined above and that the schemes be submitted to a full, three month consultation. A questionnaire would accompany the schemes to facilitate the consultation.

PREPARATION FOR USE OF NEW REGISTRATION POWERS UNDER SECTION 3 OF THE OSTEOPATHS ACT 1993 AS AMENDED BY S60 ORDER 1A

13. The GOsC would acquire new powers this year to consider applications for registration from individuals who, for various reasons, missed out on the original 2 year transition period. The new powers effectively created a new transition period extending to 31 December 2010. The Council was asked to consider the key issues relating to use of these powers and the preparations being made to ensure their effective use.
14. Council members raised the following questions:
 - a. How was the process to be financed? It was explained that the aim would be to make the process cost neutral by transferring the cost to those applying.
 - b. What was the position of those who had applied but had been declined membership of the Register originally? The new powers were sufficiently widely worded to enable the GOsC to consider their applications afresh.
 - c. How would 'good' reason for not having applied to the register during the original transitional period be defined. It was suggested that a lack of confidence in the newly established register might be considered a 'good' reason. It was agreed that it would be important not to fetter the Registrar's discretion to register under this new power.
 - d. What methods of assessment would be used? It was proposed that advice be sought from those that had used similar methods eg the General Medical Council (GMC) and their Objective Structured Clinical Examinations (OSCE).
 - e. How to assess individuals who would be unable, not having practised as osteopaths, to show evidence of competent practice of osteopathy? This issue was one being considered in the choice of assessment methods.
 - f. Would a 'Light touch' assessment method be appropriate for those who had practised abroad? This was likely but would depend on the circumstances of individual cases.
 - g. Had the Osteopathic Educational Institutions been approached on this issue? It was explained that initial discussions had been held with the OElS collectively at a meeting in May. Further discussions would be necessary with individual schools to assess interest in providing suitable courses for applicants under the new powers.
 - h. What steps would be taken to ensure that the profession more widely had confidence in the process and would be reassured that the requirements under the new powers would be sufficiently rigorous? A comprehensive communications strategy was being developed to this end.
 - i. What steps would be taken to ensure against fraudulent submissions by new applicants? This issue would be carefully considered as part of the choice of assessment methods.
 - j. How would the GOsC identify potential applicants? A letter would be sent to the 1000 or so people on the database, originally compiled, at the time the Register was established. This database includes those who did not join the Register at that time. The letter would include a questionnaire which would aim to determine whether there was any intention to apply under the new power. From the results, a profile would be compiled of potential applicants and this would help in deciding the method of assessment to be used.

15. The CE&R confirmed that by the September 2008 Council meeting, a more detailed paper would be available. It would include draft rules on the new powers, a fuller picture on the costs of implementing the powers and the numbers of applicants.
16. **Agreed** with Mr Shepherd and Mr McClune abstaining, to approve the steps being taken in preparation for use of the powers.

GOVERNMENT REVIEW OF HEALTHCARE REGULATION

Revalidation Working Group

17. A progress report on the Working Group's work to date was received along with a copy of the draft self-assessment form designed to assess a range of key aspects of an osteopath's practice.
18. The GOsC had begun the process of wider consultation by inviting the Osteopathic Educational Institutions (OElS), the British Osteopathic Association (BOA) and osteopath representatives from regional groups to an open forum meeting the day before Council. 27 regional representatives, 7 OElS and the BOA had attended. The meeting looked at the early draft of the proposed self-assessment tool and the preliminary proposals for a staged revalidation scheme. It was emphasised that the development was at a very early stage and the purpose of the meeting was to seek feedback on the self-assessment form in particular. This wider reference group would be invited to comment on successive drafts of the emerging scheme as time progressed.
19. The next step was a preliminary pilot aimed at refining the self-assessment form further. Volunteers were being sought for this purpose and it was hoped to have results analysed in time for the next meeting of the wider reference group in September 08. This would be followed by a full consultation with the profession in the Autumn.
20. Members made the following comments on the self-assessment form:
 - a. The form should incorporate a test of behaviours: Section Four – Professionalism was suggested as a suitable location.
 - b. Guidance should be provided on length/expected content of responses to each question.
 - c. Page 6, para 22 – members thought interaction with 'other healthcare professionals' was overly narrow as 'professional communication and interaction' usually extended much more widely.
 - d. The self-assessment form and the scheme overall should clearly indicate that it is a draft, when sent out for consultation.
 - e. A comprehensive 'user's guide' should be prepared to accompany the self-assessment form.
 - f. Q 9 in the form be expanded as faulty and ineffective patient record keeping was a recurring theme in fitness to practise cases.
 - g. The language should be carefully reviewed to ensure that revalidation was not presented as or perceived to be a 'burden'.
 - h. It was pointed out, however, that revalidation (or varying kinds) is a fact of professional life and there should be no attempt to mislead the profession about the requirements or importance of revalidation.

21. Page 3, para 10 of the covering paper referred to the Revalidation Working Group's consideration, at its first meeting, of a range of potential methods of revalidation including practice monitoring visits but these had not been mentioned subsequently. It was confirmed that practice visits could feature in stage 3 of the draft scheme. In other words, failure by an osteopath to complete the self-assessment form satisfactorily, even when given a further opportunity to produce additional evidence, might trigger a practice monitoring visit.
22. There was nothing to suggest that the Government would back track on revalidation and in fact the Darzi Report was expected to reiterate the importance of revalidation. The timetable for implementation of revalidation for non-medical health professionals was 2012.
23. **Agreed** with an abstention by Dr Wootton, to note the progress report on the work of the Revalidation Working Group and the next steps with regard to communication, consultation, the financial and resource implications, review of the CPD process and timetable.

Governance Working Group and Osteopathic Competency Working Group – Final report

24. Council received the group's final report which included:
 - a. Principles to underpin the role of the new Council
 - b. Defining the role of Council
 - c. Competences for lay and professional members of Council
 - d. Job Descriptions for the Chair, Treasurer and Council members
 - e. Principles and features of a revised appraisal system
 - f. Committee sub-structure to support the new Council.
25. Competences A limited consultation had been carried out on the draft competences for Council members amongst representatives of the OEIs, the BOA and osteopath regional groups. A number of responses had been received and these were under review. Having considered the competences overall, it was agreed that it was unnecessary for the Treasurer to have an accountancy qualification although obviously he/she should have financial competence and experience. The importance of all Council members having basic financial skills e.g. being able to read accounts, was noted and it was agreed that training should be provided if required.
26. Appraisal Scheme It was agreed that in developing a scheme of appraisal, consideration would be given to incorporating the views of individuals other than the Chairman. Consideration would also be given to who would appraise members of the new statutory and non-statutory committees.
27. It was also agreed that in addition to appraising individual members of the Council, the Council's overall performance would need to be assessed annually. A means of achieving this would be explored.
28. Committee sub-structure to support the new Council The S60 order due for enactment in July 2008 would remove the requirement to use council members on statutory committees. The Department of Health (DH) had made it clear that fitness to practise committees should not include Council members. It was proposed to constitute the

Investigating and Adjudication Committees from a pool of professional and lay people to be appointed by the Appointments Commission on behalf of the Privy Council. It was planned to run a national recruitment campaign seeking between 25-30 people to populate the Investigating and Adjudication Committees in the early Autumn. Work would start shortly on drafting competences for these two committees. Members of the current Investigating and Health/Professional Conduct Committees would assist the Governance Working Group with this work. It was confirmed that the Chairs of the Investigating and Adjudication Committees would report routinely to Council meetings.

29. Definition of 'lay' member The WG had further considered a definition of 'lay' member of Council. . The WG had considered this and agreed to support the greatest degree of inclusiveness by recommending that Council accept that the definition of 'lay' should simply exclude:
- a. those who were currently on the GOsC Register;
 - b. those who were eligible to join the Register; and
 - c. (subject to checking for compliance with discrimination legislation) those who had ever practised as osteopaths.
30. **Agreed:** to accept the WG's recommendation for the definition of a lay member.

Appointments Commission presentation

31. Council members received a short presentation from Janice Scanlon, Deputy Chief Executive/Director of Appointments and Sue Vardy, project manager. This covered a brief history of the Appointments Commission and its role in making a wide range of public appointments.
32. It was reported that advertisements for the GOsC's new Council would appear in the week commencing 7 September 2008.

Additional governance considerations by Council

33. Lay or Professional Chair of Council Council considered whether the Chair of Council could be lay or professional and **Agreed**, in a vote (9 to 8 with 2 abstentions), to leave it open (so either lay or professional candidates could apply).
34. 'Expert' (osteopath) member of Interview Panel for Council members and Fitness to Practise Pool The Appointments Commission had pointed out that an 'expert' panel member could be included on the interview panels for professional Council members and professional Fitness to Practise Pool members. Members discussed the qualities that might be appropriate in those chosen for this role.
35. **Agreed:** Council members to let the CE&R have suggestions for people who would be suitable as the 'expert' on an interview panel and these would then be circulated to the Governance Working Group for discussion and selection.
36. It was noted that there was a previous informal agreement that Heads of Osteopathic Educational Institutions would not apply to become Council members because of conflicts of interest.

37. **Agreed:** Heads of OEs should not be eligible to apply to be Council members.
38. **Agreed:** Ms Gilvarry would attend the next meetings of the Investigating and Professional Conduct Committees (in June and July respectively) to brief members on plans to establish new statutory committees to deal with fitness to practise issues and the timetable and process for achieving this.
39. The CE&R will keep Council updated, particularly in relation to the recruitment campaign for the new Council. Council thanked members of the Working Groups and the CE&R for the work carried out to date in preparing for these major reforms recommended in the White Paper.

OSTEOPATHY HOUSE REDEVELOPMENT REPORT

40. Surveys of Osteopathy House had been conducted to test the feasibility of re-development plans previously considered by the Council and to provide a firm estimate of costs. The main driver to these redevelopment plans was to make Osteopathy House Disability Disabled Act (DDA) compliant. Five redevelopment options, of varying scope, with estimated costs were put to Council. Council considered, very carefully, the conclusions of a report from Interactive Space, the Project Managers, and the series of reports by surveyors and space planners.
41. During the discussion the following points were raised
 - a. As it was proposed to do the re-development whilst staff remained on the premises, what was the view of staff? It was explained that staff had been involved in the planning workshop and received weekly updates of progress. Care would be taken at every stage to ensure that the disruption and discomfort was minimised.
 - b. The boardroom should remain sufficiently large to accommodate the public at Council meetings.
 - c. Flexible walls between small meetings rooms on ground floor should be sound-proof.
 - d. Careful communication with the profession to ensure the purpose of the re-development and the need for the corresponding investment, was understood.
 - e. An estimate should be obtained of the effect on the value of the property arising from the creation of additional space (build-out at the rear).
 - f. Agree formally with Archivists that the GOsC was offering a temporary home to the osteopathic archive and the terms of this.
42. Council looked at the five options and agreed to consider redevelopment (with the addition of a lift to comply with DDA legislation) within the existing floor plan and also to look at redevelopment to include the lift and additionally building out above the existing toilet block. Work would now be carried out to:
 - a. Prepare a detailed brief for architects and conduct a tendering exercise
 - b. Prepare a detailed proposal on how the re-development plans might be most economically financed for consideration by the Finance & General Purposes Committee in July
 - c. Appoint a project management firm for the complete re-development works.

AGREEMENT WITH THE OSTEOPATHIC EDUCATIONAL FOUNDATION (OEF)

43. The CE&R invited the Council to comment on the paper and accompanying correspondence, the contents of which were self-explanatory. A brief history of the OEF was provided at the request of several members who said they had little or no knowledge of the OEF or its aims. A number of members confirmed that they had donated to the OEF, over many years in the past, but they had found the organisation to be lacking in transparency as to its activities.
44. Members asked and were provided with evidence of written confirmation that the OEF agreed to sponsor the 10th Anniversary Event in the sum of £30k. Members felt that the OEF had received good value for its investment. The point of asking the OEF to sponsor the event was to raise the OEF's profile.
45. A difficult situation had arisen involving a misunderstanding on the part of the OEF about the GOsC's scope to fund OEF promotional activity. The misunderstanding had arisen out of what OEF regarded as an agreement by the GOsC to pay it £30,000 to help promote the organisation. It argued that this had been agreed by the Finance and General Purposes Committee.
46. At a meeting between the GOsC Chairman, Treasurer and CE&R, and the Chairman and Secretary of the OEF, it was explained that the GOsC was precluded by its amended statutory objective from funding promotion of the OEF. An agreement, based on a proposal put by the OEF, was reached as a pragmatic solution to the situation. This involved a reduction in the sponsorship by half to £15k with the OEF paying the balance of the original sponsorship money direct to the National Council for Osteopathic Research (NCOR). However, following the meeting, the OEF sought to unpick the agreement and made a further proposal that the sponsorship be reduced further to £5,000.
47. The Treasurer pointed out that the minutes of the Finance & General Purposes Committee's, where the issue of funding of the OEF had been raised orally, had not been confirmed. However, the Committee had only discussed the idea of ring-fencing funds and that any expenditure in the future would have required to be justified with a business case reflecting activities that were in line with the GOsC's regulatory purposes.
48. Having carefully considered the original proposal in light of the changed circumstances which precluded supporting the development of the OEF by the GOsC and the OEF's revised proposal to reduce the sponsorship figure further to £5k, **Agreed:** with two abstentions (Ms Wolff and Ms Cheetham) to approve the original proposal whereby the sponsorship deal remained valued at £15k, with the balance of £15k being made available to NCOR to fund research projects.

SECTION 10 , OSTEOPATHS ACT 1993 (Fraud or error in relation to registration)

49. The paper alerted Council to the need to hear a case referred under Section 10 Osteopaths Act 1993 which dealt with fraud or error in relation to registration. An osteopath had come forward voluntarily to confirm that no admission had been made to a serious drugs conviction and term in prison, at the original time of registration. Under S10, the Registrar was obliged to investigate and make a report to the Council which in turn would make a decision in the case. An investigation was currently underway

including the seeking of a Criminal Records Bureau (CRB). The CRB report had not yet been received as the process took some 6 weeks.

50. **Noted:** that Council would consider the case under S10 of the Osteopaths Act at its meeting in September.

Members of the BOA, observing the meeting, left.

STAKEHOLDER ENGAGEMENT REPORT

51. The Stakeholder Engagement Report was well received. It was confirmed that it would be a standing item on Council meeting agenda and that it would be moved up the agenda to give more time to discuss items, if needed.

John Wilden left the meeting.

MANAGEMENT ACCOUNTS TO 2007-08 YEAR END

52. Members received details of the year-end position to 31 March 2008 and the financial audit timetable. In relation to the 10th Anniversary Event it was reported that the £100k put aside for the event had been exceeded by £2k but it was also confirmed that a donation of £5k from the Osteopathic International Alliance was about to be received. This would bring the amount spent by the GOsC to slightly under £100k.

GOsC MEETING SCHEDULE FOR COUNCIL AND COMMITTEE MEETINGS FROM APRIL 2009 TO MARCH 2010

53. Although a new Council was to be established, it was important to put some forward dates in the diary for 2009-10. It was acknowledged that these might have to change as the new Council developed. The proposed dates were aimed at improved governance by ensuring that Council meetings facilitated the business planning process more effectively. Committee meetings would now be scheduled to happen a month before each Council meeting to allow time for papers to be prepared for Council decisions. Dates would be finalised at the Council's September meeting, subject to any notifications of problems.
54. An additional meeting was planned for February 2009 for Council to prepare a hand over document for the new Council. The March 2009 Council meeting might be expanded by another half day so that new Council members could attend a session as part of their induction. A Council dinner would also be held around the March 2009 Council meeting.

COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE)

55. CHRE Council Meeting Minutes Council received a copy of the minutes of CHRE's meeting of 13 February 2008.
56. CHRE Work in Progress Mr Clarke reported that CHRE had held a meeting on 12 March and that there was another meeting due on 11 June 2008. CHRE was currently working on Harmonising Sanctions and Good Character and had been asked by the Minister of State for Health Services, Ben Bradshaw MP, to look into whether the Nursing and Midwifery Council was fulfilling its statutory functions. The report was

awaited.

CHIEF EXECUTIVE'S REPORT

57. Council received a note of key developments and activities since the CE&R has last reported to Council. These included updates on the Human Resources and Fitness to Practise audits, web development, research proposals, registraton fee changing powers and registrations. Since the paper had been prepared, the number of registrants had dropped to 3940 with 20 removals from the Register during May for non-payment of fees and 4 removals for non-compliance with Continuing Professional Development requirements. There were 10 more removals in the pipeline. This was the first year of removals for non compliance with CPD Rules. A final reminder had gone out to the 118 osteopaths (this figure included the registrants who still had not paid their fees or who had not complied with CPD Rules) who had not provided sufficient evidence of holding current professional indemnity insurance. There were 271 undergraduates this year with 238 likely to register.
58. The CE&R's Executive Assistant, Marcia Scott, would be away for approximately 12 weeks. Temporary cover was being sourced.
59. Research was being commissioned to consider the most flexible way to remunerate Council members – day rate or honorarium - and at what level. Cumberlege Connections had been asked to carry out the work and provide an independent objective view. Cumberlege Connections had carried out similar exercises for several other healthcare regulatory bodies. Council members would shortly receive a questionnaire on the subject. This research would be carried out speedily as the Appointments Commission would require the information for the September campaign to recruit for the new Council.

COMMITTEE REPORTS

60. Communications Committee The minutes of the Committee's last meeting were received. As the Committee was now dissolved, it may be that Communications Strategy would come before Council as a regular part of Council meetings. Ms Cheetham stated that she disagreed with Council's decision to discontinue to publish a hard copy of the Register. She was concerned about the accessibility of only an electronic version of the register and whether this breached the GOsC's E&D duties. It was re-iterated that Council's decision had been based on the overriding aim of ensuring patient protection; the only up to date register is one available online and practitioners and the public were at risk in relying on anything other than this.
61. Education Committee (EdC) Council noted the minutes of EdC's meeting of 8 May 2008.
62. Investigating Committee (IC) IC met on 23 April 2008 and considered a total of 6 cases. In 5, the osteopaths faced allegations of both unacceptable professional conduct and / or professional incompetence. A case to answer was found in 3 of these 5 cases. In the remaining 6th case, the Committee found that there was a case of unacceptable professional conduct to answer.
63. On 1 May 2008, the Committee imposed an interim suspension order following

allegations of unacceptable professional conduct in one case. The Committee met before the Council meeting to consider the case and found that there was a case for the osteopath to answer and it would be forwarded to the Professional Conduct Committee.

64. IC was due to meet next on 24 June 2008.
65. Professional Conduct Committee (PCC) PCC had met on 3 occasions since the last meeting of Council.
 - a. Andrew Knight On 29 and 30 April, the Committee considered the case of Andrew Knight. It was alleged that Mr Knight had been guilty of unacceptable professional conduct. The Committee found one charge relating to Mr Knight's record keeping proven and that this failure amounted to unacceptable professional conduct. The Committee issued an admonishment.
 - b. Tim Webb On 19 and 20 May, the Committee considered the case of Tim Webb. Mr Webb faced allegations of unacceptable professional conduct concerning issues of patient modesty. The Committee found that some of the allegations were proven but that these failings did not amount to unacceptable professional conduct.
 - c. John Perrott On 4 and 6 June, the Committee began its consideration of the case of Mr John Perrott who faced allegations of unacceptable professional conduct. The Committee were unable to conclude the case and it has been adjourned part-heard until late-August 2008. In fact, at very short notice, to accommodate the needs of a witness, the hearing had been moved to Hemel Hempstead. The Hearing Panel wished to pass on and record its thanks to the Fitness to Practise team for the smooth efficiency and work involved in making all the arrangements.
66. The PCC's next scheduled meeting was 2 July 2008.
67. Section 32 Committee Since the last meeting of Council, there has been one successful section 32 prosecution. On 29 May 2008 Mr Julian Midda of Calne, Wiltshire pleaded guilty to two charges of unlawfully describing himself as an osteopath. The charges related to two websites where Mr Midda had provided information to suggest that he was an osteopath. Mr Midda was fined £750 and ordered to pay costs of £878 by Swindon Magistrates Court.
68. The Council's next S32 prosecution was listed for 25 and 26 June in Torquay Magistrates Court. There are 2 more cases being prepared for prosecution. Scottish Solicitors had been instructed by the GOsC to explore the potential of prosecuting individuals under S32 offence in Scotland.

ANY OTHER BUSINESS

69. There was no other business not covered elsewhere on the agenda.

QUESTIONS FROM OBSERVERS

70. There were no observers present.

DATE OF NEXT MEETING

71. Tuesday 16 September 2008 at 10.00.

Chairman

16 September 2008