

GENERAL OSTEOPATHIC COUNCIL

Minutes of the 60th meeting of the General Osteopathic Council held in public on
Thursday 4 December 2008 at Osteopathy House, 176 Tower Bridge Road,
London SE1 3LU.

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Chairman: Professor Adrian Eddleston

Present:

Dr Stephen Barasi	Rachel Pointon
Martin Booth	Robin Shepherd
Robert Burge	Paul Sommerfeld
Geraldine Campbell	Rosalind Stuart-Menteth
Claire Cheetham	Dr Andrew Thompson
Nigel Clarke	Jenny White
Fionnuala Cooke	John Wilden
Catherine Hamilton-Plant	Margaret Wolff
Professor Ian Hughes	Dr Les Wootton
Tim McClune	

In attendance:

Evlynne Gilvarry, Chief Executive & Registrar (CE)
Alan Currie, Head of Registration and MIS
Marcus Dye, Professional Standards Manager
Matthew Redford, Head of Finance & Administration
Velia Soames, Head of Regulation
Brigid Tucker, Head of Communications

Jane Quinnell, Clerk to Council

1. Members and observers, Nigel Graham from the British Osteopathic Association and Douglas Bilton from the Council for Healthcare Regulator Excellence, were welcomed to the meeting. Two items – Osteopathy House and the National Council for Osteopathic Research – would be taken first as external people would be present for the items.

APOLOGIES

2. Apologies were received from John Chuter, Richard Rebain, Trudie Roberts, Fiona Walsh and Vince Cullen.

OSTEOPATHY HOUSE REDEVELOPMENT REPORT

3. David Atkinson, Project Manager, and Malcolm Mills, Architect, were welcomed. The CE introduced the item and explained the necessity to bring revised proposals to the Council as the costs had risen. Two costed options were for consideration: Option 1 costed at £778k (incl. VAT) would involve installation of a lift, restructuring of the ground floor to provide an improved fitness to practise accommodation and surface redecoration of the remainder of the building. Option 2 costed at £1.2 m (incl. VAT)

would involve a complete redevelopment to include not only restructuring the ground floor and installing a lift but also significant enhancements the structure of floors 2 and 3. The original estimate of costs £550k excl. VAT had been estimated prior to the development of proposals by the architects and in hindsight, the presentation of these to the Council had been premature. The Chairman reminded Council that it was now clear that Council needed to make a decision on which option to take forward at the meeting so that, at the very least, work could proceed to make Osteopathy House (OH) compliant with the Disability Discrimination Act. It was confirmed that a commitment had been given to house the National Osteopathic Archive for 3 years. Mr Mills made a slide presentation depicting the two redevelopment options. He and Mr Atkinson then answered questions.

- a. The proposed new glass front doors would take into account contrasts needed by people with visual impairments and the reception desk would be accessible by wheelchair users. The reduced number of toilets on the ground floor was aimed at improving the space available and would nonetheless be adequate to accommodate visitors to the building. A loop system to facilitate those with hearing impairment was to be installed in the Council Chamber and a mobile unit would be available for use in other parts of the building.
- b. Works would be starting on 10 December 2008 and the contractors had contracted to complete the work in advance of the first meeting of the new Council on 23 April 2009. The lift had already been ordered as it was on a 4 month delivery. Penalty clauses were in the contracts if timescales slipped.
- c. A new air conditioning system would be installed in the Council Chamber and the current air conditioning would remain for the first and second floors. The room housing the servers and copiers (on the first floor) would have a separate cooling unit.
- d. Option 2 would provide the following enhancements over option 1: installation of new windows on the ground and first floors, complete refurbishment of all toilet facilities including installation of a disabled toilet on second floor, new offices/meeting rooms on the first and second floors with redecoration and new flooring throughout the building, new ceiling and lighting on the first floor, glass door entrance and new furniture as required throughout the building.
- e. Noise levels from the street in the Council Chamber would be reduced greatly by the removal of the current extractor vents and replacement by a new ventilation system.
- f. The redevelopment would also prompt a change of working practise to ensure that storage requirements were kept to a minimum going forward. With this in mind, a new scanner had been installed and local off site storage space had been sourced at economical rates.
- g. Looking to the medium term, it was clear that the GOsC would require fitness to practise accommodation until 2013 at least. This was based on indications from the Department of Health on the timing of an option to join the independent adjudication scheme. Based on current patterns of fitness to practise matters, the accommodation would be in use at least 36 days and in addition, the space would be used for Council, committee, regional communications network, Osteopathic Educational Institutions (OEl)s meetings and other business meetings

- h. The Council was being asked to consider the two options before it; it was not feasible at this late stage to create alternative options by choosing some elements of both.
- i. Staff would suffer disruption with the building works involved in both options but would get very few benefits in terms of working conditions from Option 1.
- j. In the Treasurer's absence, the Chair confirmed the Treasurer's view that both options were affordable and were relatively small sums compared to the value of Osteopathy House.
- k. The proposed works were designed to make the building compliant with the Disability Discrimination Act and to render it fit for the future to enable the GOsC to discharge its functions efficiently and effectively. Although the GOsC had no current intention to dispose of the building, the redevelopment included elements that any prospective purchaser would seek.
- l. The Finance & General Purposes Committee had debated the project at its recent meeting and believed that Option 2 represented an affordable investment as the necessary works would become part of the fixed asset.
- m. A view was expressed that the GOsC was in place to serve the public and the additions in Option 2 would not enhance this and so the money might be better spent elsewhere e.g. research.
- n. Another member expressed concern that the current Council was committing the newly constituted Council, from 1 April 2009, to a large, expensive project. Following some discussion members **agreed** that it was not appropriate to delay the decision any further as the works under Option 1 were legally necessary (DDA compliance). Interest rates were reducing as had the cost of VAT so it was a good time to carry out the building works. The original cost estimate had not included VAT but these were now included, at 15%.
- o. It was stressed that the redevelopment project would need to be managed very closely to ensure the costs did not increase. There was additional scope to ensure costs were kept down as the GOsC would have control over some materials e.g. furniture, fittings used. Where choices had to be made, items that would ensure best practice in terms of disability compliance would be favoured over items that did not fall into this category. It was confirmed that the project managers, architects and building contractors had all been appointed after a rigorous tender process.
- p. Staff were fully involved with the project and had participated in the planning from the beginning. Updates on the project were given at weekly staff meetings and a special staff group had been established to look at the finer detail. Staff were very open to consider changed working methods e.g. scanning materials to ensure optimum use of space going forward.

4. Vote: A vote was taken on both options

Option 1: **All Agreed** that Option 1 was approved, at the very least, as Osteopathy House had to be made DDA compliant and fit for its FtP function.

Option 2: **Agreed** with 11 for the Option, 7 against and 1 abstention to approve the Option and commence works immediately for completion by 23 April 2009.

NATIONAL COUNCIL FOR OSTEOPATHIC RESEARCH (NCOR)

5. NCOR's Annual Report and Accounts 2007-08 Professor Ann Moore, Chair of NCOR, was welcomed to the meeting. She presented NCOR's Annual Report and Accounts 2007-08 referring to her Chairman's report and Carol Fawkes' (the Research Officer) report in the first 13 pages of the Report. She confirmed that there was a growing research culture in the Osteopathic Educational Institutions (OEs). Members complimented NCOR on a very encouraging report. She then answered questions.
 - a. Mr Clarke confirmed that the Prince's Trust was eager to see what it could do to enhance research and he could assist with making contact.
 - b. Members congratulated NCOR on the increased research climate. Students needed to carry out research but there was still some way to go in increasing the skills base. Professor Moore confirmed that her main focus over the next years was the OEs and instilling a strong research culture.
 - c. Two OEs had not produced research reports. The GOsC expect a research report from OEs annually, in their annual reports – these were due in January. There is no specified format on how the OEs reported on research and it was felt appropriate that the Education Committee should consider whether a more meaningful research report would be produced if the OEs had to complete specific questions.
 - d. London had the largest number of osteopaths but had the smallest research hub. At a recent NCOR meeting, this was discussed and consideration was being given to breaking up the hub into smaller areas and putting each in touch with an OEI. Members suggested using the osteopathic regional societies for this purpose.
6. NCOR's Draft Business Plan – January 2009 to December 2012 Professor Moore presented the draft Business Plan describing it as a ambitious document developed by NCOR members after a planning day. The draft Business Plan was an ideal picture of what NCOR would like to do. Several of the 5 themes contained in it were driven by features of the Darzi Report. Currently, NCOR was building a relationship with the Osteopathic Educational Foundation with a view to increasing funding for research. More resources were needed as the sole research officer was very over-worked. Succession planning had also been considered to ensure an appropriate replacement for Professor Moore in due course. The financial support proposals represented a new requirement by the University of Brighton for full economic costing.
7. Members agreed that that the draft Business Plan which included a bid for financial support from the GOsC for £979k over 4 years, was highly ambitious and felt the time was right to find additional funding sources. Members thought that the five themes were all relevant to the GOsC but a question was raised as to whether one related to patient research might cross with research shortly to be undertaken by the GOsC. Professor Moore confirmed that NCOR research would actually build on the GOsC study. Those who ultimately funded NCOR and particular pieces of research would assist in the dissemination of the resulting information as it needed to be got out into the scientific arena in a digestible form for both osteopaths and the osteopathic press and patients. Although the GOsC's statutory role no longer included promotion of the profession, it was agreed that it was entirely appropriate to publish results of GOsC

funded research for the benefit of registrants. NCOR's current funding came from the GOsC, the British Osteopathic Association (BOA) and OEIs. NCOR had not dealt directly with the BOA and the OEIs over funding as it had been supplied via the GOsC. It was felt appropriate now for NCOR to pursue directly all sources of funding and to promote itself; the GOsC could facilitate this process in the initial stages. It was noted that resources would be required if NCOR was to pursue funding directly.

8. The Council noted the report and agreed that the funding proposals within it be referred to the Finance & General Purposes Committee in February 2009 with a supporting paper. Professor Moore would let the GOsC know the details of a current staff contract which was about to expire so that it could be extended pending an ultimate decision on GOsC support for NCOR.

QUESTIONS FROM OBSERVERS

9. There were no questions from the observers.

MINUTES OF THE PREVIOUS MEETING

10. The minutes of the previous meeting were accepted and signed by the Chair as an accurate record.

MATTERS ARISING

11. There were no matters arising not dealt with elsewhere on the agenda. In response to a question about what was happening about the publication of the World Health Organisation guidelines on basic training and safety in osteopathy, the CE reported that, according to sources in the Osteopathic International Alliance, the guidelines were likely to be published early in 2009.

CHAIRMAN'S REPORT

12. Professor Eddleston confirmed that the recruitment campaign for the appointment of new Council members was progressing well. Following a long listing from the 112 applications by the Independent Assessor, the selection panel had compiled a shortlist. Interviews were currently taking place and the panel's recommendations would go to the Appointments Commission's appointments board on 21 January 2009. Training/induction for new Council members had been organised for 24 February and 9 and 11 March.
13. The recruitment campaign for the Fitness to Practise Committees' members was also in progress; over 400 applications had been received. The Independent Assessor would now draw up a long list with reference to the competences and 9.5 days of interviews were set for February 2009. Successful candidates would be appointed by the Council at its meeting in March 2009.

STAKEHOLDER ENGAGEMENT REPORT

14. The Stakeholder Engagement Report was presented. Additional information was supplied, as follows:
 - a. An attempt to identify potential applicants for registration under new powers to come into force in April 09 had been made through use of an old database containing names of some 900 people who failed to register when the register was first established. The GOsC had attempted to contact individuals on the

database; 34 respondents expressed an interest in registering under the new powers and another 5 had no interest in registering. The deadline for response was the end of December.

- b. The GOsC would aim to make more active use of lay members on the Council and committees as part of its strategy of patient/public involvement.

EQUALITY & DIVERSITY

15. The consultation on the GOsC's proposed Equality Scheme had closed on 16 November 2008 and the few responses received would be taken into account, as appropriate. Council member Jenny White was assisting with the disability Scheme. Equality and Diversity training for all new Council, committee members and staff was being arranged.

GOsC DRAFT BUSINESS PLAN AND BUDGET FOR 2008-09

16. The draft Business Plan was presented. It would be finalised for Council approval at its March 2009 meeting. Inter-departmental working was well developed within the GOsC as most work involved more than one department. The following observations were made:
 - a. With regard to the forthcoming consultation regional conferences, the Treasurer had agreed that in light of the fact that registrants had already been informed (through *The Osteopath*) that the events would be free, a decision by the Finance and General Purposes Committee to charge £25 per registrant, could not stand. Registrants would, however, be informed in advance of a cancellation deadline and an administration fee would be charged to those who failed to make this date..
 - b. A forthcoming Section 60 Order would be used to enable the GOsC to vary the registration fee without reference to the Privy Council. It was unlikely to be in force until the end of 2010.
 - c. The registrants' website – the o zone – required to be redeveloped 2 ½ years on from its launch.
 - d. A clearer, more consistent approach to risk analysis within the report was advised, using a High, Medium and Low rating with reference to achievement of key objectives.

PATIENT RESEARCH

17. There was a general drive to engage with patients and public and therefore the GOsC, as regulator, needed to have an informed view on what patients and the public were thinking. The CE pointed out an error in the reference to a steering group in para. v on page 5. The proposed Steering Group would comprise 2 Council Members (one lay, one osteopath), the Chief Executive and Head of Communications and lead representatives of the Brighton research team. The following observations were made in the discussion which followed:
 - a. Page 40 of the proposal – the patient sheet could only be anonymous not confidential.
 - b. Research needed a credible/believable outcome and there were some areas

of ambiguity/bias in the proposal eg page 12 – the number of questionnaires (8,000) to be distributed was good but there was no mention of the size of expected return. How would osteopaths be ‘systematically selected’ for the purposes of identifying patients to participate? Considerable improvement on the results of the survey could be gained by tidying up the design. Removal of bias would give greater credibility on the results to ‘outsiders’. The CE confirmed that the steering committee would be established early in 2009 with a view to defining the research proposal more tightly in cooperation with the Brighton University team.

- c. There was some surprise that there were only two proposals to the call for research.

18. **Agreed:**

- a. approval of the panel’s recommendation that the contract to conduct the research be awarded to Brighton University and
- b. the establishment of a GOsC Steering Group composed as outlined above to oversee the project.

GOVERNMENT REVIEW OF HEALTHCARE REGULATION

- 19. Revalidation Working Group – progress report The update report on the GOsC’s proposed revalidation scheme was received. The CE reported that she had sought an early view from the Department of Health on the adequacy of the scheme. This was expected by end of December and the GOsC would formally submit its outline scheme to the Department by the deadline of end of January. Some concern was raised about the prospect of a reference to the FtP mechanisms arising at Stage 1 (self-assessment form completion process). It was envisaged that such a reference, if ever necessary, would be rare but the circumstances could arise for example where a submitted self-assessment form included material suggestive of misconduct or a health condition likely to impair an osteopath’s performance.
- 20. Progress Report on continued work necessary for the new governance structure on 1 April 2009: updates on the summaries of the recruitment campaigns for new Council members and members of the Fitness to Practice Committees had been given by the Chair in his report.
- 21. Recruitment for ‘external’ members of the Education Committee would commence in January 2009. Members considered the proposed role and competences for EdC members. It was confirmed that the emphasis on education in the role was what was directly referred to in the Osteopaths Act 1993. Members proposed that the possible exclusions from membership of the EdC should include principals and those involved with strategic decision making in the OEIs. This would be made clear in the information pack provided to potential applicants. Members felt that it would be better if the category of ‘desirable knowledge and experience’ in the current draft was upgraded to ‘essential’. The role of the Education Committee would be reviewed at the point (likely end of 2010) when legislative change would enable the creation of a new Professional Standards Committee, the role of which would include practice ethics. The Role and Competences were **Agreed** subject to amendment as discussed.
- 22. **Agreed:** that the Chair and Treasurer of the GOsC would sign the relevant Orders and Rules, under GOsC Seal, necessary for the new governance changes.

23. **Agreed:** that interim Audit and Remuneration Committees be appointed from the new Council and that once the remainder of the new governance structure was in place, a formal recruitment exercise, to appoint permanent committees, would be undertaken, probably in the Autumn of 2009 for appointment in April 2010.

14.53 Jenny White left the meeting.

LEGAL ASSESSORS

24. The Council considered a paper with proposals to appoint specific Legal Assessors to broaden the pool available to the GOsC. Members expressed some concern at the lack of diversity amongst the recommended appointees. The CE confirmed that every attempt had been made to reflect more diversity but this was an area of law that was dominated by white, senior, male lawyers; two female candidates had to be excluded in this round of recommendations on grounds of conflict of interest. There was also a concern about potential problems arising at least initially from the fact that new Legal Assessors would be acting for the GOsC alongside new Fitness to Practise Committees' members. It was confirmed that all would receive training with a view to ensuring consistency and quality.
25. **Agreed:** to approve the recommendations for appointment of legal assessors and that the Head of Regulation would look to increase the diversity of the appointed pool going forward.

Agreed: to increase the daily rate paid to Legal Assessors from £550 to £600 per day, with negotiation for reading time where papers are voluminous.

CODE OF PRACTICE – WORKING GROUP TO STEER THE REVISIONS TO THE CODE

26. The Code of Practice was due to be revised by 2010. The paper summarised the steps to be taken and proposed the establishment of a working group to steer the revisions to the Code.
27. **Agreed:** the establishment of a working group to steer the revisions to the Code of Practice. Those Council members who were interested in participating in this group were asked to contact the Head of Regulation.

FINANCIAL AUDITORS

28. A selection panel comprising the Chief Executive, the Treasurer, Nigel Clarke and the Head of Finance & Administration, had considered presentations from 3 Auditing firms on 1 December 2008, as part of a tendering exercise. The panel recommended that Grant Thornton be awarded the contract initially for a two year term.
29. **Agreed:** to accept the panel's recommendation to appoint Grant Thornton as the GOsC's financial auditors for a two year term.

MANAGEMENT ACCOUNTS TO 31 OCTOBER 2008

30. The Council received the management accounts for the 7 months period to 31 October 2008. In response to a question about future years activity, the Council's attention was drawn to a number of exceptional items of expenditure in FY2009/10 e.g. consultation meetings, patient research, new database, which meant that a

break-even budget would be run for that year.

COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE)

31. The Council received the CHRE Council Meeting Minutes of 16 July 2008. Mr Clarke confirmed that representation by regulators on the CHRE ended at the end of December 2008. Baroness Pitkeathley OBE had been appointed to chair a new CHRE council which would continue the current remit and take on enhanced powers of scrutiny under the Health & Social Care Act 2008 from January 2009. The Chairs and Presidents of the regulatory bodies would carry on meeting as they had done in the past. Nigel Clarke was thanked for all the work he had carried out as the GOsC representative on the CHRE Council.

COMMITTEE REPORTS

32. Audit Committee The update given in place of the cancelled November Audit Committee meeting was received. There were no questions.
 33. Education Committee (EdC) Received the September 2008 EdC minutes and noted that the November Education Committee meeting had been cancelled due to lack of substantive business.
 34. Finance & General Purposes Committee The minutes of the November meeting were received. No questions were raised.
 35. Investigating Committee The Investigating Committee had met on two occasions since the last meeting of the Council. On the 9 October 2008, it considered one case where the osteopath had been suspended on an interim basis. The Committee found that there was a case of unacceptable professional conduct to answer and referred the case to the PCC.
 36. On 12 November 2008, the Committee met to consider five cases. It deferred two cases to the next meeting so that further information could be gathered. Of the remaining 3, it found no case to answer in one and a case to answer in the other two.
 37. Professional Conduct Committee (PCC): Since the last meeting of Council, 7 PCC hearings had been held. In three cases, the PCC found unacceptable professional conduct and imposed an admonishment, a conditions of practice order and removed one osteopath from the register. One case was cancelled under Rule 19 of the PCC rules. One conditions of practice order was reviewed and one interim suspension order was imposed. The remaining case adjourned part-heard and was to be concluded on 9 December 2008.
 38. On 20 November 2008, the PCC met as a full committee to review the cases heard since its last meeting and to consider the learning points identified. The PCC also reviewed its Indicative Sanctions Guidance and the process by which witnesses give their evidence.
- 15.30 Nigel Clarke left the meeting.*
39. Remuneration Committee The minutes of the November meeting were received. There were no questions raised.
 40. Section 32 Committee: No new cases had been heard since the last report to Council. The Regulation Team continued to work on cases.

ANY OTHER BUSINESS

41. There was no other business.

QUESTIONS FROM OBSERVERS (five minutes)

42. The observers had left the meeting earlier so there were no questions.

DATE OF NEXT MEETING

43. 10 March 2008, to be followed in the evening by a Council Dinner.