

GENERAL OSTEOPATHIC COUNCIL

The minutes of the 66th meeting of the General Osteopathic Council held in public on Tuesday 19 January 2010

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Chair: Professor Adrian Eddleston

Present:

John Chuter	Brian McKenna
Paula Cook	Kenneth McLean
Jonathan Hearsey	Robin Shepherd
Nick Hounsfield	Julie Stone
Professor Ian Hughes (from 11.30pm)	Fiona Walsh
Kim Lavelly	Jenny White

In attendance:

Evlynne Gilvarry, Chief Executive & Registrar (CE)

Fiona Browne, Head of Professional Standards
Alan Currie, Head of Registration and MIS
Matthew Redford, Head of Finance & Administration
Velia Soames, Head of Regulation
Brigid Tucker, Head of Policy and Communications

Marcus Dye, Professional Standards Manager (from after lunch)
Jane Quinnell, Governance Manager

Some items were taken out of agenda order to accommodate external attendees.

1. Michael Watson, Chief Executive of the British Osteopathic Association, and Nick Handoll, Osteopath, were welcomed as observers to the meeting.

APOLOGIES

2. Apologies were received from Geraldine Campbell.

QUESTIONS FROM OBSERVERS

3. Mr Watson had two points:
 - a. Revalidation He sought assurance that the GOsC was monitoring the approaches other regulators were taking with regard to revalidation so that the scheme developed for osteopaths was no more onerous than that applied to other health professionals.
 - b. Fitness to Practise He expressed concern about the time taken to dispose of Fitness to Practise cases. He queried on what basis the targets for disposal had been chosen and noted that those targets had not been met in a significant number of cases last year. It was confirmed that the GOsC had set the targets with reference to an assessment of the time needed to deal with cases against osteopaths. The targets were also in line with those set by other regulators. Whilst

the GOsC made every effort to meet the targets, some cases required extra time in order to do justice to the parties. In the early part of last year, delays had occurred – a consequence in large part of bedding down a new Fitness to Practise structure. However, the trend in the last half of the year has been to meet the targets in a majority of cases. The GOsC acknowledged Mr Watson's concern on behalf of all osteopaths who are faced with Fitness to Practise proceedings. It was a stressful experience and delays were likely to add to the stress.

MINUTES

4. The minutes of the public session of Council held on 18 November 2009 were signed by both the Chair and Treasurer of Council as they had both chaired parts of the meeting.

MATTERS ARISING

5. There were no matters arising.

CHAIR'S REPORT

6. The report was noted and the Chair highlighted the following:
 - a. Research Strategy Working Group The Group had met twice. During the first meeting, the scope of work of the Group was discussed and the Terms of Reference, approved by the Council in July 2009, were expanded. The Council would be asked to approve these at Item 11 (Revalidation). The Group had considered whether the GOsC had a role in developing an evidence base for osteopathy and decided that the role should be confined to encouraging the development of an evidence base by others; the GOsC should not become directly involved in commissioning research of this kind. The Group had also considered and agreed publication of an invitation to tender for work to provide an analysis of the costs, benefits and risks associated with the development of a scheme of revalidation for osteopaths.
 - b. A second meeting was held on the 18 January 2010. The Group considered the GOsC's funding of the International Journal of Osteopathic Medicine (IJOM) and agreed that alternatives to providing a printed version of IJOM should be explored. Elsevier, the publishers, had proposed that they could significantly reduce the costs borne by the GOsC by providing IJOM online. Another proposal was for the provision of an online library comprising a range of other relevant publications. The Group noted that the GOsC was in effect funding the continuance of IJOM and as a consequence should be able to wield a significant influence on its content to the benefit of registrants. Further discussions would be held with Elsevier and a detailed proposal on the way forward would be brought to the Council in due course. The future of the National Council for Osteopathic Research (NCOR) was also considered. The Group acknowledged the valuable work of NCOR since its inception e.g. Standardised Data Collection project and the Adverse Events research which, although not yet completed was likely to be very useful to the profession in due course. However, it was time to review the GOsC's relationship with NCOR in light of the Council's emerging research priorities. At the same time, NCOR was considering its own future. Following a discussion, the Group had agreed an outline approach which would see a cessation of the GOsC's funding of the NCOR's infrastructure at an identified time in the future – the expiry of the tenure of the current chair of NCOR in just over 2 years time might offer a suitable punctuation point. A

detailed proposal would be put before the Finance & General Purposes Committee and its recommendations would be brought back to the Council in April.

- c. Appraisals The Chair had been appraised by Margaret Scott, a Commissioner at the Appointments Commission based on feedback from Council members and others. An identified objective for the Chair was to identify a process for evaluating the work of the Council, as a whole, and he invited suggestions on how this might occur. Appraisals of Council members would take place in April. Suggested dates would be circulated.

CHIEF EXECUTIVE'S REPORT

7. The Report was noted and the Chief Executive highlighted the following:
 - a. Section 60 Order It was hoped that the forthcoming General Election would not delay publication of the Section 60 Order with the list of changes to the Osteopaths Act 1993 that had been requested.
 - b. 'Mystery Shopping' The GOsC was one of 3 regulators who had agreed to participate in a 'mystery shopping' exercise, commissioned by the Council for Healthcare Regulatory Excellence, aimed at testing the effectiveness of handling of telephone calls from members of the public raising concerns about osteopaths.
 - c. CHRE Performance Review 2009-2010 The GOsC had made a self-assessment submission to the CHRE in December 2009. This is the first stage of the review process; the next stage involves a preliminary assessment from the CHRE, followed by a meeting with CHRE staff. The final report, which features the outcome of the review of all the healthcare regulators, will be published in July 2010 and submitted to Parliament.
 - d. Memorandum of Understanding (MOU) with Australia and New Zealand A MOU is being negotiated between the GOsC on the one hand and the Australian and New Zealand regulators on the other, with a view to agreeing a modus operandi for drawing up reciprocal arrangements for registration and recognition of qualifications by January 2012. It was hoped to agree the MOU in March 2010. Much of the detailed work involved could be undertaken online and by telephone conference, although there were opportunities to meet at key points, linked to osteopathic conferences, in the run up to January 2012.

PRESENTATION – UK HEALTH AND SOCIAL CARE REGULATORS' PATIENT AND PUBLIC INVOLVEMENT GROUP:

8. The Council received a presentation on various methods of engaging with patients and the public from Martin Caple, the Chair of the Patients and Public Involvement Group, a body comprising representatives of all health regulators. The Head of Policy and Communications followed with a summary of the GOsC's involvement with the Group, since its inception, and a summary of the GOsC's PPI activity.
9. Council members raised various questions. Amongst them were: how to measure effectiveness of PPI activity; how to ensure members of the public were sufficiently informed on any subject to offer a valuable view; and how collective PPI engagement by healthcare regulators could be undertaken, potentially with greater effect than individual regulator efforts. Mr Caple agreed to take these questions back to the PPI Group for consideration.

Lunch. Rachel Martineau, osteopath, joined the meeting as an observer. Marcus Dye, Professional Standards Manager, joined the meeting.

OSTEOPATHIC PRACTICE FRAMEWORK (SCOPE OF PRACTICE)

10. The Professional Standards Manager introduced this paper. Abi Masterson of Abi Masterson Consulting Ltd. presented the details of the main findings of the Osteopathic Practice Framework consultation, including an independent analysis of the discussions at the regional consultation meetings. Council members discussed the findings. The main points were:
 - a. More work was required to develop a satisfactory scope of practice document.
 - b. Content of the categories in the framework document was wrong.
 - c. Categorisation, of the kind envisaged in the document was not feasible.
 - d. Osteopathy must not be fixed – change, innovation, research, individual practice must be able to grow and develop over time.
 - e. Need to take note of the scope of practice being developed by the British Osteopathic Association and specialist groups. Need to note also the European scope of practice which was emerging
 - f. Need to cross reference with the World Health Organisation – WHO Guidelines on basic training and safety in osteopathy, which were due to be published this year.
 - g. Caution that there were only 306 responses to the consultation questionnaire.
11. The next steps proposed in the paper were considered. It was confirmed that, whilst it was necessary first to undertake key pieces of work e.g. review of undergraduate education, to inform the drafting of a scope of practice, the aim was to have an agreed scope of practice in place by the end of the term of the Corporate Plan i.e. March 2013. Members urged that osteopaths be kept abreast of exactly what was happening with regard to the development of the scope of practice to obtain ‘buy in’.
12. The observers were asked if they would like to contribute to the discussions. Mr Handoll confirmed he was encouraged by the debate and the approach being taken by the Council. He wished to present to the Council in due course a draft scope of practice that had been compiled by specialist osteopath groups working with the BOA. Mr Watson noted that 38% of respondents to the consultation did not agree that there was a need to define the scope of osteopathic practice and this was cause for concern. Ms Martineau urged continuing open dialogue with the profession and that minority groups must be taken into account during the further development work.
13. **Agreed to:**
 - a. Publish the draft of the Osteopathic Practice Framework consultation by Abi Masterson Consulting Ltd.
 - b. Undertake research into patterns of osteopathic practice
 - c. Undertake research into the undergraduate curriculum and consider development of a core curriculum to inform the work in relation to scope of practice.
 - d. Engage with patients and the public to inform work on Scope of Practice
 - e. Monitor work by other regulators on Scope of Practice. Participate in any initiatives in this area.
 - f. Continue to monitor and participate in the work undertaken within Europe by the EFO and FORE. This work may inform and direct the work of the GOsC in this area.

- g. Continue to work closely with the BOA and monitor any research and development into scope of practise which it undertakes. The BOA may provide greater access to member feedback that GOsC might obtain through consultation alone. This will help to inform any work which may be undertaken by the GOsC in the future.
 - h. Agree the purpose and effect of any GOsC work on Scope of Practice.
 - i. Agree how the work of external bodies will be used.
14. The Professional Standards Manager was thanked for his work on the European Scope of Practice.

OSTEOPATHIC PRACTICE STANDARDS (JOINT DEVELOPMENT OF THE STANDARD OF PROFICIENCY AND THE CODE OF PRACTICE)

15. The Head of Professional Standards presented a paper on this item. It included details of the key findings of the draft report of the Osteopathic Practice Standards consultation. The analysis highlighted that there was an overlap between some of the issues identified in the first stage of the *Code of Practice* consultation and the Osteopathic Practice Standards consultation. There was also no clear delineation between matters which technically fall into the *Code* and the Standard of Proficiency – at least from the perspective of those responding to the consultation. There was a very low response rate to this consultation with only 49 responses and therefore it was unwise to place reliance on feedback so far.
16. In the discussion that followed, the Council considered whether the *Code* and the Osteopathic Practice Standards should remain as two separate documents or be incorporated into a single document, either wholly integrated or as two complementary documents in the same folder. The Council agreed that the terminology in the two documents should be consistent.
17. **Agreed:** That there was value in having both the Code of Practice and the Osteopathic Practice Standards, with accompanying guidance, incorporated into a single document. Further consultation was necessary to decide on the content and format.

2.35pm *Miss White left the meeting.*

STAKEHOLDER ENGAGEMENT REPORT

18. This item was presented by the Head of Policy and Communications. She highlighted the following activities:
- a. The seminar on student fitness to practise held on 10 December 2009
 - b. The two focus groups involving disabled patients and disabled students and osteopaths aimed at helping to refine the GOsC's Equality Scheme.
 - c. The survey of osteopaths' views on draft proposals for restructuring the o zone and incorporating new online services. The survey findings had informed plan to re-develop the website which would be launched in early summer 2010.
19. It was confirmed that more opportunities to communicate to the profession using the 33 regional societies would be explored.

EQUALITY & DIVERSITY

20. The Head of Regulation presented a report on progress made in implementing the actions in the Action Plan annexed to the GOsC Equality Scheme. It was noted that the Equality Bill, currently making its way through Parliament, was likely to impose new duties on public bodies in respect of additional categories of discrimination. The use of the word 'disabled' in the papers was questioned; it was pointed out that the preferred term was 'learning difficulties and disabilities'.

COMMITTEE REPORTS

Investigating Committee

21. Mr Mundy, Chair of the Investigating Committee (IC) presented a written report. He noted that it was almost 10 months since his committee members' appointments and they were settling in and working well together. He was questioned on the targets set for dealing with cases in the initial stages. The targets had been set by the Regulation Department and were similar to those used by other regulators. He confirmed that everything that could reasonably be done to meet the targets was being done but noted that in some cases extra time was needed in order to meet the legitimate needs of one of the parties or where complexities occurred. Members questioned whether, given that the targets had not been met in a considerable number of cases in 2009, the targets were set at the right level. However, it was accepted that simply to lengthen targets was not the answer. The Head of Regulation pointed out that whilst in the early part of the year targets had not been met, the trend had been reversed in recent months due to specific remedial actions. It was confirmed that the targets for disposal of cases are published in the Fitness to Practise Annual Report and are submitted to the Council for Healthcare Regulatory Excellence as part of the annual performance review.
22. Mr Mundy confirmed that the IC had decided to resume its previous practice of sending the defendant's response to the complainant for comment. The practice had been discontinued on a recommendation of the auditors who conducted an audit of the Fitness to Practise process in 2008. This had subsequently been questioned by the CHRE prompting the GOsC to seek further advice. On the basis of this, the IC had concluded that there should be a presumption in favour of sharing the defendant's response with the complainant, whilst allowing for circumstances where it would not be appropriate. The Head of Regulation was currently drawing up guidelines for use by the IC in applying the policy.
23. The IC chair was thanked for his report and he left the meeting.

Professional Conduct Committee

24. David Plank, Chair of the Professional Conduct Committee, presented a written report. On the question of case disposal, he confirmed 10 hearing dates had been booked over the next 6 months to handle the current 13 cases in order to clear the current backlog. He commented that almost one year since his appointment, he was very pleased with the way the PCC panels were working. This was due to the high level of experience of the panellists.
25. The PCC chair was thanked for his report and he left the meeting.

REVALIDATION

26. The Head of Professional Standards presented this item. The report updated the Council on the progress of the Revalidation Work Programme. It covered the governance arrangements for the Continuing Professional Development review, the appointment process for the Revalidation invitation to tender for evaluation of the revalidation scheme and development of the revalidation model and process.

3.25pm *Mr Handoll and Ms Martineau left the meeting.*

27. It was confirmed, in response to Mr Watson's earlier question about the approach being taken by other regulators to revalidation, that most regulators were working on draft schemes of revalidation and conducting research aimed at informing the nature of the schemes. The Professional Standards Department was keeping in close contact with other regulators, particularly those whose registrants were self-employed practitioners. It was confirmed that the 2009/10 grant aid from the Department of Health required to be committed before the end of the financial year. The Council discussed the value of developing alternative models of revalidation to the self-assessment model which had already been the subject of consultation with the profession. It was agreed that whilst it was worthwhile to consider alternative models or additional features that might strengthen the current draft revalidation scheme, it would be unwise to abandon the concept of self-assessment which might offer a highly proportionate method of revalidation.

3.37pm *Mr Watson left the meeting.*

28. **Agreed:**
- a. That the review of CPD should be undertaken by the Revalidation Standards and Assessment Group.
 - b. That additional/alternative models of revalidation should be identified for development.
 - c. The proposed terms of reference for the Revalidation Standards and Assessment Working Group, the Research Strategy Working Group and the Revalidation PPI Group be approved.

QUALITY ASSURANCE REVIEW

29. The Professional Standards Manager presented the paper which outlined the work being undertaken to improve the GOsC quality assurance processes for osteopathic qualifications, referred to as Recognised Qualifications within the existing legislative framework. He confirmed that it was a short term review in advance of the full scale review scheduled for 2012-13. The Education Committee had endorsed the proposed work programme.
30. **Agreed:** to endorse the proposed programme of work.

FINANCIAL MATTERS - management accounts to 30 November 2009

31. The Treasurer presented a paper that identified the main features of the Management Accounts for the 9 months ended 31 December 2009. He confirmed that the Business Plan 2010-11 to support the first year of the Corporate Plan would be considered by the Finance & General Purposes Committee in February.

COMMITTEE REPORT

Education Committee

32. Professor Hughes presented the minutes of the Education Committee's meeting held on 15 December 2009. There were no questions.

ANY OTHER BUSINESS

33. It was confirmed that it was important for the Chairs of the Fitness to Practise Committees to attend in person to make their reports. It was also confirmed that the Council would deal with strategic questions in relation to Fitness to Practise matters but that questions on processes and procedures would reside with the committees.

DATE OF NEXT MEETING

34. Wednesday 14 April 2010 at 11.00am.

Chair

14 April 2010