

GENERAL OSTEOPATHIC COUNCIL

Minutes of the public session of 70th meeting of the General Osteopathic Council
Thursday 3 February 2011

Chair: Professor Adrian Eddleston

Present:

Geraldine Campbell	Brian McKenna
John Chuter	Kenneth McLean
Paula Cook	Robin Shepherd
Jonathan Hearsey	Julie Stone
Professor Ian Hughes	Fiona Walsh
Kim Lavelly	Jenny White (from 10.30)

In attendance:

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

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

1. Michael Watson, Chief Executive of the British Osteopathic Association (BOA) was welcomed to the meeting as an observer.

Apologies

2. Apologies were received from Nick Hounsfield, and Jenny White for late arrival.

Questions from observers

3. Mr Watson asked why it appeared that in item 12 (Osteopathic Practice Standards), the issue of regulatory reach raised by the BOA was not included. It was confirmed that the paper was a snap shot of some of the issues raised and that all respondents concerns would be addressed in the consultation analysis.

Minutes and matters arising

4. The minutes of the public session of the Council meeting held on 14 October 2010 were **agreed**. There were no matters arising.

Statement from a member of the Council

5. Professor Julie Stone read a statement relating to the GOsC's conflict of interests policy:

'In the period of membership of the Council I have been on the website of a public affairs consultancy company called Political Intelligence as one of their consultants. It has been brought to my attention that Political Intelligence are paid advisers to the British Osteopathic Association. Although I have not done any work for Political Intelligence since my appointment to Council, I now realise that my association with the company has been a clear perceived conflict of interest. I have now resigned from any involvement with the company and have been removed from their website and am making this statement for the record to ensure that no future misunderstanding arises.'

6. It was confirmed that Professor Stone's biography on the GOsC public website had been amended.

Chair's Report

7. The Chair presented his report.

- a. Appraisals In the Chair's appraisal report letter from Margaret Scott, he reported that he understood the comment made by contributors to his appraisal (*'Curtail some council members when they take up too much time in meetings'*) to mean help develop Council members to make their points clearly and concisely.

The Chair confirmed that he had formally reviewed the new Chief Executive and Registrar's performance on 2 February 2011, as he reached the end of his first three months in post. He reported that Mr Walker had made a remarkable start to the job and was fully up to speed. It was **agreed** to confirm the end of Mr Walker's probationary period and confirmation of his contract of employment.

The Governance Manager would be looking to book dates for Council members' appraisals shortly.

- b. Recruitment Campaign for post of Chair of the GOsC The Treasurer thanked members for their assistance in finalising the Role and Additional Competences required for the Chair post. Several additional items had been suggested for the Council members' general competences and these would be addressed when the competences were next reviewed. The Appointments Commission had confirmed that although the organisation is to close in March 2012, this would not affect our recruitment campaign. The recruitment campaign will include a single newspaper advertisement, use of the Appointments Commission's website and notification of their registered candidates.
- c. Council for Healthcare Regulatory Excellence (CHRE) Symposium – 19/20 January 2011 The Chief Executive reported that both he and the Chair had attended the CHRE Symposium. It was a useful, proactive and creative event about the future of regulation. There were a number of ideas which were to be taken forward and developed by the chief executives. There was some concern that the CHRE focussed too much on regulation of managed environments covered by the CQC.

- d. GOsC/British Osteopathic Association meeting – 2 February 2011 A detailed note of the meeting would be circulated to Council members in due course.
- e. Remuneration Committee David Prince had moved to the Audit Committee and the Executive is trying to fill the Committee vacancy with a suitably qualified staff member from a larger regulator.

Chief Executive's report

- 8. The Chief Executive presented his new style report which including information on work carried out during the first two months since appointment and enhanced operational information (Annex A – progress against the 2010/11 business plan, Annex B – a financial report and Annex C – key data from across the organisation).
 - a. Osteopaths' advertising The Executive was close to the point where it could provide individual advice to osteopaths with websites that could potentially be in breach of the ASA Code. The BOA has expressed its support for the GOsC's work in this area. It was confirmed that where the GOsC had spoken to osteopaths and explained why it was taking this action, the osteopaths in question fully understood the problem; therefore communication around this issue was of paramount importance.
 - b. Forum for Osteopathic Regulation in Europe (FORE) The Chief Executive and the Communications Manager had attended a FORE meeting in Antwerp the previous week. Positive progress was being made on a new funding model for FORE and the CEN standards project.
 - c. Annex A – Progress against the 2010/11 business plan A traffic light approach had been used so that readers could see progress, at a glance, along with a column containing brief comments. From the next Council meeting in April, there would be an additional column which would indicate changes in the progress.
 - d. Annex B – Financial report This report showed the financial position against the budget; it showed that a small surplus is projected for the year end.
 - e. Annex C – Key data This data built on the previous key performance indicators that had been produced.
- 9. The new format of the report was welcomed. Members discussed whether such a detailed progress against the business plan report was required or whether it should just be an exception report showing where things were either not on target or where there had been changes. It was noted that the report in its current form gave Council Members a complete view of what was happening in the GOsC and that once produced, it would be relatively easy to update for each Council meeting.
- 10. Clarification was sought that the delay in the revalidation legislation (Aim 2.3) was at government level and that our revalidation process development was on track. This was confirmed and the comments column will be updated to reflect this. The delay in producing the Business Continuity Plan, now for the April Council meeting, was due to

finalisation of the disaster recovery contract which did not take place until January 2011.

11. A request was made for some of the information on Annex C – key data – to be produced graphically rather than in table form, once the information had built up. Peaks and troughs in visits to the ● zone were thought to relate, respectively, to renewals of registration due to the Continuing Professional Development (CPD) facility and the recent Christmas holiday period. It was hoped that the re-designed/re-launched ● zone would boost visits. Although the data indicated that emails and letters were responded to within 10 days, it was confirmed that emails were generally answered within a shorter period, even if it was an acknowledgement to confirm that the email had been forwarded to a specific department for response. Lengths of visits to the ● zone could be enhanced by the time it took to complete CPD information so it was suggested that a median time for the visits would be a better way to show the data. A watching brief would be kept on the e-bulletins as one member wondered whether they stopped osteopaths using the ● zone because of the wealth of information they contained.
12. The report was **noted**.

Fitness to practise report

13. Council was reminded that they had agreed to the proposal that fitness to practise committee chairs did not need to attend every Council meeting but would attend at least once a year to present their respective committees' annual reports.
14. The Head of Regulation presented the report. The committee chairs had approved their relevant sections and the overall final report. Last year's rise in complaints (16 in the January to March period) had not been repeated this year with only one complaint so far in January. Last year's complaints were now been processed meaning that the Professional Conduct Committee (PCC) was sitting more than once a month. The PCC hearings were also taking longer as cases tended to be more 'hard fought' and the panellists were tending to spend longer on making decisions as reasons were required for all parts of the decision; this was a trend across all the regulators. The Treasurer commented that if it was anticipated that there would be fewer complaints, a corresponding lay off would need to be made for the next year's budget.
15. It was confirmed that some of the issues that had been identified by panels and communicated to the Executive (paragraph 21 of the paper) could not be addressed until legislation was changed. Other issues were managed e.g. the inability, due to a lacuna in the Osteopaths Act 1993, to impose an interim suspension order when extending a suspension order. Renewals of suspension orders were scheduled with plenty of time so that there was no chance of an order expiring. Members asked that the report for the April Council meeting confirm how the issues raised by the Committees are being managed.
16. The report was **noted**.

Stakeholder engagement report

17. The Head of Policy and Communications presented the Stakeholder engagement report which summarised GOsC stakeholder engagement activity in the period October 2010 –

January 2011.

18. The report was **noted**.

Draft business plan and budget 2011-2012

19. The Chief Executive presented the draft business plan and budget 2011-12 which was based on the second year of the three year Corporate Plan 2010-13 agreed in April 2010. He highlighted a number of changes, both externally and internally, that necessitated variations to the agreed programme of activity in the Corporate Plan.

Business plan

20. The format of the Business Plan followed that of the Corporate Plan. Additional activities included the recruitment of a new Chair and members of the governance structure and some additional human resources related activity. The costs of each activity had not been listed in the draft Business Plan but the Executive considered that the programme of activities was achievable within the budget set out with the paper.
21. With regard to the National Council for Osteopathic Research (NCOR) and its funding, concern was raised whether GOsC held any liability for NCOR, after 2012, when GOsC funding was due to end. The Chief Executive agreed to clarify the situation and write to members.
22. Aim 1.6 – Equality and Diversity – there was concern as to whether this activity could benefit with a longer timescale as there was still uncertainty as to the GOsC's duties under the Equality Act 2010. It was felt that regardless of the Council precise duties, it should not reduce its commitment in this important area. Members asked how the proposed equality and diversity guidance for OEIs (Aim 3.4) would relate to the Aim 1.6. The GOsC is developing guidance for OEIs on equality and diversity because it believed it had a duty to do so because of the role of the OEIs in awarding RQs. Members suggested that consideration should also be given for guidance to be extended to cover osteopaths in practice. The Executive was asked to ensure consistency between the words used in Aim 3.4 (Equality and Diversity guidance for OEIs) of the Business Plan and Item 15 on the agenda (Student Fitness to Practise) because there was inconsistency in the words used e.g. learning difficulties and learning disabilities.
23. Aim 2.1 – GOsC Research Strategy – it was confirmed that it was the intention to have a web based tutorial programme for clinical audit.
24. Aim 2.7 – Osteopathic Practice Standards (Standard of Proficiency) – one member felt that some of the business plan was output orientated and that it would be useful to have some start dates included as well. Additionally, some of the items on the business plan were routine items e.g. appraisals and perhaps they it would be better to either remove entirely or re-word the activity.
25. Aim 2.8 – Pre-registration curriculum content review – members reminded the Executive of the importance of ensuring that an analysis of the needs of osteopaths in practice (as well as an analysis of the existing curricula) should also feed into this project.

26. Aim 5.2 – Enhancement of e-communications and online operations – there was concern that the development of further e-bulletins should not overwhelm osteopaths.

Budget

27. Two specific entries in the forecast of income were brought to the Council's attention – a drawdown of £44k from a GOsC ring-fenced reserve for the cost of using the Appointments Commission for the Chair's and other appointments, and a carried-forward underspend from the FY10/11 relating to research into patterns of osteopathic practice. Various items of expenditure (increases in VAT, Insurance Premium Tax and National Insurance and fitness to practise cases) were being contained within the budget. Additional expenditure anticipated in 2011-12 included development of a competency framework, revalidation, scope of practice research, security policy development, Osteopathic Practice Standards and governance changes. Various savings had been identified (electronic IJOM, reduction in contribution to NCOR, a reduction in expenditure on service contracts, using more cost effective approaches to the production of printed materials, procurement review and tender exercises.
28. Members felt it would have been helpful to have had a comparison of expenditure in the 2010-11 year and the 2011-12 draft budget and for some of the categories of expenditure to be more detailed. It was confirmed that the GOsC's legislation currently did not allow it to charge for certain things e.g. administration costs for CRB checks. Members wondered whether there was any capacity for shared purchasing across the regulators. The Chief Executive commented that the Professional Regulation White Paper was anticipating a drive on cost savings across regulators where shared services would benefit. It was confirmed that there were no plans for road shows during 2011-12, instead the Executive intended to use regional osteopath events. Some of the headings in the budget have been re-worded as previously they did not appear to make sense e.g. internal communications. It was confirmed that the entries under Professional Standards and Communications for subscriptions and publications related to separate types of publications/subscriptions taken out by the two departments.
29. One Council member, referring back to discussion under the Chair's report, was concerned about a possible conflict of interest among Council members who had been asked to help develop, review and approve the role and competences for the Chair of the Council, should they wish to apply for the post. It was confirmed that the question has been asked of the Appointments Commission who confirmed that it was appropriate for Council members to contribute to corporate decision making in this area. If there were any applications from current Council members, they would be flagged with the Appointments Commission immediately.
30. With regard to the new powers to register that the Council gained (closed December 2010), members asked for confirmation that any costs involved with the applications would be cost neutral. There had been 46 applications of which 5 had been successful and 2 were at ACP stage. The Chief Executive agreed to update Council members on the costs involved for these applications.
31. **Noted** the variations set out in paragraph 4 of the paper, from the activities in the Corporate Plan 2010-2013.

32. Subject to amendments to take into account the above discussions, the draft Business Plan was **agreed**.
33. Subject to amendments to take into account the above discussions, the draft budget plan was **agreed**.
34. The draft Business Plan Risk Analysis was **noted** and would be presented to the Audit Committee for review.
35. It was **agreed** that the final Business Plan and Budget would be presented to the Finance and General Purposes Committee to note that the amendments suggested by Council have been incorporated.
36. It was **agreed** to review the cycle of dates for Council and committee meetings for 2012-13 so that the budget, business plan and risk analysis could be considered by the Finance and General Purposes Committee before going to Council.

Audit Committee – revised terms of reference

37. The Chief Executive presented a paper which asked Council to approve revised Terms of Reference (ToRs) for the Audit Committee. The Audit Committee had agreed the new proposed Terms. The principal changes were:
 - a. To empower the Committee to request reports as well as to receive them (ToR 2);
 - b. For the Committee to receive reports on critical incidents and corporate complaints, and the Executive's response to them (ToR 7);
 - c. To receive reports and advise on GOsC's approach to organisational performance management (ToR 8).
38. With regard to ToR 7, it was felt that data breaches should be specifically included as they were very important. Freedom of Information/subject access requests would not need specifically listing in ToRs because they would be the responsibility of the Chief Executive to report to the Chair of the Council and they then be reported to the Audit Committee as a critical incident under ToR 7. The Chief Executive confirmed that the new proposed ToR 8 would relate to advising on process and not on outcomes because that was within the remit of the Council. ToR 5 would be a delegated function as the Audit Committee would appoint the auditors to do the financial audit.
39. The new Audit Committee Terms of Reference were **agreed** subject to the addition of data breaches as a reportable incident.

Customer Complaints Policy

40. The Chief Executive presented a paper which recommended the adoption of a new corporate complaints policy as there currently was no process for making a complaint about service received from the GOsC. The current procedure for making a complaint about a staff member would be replaced with a broader corporate complaints policy, which would incorporate the ability to complain about a staff member. The current process for making a complaint against a member of the governance structure would be

retained.

41. It was felt that the last sentence in paragraph 3 of the new proposed procedure required clarification. Paragraph 9 required some clarification on who/what the Chair of the Council was. Additionally, there needed to be somewhere on the form for someone to make a complaint on behalf of someone else and for there to be written consent to make that complaint. Finally, members felt that there should be a statement in the process which would say that the Council would endeavour to find out what happened, what went wrong, how we learned from it, what could be expected from us and how we would change. Members requested the Executive to consider whether the complaint, in the first instance, be addressed to someone/something other than the 'Chief Executive and Registrar', perhaps to a complaints department rather than a person. Members also wished there to be a note on the paperwork to let a complainant know how the paperwork would be stored and used.
42. A question was raised about how someone would make a complaint about a consultant that the GOsC was using. The Chief Executive confirmed that we would have to ensure that all consultants have a complaint's mechanism, that the GOsC should be informed if a complaint is made against them and that they are not holding themselves out to be the GOsC.
43. The new complaints policy was **agreed** subject to amendment as discussed above. It was further **agreed** that it was not necessary for Council to approve the revised version.

Reappointment of External Auditors

44. The Head of Finance and Administration confirmed that the financial auditors, Grant Thornton, had been appointed in 2008 to provide external audit services to the Council. At the time of appointment, it was agreed that the contract would be reviewed after a period of two years with a view to extending it for a further period. The Audit Committee, following consideration, recommended that Grant Thornton be re-appointed for a further three-year period. The Audit Committee recommendation was based on an assessment of the value for money and service provided by Grant Thornton. At the end of this further period, the audit services will be re-tendered in line with the GOsC financial procedures which require the tendering of audit services at least every five years.
45. The re-appointment of Grant Thornton to provide external audit services for a further three year period was **agreed**.

Osteopathic Practice Standards

46. The Regulation Manager and the Professional Standards Manager presented the paper. The consultation on the draft Osteopathic Practice Standards (OPS) had closed on 30 November 2010 and the paper outlined the initial findings from that consultation and the steps that would be taken to develop new Osteopathic Practice Standards. The final analysis of the responses was due to be completed by 18 February 2011.
47. The drafting of the OPS would attempt to take into account the difference between guidance and standards, i.e. the standards expected of osteopaths and guidance given in

how to meet these. It was felt that consent often caused problems and was a prime candidate for web based guidance. The need to reflect the law and for osteopaths to understand the range of different methods to give and obtain consent was a challenge for the GOsC.

48. The emerging consultation findings and the next steps that will be taken to progress the development of a new Osteopathic Practice Standards document were **noted**.

Revalidation – Assessment Guidelines

49. The Head of Professional Standards and Caitrian Guthrie, Assessment Expert Team Leader, presented the Council with an update about revalidation assessment as part of the revalidation work programme. The draft guidelines had been agreed by the Revalidation Standards and Assessment Working Group who were very impressed with the work. The Assessment documentation had been developed so that it could be completed on-line or as a paper based file. The Council thanked Ms. Guthrie and her team for their hard work in this very important area.
50. Council **endorsed** the progress of the work on the Revalidation Assessment Guidelines and **agreed** to the further development of assessment work for the purposes of piloting.

Revalidation – Evaluation and Impact Assessment

51. Louise Scott-Worrall and Ashley Steel of KPMG presented an executive summary of the results of the survey about 'How do osteopaths practise?' Council members asked for corrections to the spellings of practice and practise, removal of all qualitative comments in the Executive Summary, consistency of reporting figures, clear definitions of what the figures relate to e.g. x% of survey respondents, the extrapolation of figures relating to Wales, Scotland and Northern Ireland from the data referred to as 'British' or 'Other parts of the UK' and the insertion of the word 'regulated' before 'profession' in the first line of the third bullet point on page 3.
52. Subject to the amendments suggested in the discussion it was **agreed** that the final report could be published following approval of the Chair.

Revalidation – Benefits and incentives for osteopaths taking part in the Revalidation pilots

53. The Head of Professional Standards presented a paper which outlined suggested benefits and incentives for osteopaths to take part in the revalidation pilots. It was confirmed that the proposed benefits and incentives had been discussed at meetings in November 2010 with the OEIs and the Regional Communications Network. Feedback from the two meetings had been taken into account by the Revalidation Standards and Assessment Working Group (RSAG) in making a recommendation to the Council to agree a list of benefits and incentives to osteopaths completing revalidation pilots. The RSAG debated very thoroughly whether payment was an appropriate incentive and decided against it.
54. The pilot would be launched in July 2011 to be followed by training. It would start in October 2011 and run for a year. This would mean that osteopaths taking part in the pilot would have opportunity to produce evidence needed for the pilot. Currently, there

are some 40-50 volunteers interested in taking part in the pilot, some of whom said they would complete the work 'for free'.

55. The list of benefits and incentives for osteopaths who complete revalidation pilots, set out below were **agreed**.

Benefits

- a. An opportunity to ensure that the participants' views fed into the independent analysis of the revalidation scheme;
- b. An opportunity to learn more about their practice and to improve their understanding of patients' expectations and experience, as well as business issues;
- c. An opportunity to be at the forefront of the development of the osteopathic profession;
- d. Training and support to complete the scheme from experts;
- e. An opportunity to learn to use and to use new tools as part of Continuing Professional Development (CPD). Learning claimed in this way as CPD will be subject to the usual scrutiny at the point of re-registration.

Incentives – these would be available on request at the completion of the pilots

- a. As the anticipated pilot activity would be developmental in nature, the award of a full year's Continuing Professional Development (CPD) hours to all those who complete the pilot. This would take the form of a certificate of completion of the pilot sent to all osteopaths completing the pilots. It would mean that no further scrutiny was directed to these osteopaths as part of our usual CPD audit at the point of re-registration.
- b. Scheduling the revalidation of those completing the pilots last, once the scheme had been introduced.

Quality Assurance Preliminary Review

58. The Professional Standards Manager presented a paper setting out changes to the processes of evaluating courses and requiring information from the Osteopathic Educational Institutions (OEIs) as part of the review of the Quality Assurance (QA) procedures. The revision of the Quality Assurance Agency (QAA) Handbook and a review of the OEIs Annual Report to the GOSc were being undertaken as part of the preliminary QA review.
59. It was **agreed** to publish the draft GOSc/QAA Review Method Handbook and the draft Annual Report template for consultation.

Student Fitness to Practise

60. The Head of Professional Standards presented the paper which set out the decisions of the Student Fitness to Practise Working Group and the Education Committee to share guidance, and ideas for implementation support with the OEIs ahead of finalising a consultation document.

61. Points made about the draft Guidance included:
- a. Paragraphs 23 and 25 should be re-checked after the consultation to explore the consistency of the statements.
 - b. An example of social networking that could demonstrate a fitness to practise issue (paragraph 26b) could be posting unsuitable images on facebook.
 - c. Paragraph 34 – 3rd bullet point – should this paragraph be extended to include equivalent 'vetting and barring' schemes around the world?
 - d. Page 25 – the paragraph numbering required review as it started again from paragraph number 81.
 - e. Paragraph 96 – final bullet point – the wording of the sentence required clarification as some words may have been transposed.
 - f. Use of language around disability should be consistent and should include issues such as dyspraxia and dyslexia.
62. Progress of the development of Guidance about the Management of Health and Disability in Osteopathic Training was **noted** and the decision of the Student Fitness to Practise Working Group and the Education Committee to informally consult with stakeholders about the draft guidance, questions for discussion and ideas for implementation support was **agreed**.

Healthcare Professional Regulation White Paper/Health and Social Care Bill

63. The Chief Executive gave an update on the anticipated Healthcare Professional Regulation White Paper and the Health and Social Care Bill.
64. The Health and Social Care Bill was over 500 pages long and much of the legislation dealt with the restructure of the NHS. There were about 25 clauses which dealt with profession regulation including the abolition of the General Social Care Council and the regulation of its registrants by the Health Professional Council (Clauses 196 to 205, the change of name and function of the Council for Regulatory Healthcare Excellence (CHRE) (Clauses 206 to 213) and the abolition of the Office of the Health Professional Adjudicator (Clause 215).
65. CHRE was to take on its third name change to become the Professional Standards Authority for Health and Social Care. It would have additional powers to establish and accredit voluntary registers of other health professionals, to set standards for appointments to the regulators' Councils, to investigate complaints about regulators and to raise a levy on the regulators to fund the Authority. The Chief Executive confirmed that he had discussed with the Department of Health the arrangements for the funding levy and the need for this to be to the satisfaction of all the regulators. In addition, there were concerns that the Authority could expand its remit to cover things that the healthcare regulators would not wish to fund.
66. The anticipated White Paper is expected to propose a single Act covering healthcare professional regulation which would allow regulators to develop their own rules. An emphasis was expected on reducing costs through co-operation and the role of employers in regulatory processes, although this was not entirely relevant to professions where the majority are self-employed. It was likely that there would be a scaling back of

ambition, complexity and urgency of non-medical revalidation.

67. Comments included concern over the accountability of the CHRE, workforce planning, statutory versus voluntary registers and the possibility of developing a statement for the profession on costs savings and the profession then wanting to see a reduced annual fee. The funding of the new CHRE would be consulted on; the new CHRE's preferred funding method was a levy per head of registrants but the larger regulators would be resisting this. The CHRE anticipated that the GOsC would just be able to raise the funding by increasing the annual fee by several pounds but it had been told that this was not possible as the annual fee is fixed by rules which cannot be changed quickly and that the levy would have to be found from its current income.
68. The oral update was **noted**.

Minutes of the Finance and General Purposes Committee meeting of 30 November 2010.

69. The minutes were **noted**.

Minutes of the Education Committee meeting of 14 December 2010

70. The minutes were **noted**.

Minutes of the Fitness to Practise Policy Committee meeting of 30 November 2010

71. Clarity was sought on formal complaints which the Screener determines that the GOsC does not have the power to consider and closes the file, and whether the osteopath concerned would know that there was information of this sort on his file. The Head of Regulation confirmed that the osteopath concerned would not know that a formal complaint had been made and closed by the Screener and that the information was being kept on their file. The definition of an 'overriding' reason to retain data was where there was something in the case that demanded the information should be kept. More work was being carried out on what was the 'appropriate' period for retaining information as it was not appropriate to retain for an indefinite period.
72. The minutes were **noted**.

Minutes of the Engagement with the Profession Working Group meeting of 18 January 2011

73. It was confirmed that the Working Group had primarily been established to consider engagement with osteopaths in the UK as overseas registered osteopaths were in the minority. Currently, the GOsC's focus was on UK professionals and public and patients – the international registrants were not forgotten though.
74. The minutes were **noted**.

Minutes of the Revalidation Standards and Assessment Working Group meeting of 13 January 2011

75. The minutes were **noted**..

Audit Committee update

76. The update was **noted**..

Minutes of the Research Strategy Working Group

77. The minutes were **noted**.

Any Other business

78. There was no other business.

Date of next meeting

79. Tuesday 12 April 2011 at 10.00am.