

GENERAL OSTEOPATHIC COUNCIL

Minutes of the **Public Session** of the 76th meeting of the General Osteopathic Council
Tuesday 17 July 2012

FINAL

Chair: Alison White

Present:

Geraldine Campbell
John Chaffey
John Chuter
Jorge Esteves
Jonathan Hearsey
Nick Hounsfeld
Ian Hughes

Kim Lavelly
Brian McKenna
Kenneth McLean
Haidar Ramadan
Julie Stone
Jenny White

In attendance:

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

1. The Chair welcomed Michael Watson, Chief Executive of the British Osteopathic Association, and Jane Hern (Chair of the Audit Committee) as observers to the meeting.

Apologies

2. None.

Questions from observers

3. Michael Watson raised the following questions:
 - a. Statistics for registrants resigning from the Register: does the GOsC collect data giving the reasons registrants resign from the Register?
 - b. CHRE Report and Appraisal of Clinical Assessors: is there a timescale for resolving the issues around appraisal of Assessors?

- c. Fitness to Practice Policy Committee and the Law Commissions' Review: this was an observation, but the BOA wanted to register their concern about the support for a complaints process which allows a complaint to proceed where no formal complaint has been made. The BOA believed the process could 'open a can of worms' increasing the number of complaints examined by the regulator as well as leading to an increase in costs for professional indemnity insurance.
4. The Chief Executive responded to the questions as follows:
 - a. The Chief Executive agreed there was a need to better understand the reasons for registrants resigning from the Register. Both he and the Head of Registration have had discussions on this issue and believe what is required is a systematic survey of people who leave the register to understand the issues that lead to resigning. The Chief Executive pointed out that during the quarter January-March 2012, the number leaving the register was 54 and, though high, almost half of these were overseas registrants who, for example for financial reasons, saw no reason to remain on the Register.
 - b. The Chief Executive explained the appraisal of Clinical Assessors has been highlighted in the GOsC Business Plan 2012-13 (Item 5 – Chief Executive's Report Annex A: 2.7 Osteopathic Practice Standards (Standards of Proficiency) with a deadline for completion by December 2012.
 - c. The Chief Executive explained this was a codifying of the current system where the Registrar pursues a complaint, for example in the event of a complainant withdrawing from the process. The Law Commission had confirmed at the last meeting of Council (March 2012) that they saw this as a normalisation of what currently happens. To emphasise the point the Chief Executive posed the question that if a regulator is unable to pursue a matter where there is no complaint, does that reduce public protection, to which the answer was yes. It was unlikely the regulator would pursue every piece of information it received and there would also be systems in place to ensure a complaint was well-founded. The Chief Executive therefore believed the BOA concerns to be unfounded.

Minutes and matters arising

5. The minutes of the public session of the Council meeting held on 29 March 2012 were **agreed** subject to the following amendments:

- a. Paragraph 41c to be amended to 'Age discrimination is a protected characteristic under the Equality Act 2010 *but the ban on age discrimination in services is not yet in force.*'
 - b. Law Commissions' consultation – it was noted there were two paragraphs marked 24. This was amended to 24 and 25.
 - c. Paragraph 25c to be amended to read 'The continued use of the civil standard of proof was being proposed with the courts developing case law.'
6. There were no matters arising.

Chair's Report

7. The Chair gave an oral report to Council beginning by paying tribute to her predecessor, Professor Adrian Eddleston, thanking him for his support and encouragement throughout her induction. He had served the General Osteopathic Council with great distinction to the beginning of her term of office on 1 April 2012.
8. The Chair also welcomed the three new registrant members of Council, Jorge Esteves, John Chaffey and Haidar Ramadan, to their first meeting of Council.
9. The additional main points of her address were:
 - a. Regional conferences: the Chair had met many osteopaths at the six regional conferences attended, chairing the morning sessions and observing in the afternoon. The conferences were very interesting and enlightening. It was clear the subject of the future development of the profession was one which would challenge and engage the profession and she would involve herself proactively in whatever the next steps the profession decides to take. The Chair also asked Council to join her in thanking the Policy and Communications team and commending them for their work in organising the conferences.
 - b. Meetings with stakeholders: the Chair had also met with many stakeholders and interested parties. It was clear that the environment which the Council would be working in was one of change. At the CHRE Symposium attended with the Chief Executive in March the predominant discussion was on the Law Commissions' review of healthcare legislation and the proposals emerging from it. The Chair informed the meeting she has signed off the GosC's response to the consultation and thanked members for their contributions.
 - c. As part of her induction the Chair also reported meetings with Department of Health Officials, the Chair and Chief Executive of CHRE and the President and

Chief Executive of the BOA. The Chair also attended meetings of the Regional Communications Network and with the Osteopathic Education Institutions. She had already visited BCOM and a visit is being planned to the BSO. She has agreed to address the Scottish Osteopathic Society's September AGM.

- d. The Chair has observed meetings of the Education and Fitness to Practice Policy Committees, chaired a meeting of the Remuneration Committee and will chair the panel for the appointment of a new member of that committee in September. The four meetings of the Governance Review Working Group were also chaired. Council and the members of the working group were thanked for their input, work and commitment to the review.
- e. The Chair reported she had met with the retiring members of council, the Chairs and independent members of the statutory and non-statutory committees, and all members of Council. Out of these meetings a number of issues have been included in the Governance Review, and annual appraisals completed, where appropriate.
- f. The Chair meets with the Chief Executive on a monthly basis and is impressed with the hard work and professionalism shown by him and his team as reflected in the positive CHRE Performance Review Report 2011-2012.

Chief Executive's report

- 11. In presenting the report the Chief Executive highlighted a number of items in Annex A – Business Plan:
 - 3.1 – Health and Character Declarations – delayed due to pressure on FtP Policy Committee agenda.
 - 5.1 – IRIS Upgrade – this will be included into the cloud computing work.
- 12. CHRE Reporting – the CHRE Review highlighted a number of areas it plans to return to in the next review and which will be noted in the GOsC Business Plan. The additions are:
 - a. 2.7 – training and appraisal of registration and return to practice assessors
 - b. 3.1 – review of registration appeals process
 - c. 4.2 – guidance to registrants on unregistered practice
 - d. 5.1 – reviewing appearance and functionality of the online register.
- 13. The Chief Executive reported he had had a discussion with the Appointments Commission about the transfer of Council Members personal data to GOsC after the Commission ceases business. It was confirmed the data would be forwarded

to the GOsC to be held in secure files by the HR Manager and be accessible to Members on request.

14. The Chief Executive also reported on a meeting with Oxford Brookes University (OBU), also attended by the Head of Professional Standards, where they were informed that the institution is now consulting on ceasing to recruit to the osteopathy programme and to eventually cease the course in 2016. No immediate action was expected to be taken by the GOsC but the organisation would need to work closely with OBU to ensure student and patient experience remains of a high quality.
15. A conflict of interest relating to this item was noted for Haidar Ramadan who is a tutor at OBU.
16. The following issues were raised and responded to:
 - a. CHRE Levy – the Chief Executive confirmed that the CHRE would continue to be financed by the DH for the current financial year, therefore there should be no levy for the regulators this year. CHRE’s status as an independent body and its future funding was an area which was still to be determined by the Department of Health and the reason for the delay with implementation. It was not clear when this would be resolved.
 - b. CEN European Osteopath Standards – assurances were sought on the implications of CEN standards on the duration of UK courses and whether GOsC has any input or advanced knowledge of any changes to the standards as this could have implications for courses in the UK. There was also a concern that the CEN standards could restrict UK graduates freedom of movement. The Chief Executive reported that some of the difficulties around the development of European standards relate to course length both in teaching and clinical work. There is a debate about hours, credits etc. How the standards develop would not impact on the UK as there is already regulation but GOsC needs to ensure that it remains engaged. The draft standards are confidential at moment but will be published later this year and Council will be kept informed of progress. The Chief Executive also advised that Adrian Barnes (Chair COEI) was the leader of the CEN delegation.
 - c. Fee consultation – clarification was requested as to whether a further round of consultation was necessary on any changes to fees. The Chief Executive advised where there is a change to the Rules we are required to consult and, in addition, it was the previously expressed view of Council that any new changes would be implemented in a different way and therefore it was appropriate to re-consult.

- d. Osteopathic Alliance – the Chief Executive gave further details of the meeting with the Osteopathic Alliance which had been constructive and showed they were committed to working on a range of the issues and having a role to play in development discussions.
- e. Australia /New Zealand – The Chief Executive confirmed that things were no closer to free movement between countries. It was reported that New Zealand had completed their competent authority pathway and recognition approach. In Australia there has been a different approach. Recent discussions concluded that the MoU had served its purpose and the three countries will continue with regular meetings and discussions and continue to have a good relationship. The Chief Executive also advised it would be expected that the Australian and New Zealand authorities would check with GOsC to ensure the osteopath was in good standing. This was supported by the Head of Regulation and the Communications Manager who advised that the Memorandum of Understanding was in place and included procedures for a mutual exchange of information where there were concerns relating to an individual.
- f. Council Strategy Day – the Chair and the Chief Executive confirmed they would be discussing themes for the day in due course and would write to members.
- g. Health regulators and cost savings – the Chief Executive reported the different approaches taken to cost savings among the regulators and that there would be further information available when CHRE publishes its report during July. The Chief Executive reported that feedback from CHRE and the Department of Health on our work to date had been positive.
- h. Council development needs – it was confirmed that these were captured in the Business Plan at section 5.3A.
- i. Legal Assessors – the Head of Regulation confirmed to the Chair that a number of methods are used to monitor the assessors including feedback forms, feedback from lawyers and output of the determinations completed. The Chair requested further detail about the monitoring of Legal Assessors be included in monitoring of section 1.1 of the Business Plan. Ian Hughes also raised the point that regulators share the same pool of assessors and asked whether there was a system to exchange information between the regulators to ensure their work was satisfactory. The Head of Regulation explained there was no formal system and care would need to be taken in doing so.
- j. Financial matters – the Head of Finance and Administration confirmed that the reason for the small overspend reported at paragraph 6 of Annex B was due

to expenditure being incurred earlier rather than as a result of invoices being received earlier as suggested.

- k. Fitness to practise costs – the Head of Regulation confirmed that there had been no delays in hearings and the current underspend is due to a budget set for an equal number of hearings throughout the year. The Head of Finance confirmed that a more accurate forecast would be developed taking into account work being done on cost reductions around fitness to practise.
- l. E-bulletin – it was confirmed that the scale on the graph on page 2 of Annex C was the percentage opened/clicked. This would be added to the next report.

17. The Chief Executive’s report was **noted**.

Fitness to practise report

18. In presenting the report the Head of Regulation highlighted a number of items:

- a. CHRE Initial Stages Audit – Council was advised that the audit would take place during August and would look at a whole year’s closed cases rather than just those for six months.
- b. Complaints – during this quarter there had been an increase in the number of complaints with eight received in the quarter from April-June and a further two since.

19. The following issues were raised and responded to:

- a. Report to Education Committee – it was confirmed that trends in complaints would continue to be tracked and reported to the Education Committee.
- b. Section 32/Julia Spivak – the Head of Regulation confirmed monitoring of Ms Spivak’s website was continuing and if there was another breach of Section 32 a ‘cease and desist’ notice would be sent to her before any action was taken. Jonathan Hearsey advised he was aware of a similar possible Section 32 situation and it was confirmed that if it was suspected an individual was misrepresenting themselves we could send an investigator to the location to assess the situation.
- c. Professional Conduct Committee Chair’s feedback – in response to a request for more information on Chair’s feedback, the Head of Regulation said some of the Chair’s views could be quite technical for example, about whether to include questions of judgement within factual allegations. The Head of Regulation said this was a matter of ongoing debate with the Chair and had

yet to be resolved. She confirmed that more detail would be provided in future reports.

- d. Scheduling of Investigating Committee Meetings – the Head of Regulation explained the delay in getting the cases to the IC was about scheduling. On this occasion the gaps meant there might be too few cases to deal with. Depending on the number of cases meetings were arranged in order to be cost effective and to take place without too much delay. It was confirmed that the delay was not related to delays in undertaking work to process complaints.
- e. Section 32 cost – the Head of Regulation confirmed that in the recent case there was a barrister's fee of approximately £1,700 but that all other work was completed in-house.

20. The fitness to practise report was **noted**.

Stakeholder engagement report

21. In presenting the report the Head of Policy and Communications highlighted a number of items:

- a. Regional Conferences 2012 – the key observations were:
 - In total of the 810 registrants who registered 750 to attended
 - 82% of attendees registered before 2004
 - 10% of attendees registered between 2004-08
 - 8% of attendees registered since 2009
 - The average age of three quarters were between 40-60
 - Overall 93% rated the morning sessions useful
 - Only 6% registered the afternoon development discussions as not helpful at all
 - There were over 300 responses to the CPD presentation questionnaire.

In relation to the attendee demographic it was noted there was a sense among newer registrants that the conferences were not for them and that they needed to be more established before they could become involved. This trend was also noted in the recent Registrants' Survey.

All presentations and other conference information will be made available on the **o**-zone.

- b. Registrants' Survey 2012 – results from the survey were generally positive although there was a lot of written feedback that had not yet been analysed. Findings from the survey would be used to inform discussion at the Council

Strategy Day in September and a more detailed report would be presented to Council at the meeting in October which would inform future communications policy.

22. The following issues were raised and responded to:
- a. Registrants' Survey – a question was raised about registrants' willingness to report concerns about colleagues and how this should be addressed. The Chief Executive responded saying this issue had been picked up by CHRE who had asked how the GOsC planned to deal with it. It was not an issue unique to osteopathy as would probably emerge from the Mid Staffs report to which all regulators would need to respond. The Head of Professional Standards added that this was being looked at as part of the students fitness to practice project to understand norms of professional behaviour in osteopathy.
 - b. Patient Partnership Group – it was noted that the Group had been involved in work on the new patient leaflets and on revalidation. The Policy and Communications team were commended on the work done relating to the Group.
 - c. Regional conferences – it was suggested that the lack of engagement by newer registrants is something that requires further exploration and feedback to the OEIs. It was thought that there is little clinical leadership within the profession and, if this could be built on, it would address some of the problems. In response to whether the conferences had been successful, the Head of Policy and Communications said that although they were expensive they were necessary. Feedback suggested they have helped with the development debate and to counter misinformation. The Chair supported this saying that in her conversations with registrants the conferences did help in building awareness.
 - d. Osteopaths and Bupa – the Chief Executive explained that he has had extensive discussions with the BOA around Bupa. Some of the issues of concern to the GOsC around quality have already been identified by the Competition Commission in their investigation into the private health care market. The Chief Executive has written to Bupa and requested a meeting to discuss quality of care arising from its actions.
23. The stakeholder engagement report was **noted**.

Governance Review – recommendations to Council

24. The Chair introduced the item saying it was an opportunity for Members to ask questions, comment and contribute to the review. She reminded Council that while it needed consider some big and important issues, no final decisions would be made at this meeting but the final recommendations would be presented to Council on 10 October for decision.
25. The Chair presented each recommendation in turn and invited members' questions and observations:
26. In respect of the Role of Council, the following observations and suggestions were made:
 - a. It was clarified that in terms of appropriate governance, the Council should hold the Chief Executive to account while the Senior Management Team were held to account by the Chief Executive.
 - b. A concern was raised relating to specialist abilities to monitor and commission research within the Council skill set. The Chief Executive explained there was no obvious home for research except through the creation of a Research Strategy Working Group. He thought it was more important for Council to understand when it needed to call in expertise in this area.
 - c. It was agreed that rather than use the word 'research' it would be more appropriate to refer to 'evidence'.
 - d. It was agreed that the list of functions not delegated elsewhere would be listed in full.
27. Audit Committee
 - a. Jane Hern, Chair of the Audit Committee having been asked to comment said she had welcomed seeing the document in advance and thought the proposals a sensible approach. She had no further comment.
 - b. The strength, skills mix and support of the Audit Committee and its members were noted.
28. Finance and General Purposes Committee

The Treasurer, as Chair of the Committee, welcomed the proposals but suggested it was important that Council retained the right competencies.

29. Education and Registration Standards and Professional Practice Committees

- a. The Chair of the FtP Policy Committee was supportive of the proposal and agreed with the split between pre- and post-registration functions but would not want the work on fitness to practise to get lost. She also stressed the need for the appropriate skill sets and ensuring continuity between the committees. To address the point the Chair responded that it was proposed that there would be some cross-membership and meetings would be scheduled to take place on the same day.
- b. The Chair of the Education Committee agreed that the proposal addressed current issues. There would be a need to ensure there was a continuum across the range of educational activities.
- c. The Chief Executive assured Council that it would be the final arbiter of any outcomes/decisions of the Committees. Members were also assured that mechanisms would be in place to ensure any discussion did not get lost in gaps between committees. The Chief Executive stressed the committees were corporate policy-making, not departmental and there would be no reason for the same subjects not going to both committees.
- d. Clarification was sought in the division and naming of the committees. It was suggested that the division might imply that the GOsC would regulate postgraduate education. The Chair explained the division titles were only to ensure clarity. The Head of Professional Standards reiterated the idea around the proposal and that it did not impact on the regulatory role of the GOsC. The Chair agreed that the language could be amended for clarity.
- e. Clarification was sought on paragraphs 26 and 28 of the report relating to cross-over of membership. The Chair explained that this would primarily be external members and herself.
- f. It was explained that the proposals did not conflict with the Osteopaths Act. The current Education Committee has a duty to promote high standards of training and the Council has a duty to consult, hence the terms of reference are not incompatible with what is required in the Act. It is still open to Council to consult and equally open for the Education Committee to advise if it desires.
- g. It was suggested and confirmed that similar wording to that in the Osteopathic Practice Committee – 'Ensure that the views of the fitness to practise committees are incorporated into the work of the Committee where appropriate' – be added to the Education and Registration Standards Committee terms of reference.

- h. It was clarified that with regard to gaps in the policy development process, this referred to issues that did not have a natural 'home' in the committee structure, e.g. health declarations for registration, rather than they went unconsidered.
- i. The Chair confirmed that the issue of Council competencies would be considered in a Council seminar later in the year.
- j. The Chair explained that the thinking behind not having members on more than one policy committee was to give an opportunity to more members to contribute to policy discussions and that it would be a fairer division of the work load.

30. Quorums and chairing

- a. In response to a query about the mix on Council and non-Council members to form a quorum on the Osteopathic Practice Committee, the Chief Executive clarified this was similar to the current Education Committee.
- b. It was explained that the Chair of the Audit Committee should be external to Council but could be taken by a registrant as long as they were suitably qualified.

31. Remuneration and Appointments Committees

It was noted that the Chair of the Education Committee might have a conflict of interest in the discussion on remuneration. The Chief Executive advised this was not the case as the proposals would not take effect until 2013-2014 after the current incumbent has stood down.

32. Working Groups

- a. It was recognised that the use of working groups should be avoided unless there was a need. The Executive and Council would need to be aware of the workload on individuals under the proposal and keep this under review. It was suggested some work might be managed by external groups such as NCOR.
- b. It was also highlighted that the patterns of meetings would need to be carefully considered in terms of workload.

33. Size of Council

- a. It was recognised that the organisation and Council were still developing, and also that it was a requirement under legislation to have membership from the four countries of the UK.
- b. It was thought the number of members was less relevant than the competencies or skill sets. The Chief Executive anticipated that after the Law Commissions' proposals were implemented the norm would become eight members. The possible distortion of too much representation from the devolved countries was noted and that there would be a need to ensure diversity in terms of the profession.

34. Impact and Timing

- a. The Chair advised members that a final set of decisions on the Review would need to be made at the October meeting of Council. There would be meetings with the Department of Health and CHRE to seek agreement to changes to Council in 2014. There were concerns about the upheaval that would be caused and it was suggested that implementation should be in line with the changes that would take place following the Law Commissions' Review. The Chair confirmed there could be no change without Department of Health or CHRE approval.
- b. Concerns were raised about the possibility of some new appointments only being for one year. The Chair and the Chief Executive would discuss this further – including with the CHRE and DH – and see if this could be resolved.

35. Members congratulated the Chair and the Chief Executive, and members of the Governance Review Working Group for a clear and helpful paper and commented that the profession would receive these proposed changes positively.

36. The recommendations to Council, including the potential cost savings and work still outstanding, were **noted**. It was further **noted** that a final report would be received by Council in October.

Annual Report and Accounts 2011-12

37. The Annual Report and Accounts for 2011-12 were presented to Council. The Chief Executive presented the item and reported to members that the amendments which had been tabled had been incorporated into the Annual Report and Accounts. The Treasurer confirmed that he had no further comments in light of the amendments. The Chief Executive also advised that the auditors, Grant Thornton, had had no further comments.

38. Council **approved** the Annual Report and Accounts for 2011-12 for signature by the Chair and Treasurer.

CHRE Performance Review Report

39. The Chief Executive introduced the item and drew Council's attention to point 2.3 of the Executive Summary and the fitness to practise section of the table of comparative data which both showed the GOsC performing well. The Chief Executive reminded Council that the areas of work highlighted by CHRE have been incorporated into the Business Plan and will be presented to Council on a regular basis to ensure work remains on track.
40. A further report on learning from other organisations' Performance Reviews will be used to inform discussions at the Council's Strategy day.
41. The Report was **noted**.

Council appointments

42. The Chief Executive introduced the item summarising the proposed process and advising that work on making appointments for April 2013 needed to be agreed as soon as possible.
43. The Chief Executive also highlighted at paragraph 11G that it had been suggested prior to the meeting, that where a complaint goes to the second stage there needs to be independent input to the process.
44. Council members made a number of suggestions and observations:
- a. A possible conflict of interest was highlighted if either Council members or the independent member of the Remuneration and Appointments Committee sat on an appeal panel as they would have set the rules on which they were adjudicating. It was agreed that to maintain independence it would be necessary to amend the complaints policy to include an independent panel appointed by Council.
 - b. Members asked if there was a timetabling problem with the new appointments. The Chief Executive said that to meet the CHRE's requirements we needed to commence the process in August for appointments in the New Year. The Chair said she would review the timings with the Chief Executive and contact those members affected directly.

- c. Members also raised concerns whether there was the capacity for the executive to handle the appointment process. The Chief Executive gave an assurance that the process could be managed.
45. Council noted or agreed the following:
- a. **Noted** the process for appointment of new Council members taking office in April 2013.
 - b. **Agreed** that the Remuneration Committee should be responsible for overseeing the appointments process and for appointing an independent member for the recruitment panel.
 - c. **Agreed** the process for considering complaints about the appointments process subject to the inclusion of an independent panel to hear complaints at the second stage.
 - d. **Noted** the memorandum of understanding between the GOsC, the CHRE and the Privy Council, signed by the Chair.

Data Retention Policy

46. The Head of Regulation introduced a paper asking Council to consider and agree appropriate periods for the retention of data in different categories across the organisation. This was to ensure that, in line with the requirements of the Information Commissioner, that personal data was not held for an excessive length of time. The core of the proposal had been considered by the Fitness to Practise Policy Committee but the proposals covered a wider range of data.
47. The following issues were raised and responded to:
- a. Members wondered if there were arrangements for retaining anonymised data for research purposes and the Head of Regulation advised she would consider whether this could be done.
 - b. It was queried whether if there was a case where the notes were no longer available because they fell under the existing eight year retention rule, would it be possible to pursue a complaint? The Head of Regulation advised that the proposed time related to complaints rather than records. There was no right or wrong answer with regards to retention periods and they could be reviewed if not quite right. The Chief Executive added there would be a consultation in which the retention lengths would be considered.

- c. Members asked if it would be possible to retain some of the data within the National Osteopathic Archive for historical purposes. The Chief Executive pointed out this could pose a risk and care would need to be taken with the data even if anonymised and/or sealed.
48. Subject to the issues raised Council were broadly in favour of the proposed Data Retention Policy and it was **agreed** that it should be the subject of a consultation as set out in the paper.

Research into parties' experience of the Fitness to Practise Process

49. The Head of Regulation introduced and summarised the item which drew attention to the latest research into parties' experience of the Fitness to Practise process.
50. The following issues were raised and responded to:
- a. The Chair asked about the cost of the research. It was confirmed that the cost was £1,500 and had been included in the Business Plan and Budget.
 - b. Concerns were raised about the length of time between the complaints stages highlighted in paragraphs 10b and 22. The Head of Regulation confirmed that this problem was being reviewed and more information would be made available explaining the complaints process.
 - c. Members asked how the questionnaire had been sent and what were the outcomes. It was explained the questionnaires were sent with a letter inviting individuals to participate. A copy of the letter and questionnaire would be made available to members for information.
 - d. Members commented that the BOA should be a partner in conveying these messages to the profession.
 - e. It was pointed out that osteopaths needed to understand what was good/bad practice and look at standards for note keeping so as to avoid future problems. It was suggested that publishing examples might be useful. Feedback from osteopaths reflects this is an issue and there would be further discussion by members in the autumn. The Chief Executive added that caution should be shown in providing models; professionalism requires registrants to use their judgement in these matters.
51. The report was **noted**.

Interim Suspension Orders Guidance – amendment

52. The Head of Regulation introduced the item, which was a minor amendment to the current procedures and now incorporated a further minor amendment suggested by Jenny White. The relevant section of the guidance should now read:

'The PCC and HC are not required by legislation to specify the period of interim suspension. However, other healthcare regulators are required to specify a period, which is usually less than 18 months. As a matter of fairness and good regulatory practice, when imposing any ISO, both the PCC and HC should, therefore, specify a period of suspension, which should normally be less than 18 months. The PCC and HC should indicate that, in the absence of final decision or the order otherwise being revoked, arrangements will be made, towards the end of the period imposed, for the PCC/HC to consider whether a further period of interim suspension should be imposed.'

53. The amendment to the Interim Suspension Orders Guidance was **agreed**.

Rule 8 Professional Conduct Committee Procedure Rules

54. The Head of Regulation briefly introduced the report and the following issues were raised and responded to:
- a. It was asked if the Rule had been discussed with CHRE and the Head of Regulation said she would do so in due course.
 - b. The Chief Executive advised the meeting that the BOA were in favour of the renewed use of Rule 8.
 - c. The Head of Regulation confirmed that there were no powers to extend use beyond admonishments because it was not permitted by the rule.
55. The Council **agreed** the following recommendations:
- a. To give provisional approval for the renewed use of Rule 8.
 - b. To conduct a consultation with the parties identified at paragraph 14.
 - c. That feedback from that consultation should be discussed with the FtPPC in September in order that it can inform a final version of the Guidance Note and other documentation.
 - d. That a final decision on renewed use of Rule 8 will be taken to Council's October meeting.

Revalidation Pilot Progress Report/CPD Review Update

56. In introducing the report the Head of Professional Standards pointed out that there had been some very useful feedback from registrants at the regional conferences on CPD which were helping to inform thinking.
57. Assurances were sought about the fallout rate for participants taking part in the Revalidation Pilot Scheme and if the outcome would be statistically significant. The Head of Professional Standards advised that the numbers in the pilot were still high and that it was not necessary for the response to be statistically significant.
58. The report was **noted**.

Adverse Events Research – Report and Next Steps

59. The Head of Policy and Communications asked the meeting to note in particular the 'next steps' in paragraph 24 of the report, the final formal stage of the Adverse Events research project. A clearer action plan would be developed in September. There would also be a meeting with insurers to consider the ongoing collection of data about claims.
60. Members then raised questions or made observations:
 - a. It was agreed the 'next steps' were important for ongoing work on consent.
 - b. Members were impressed with work so far. It was noted that there were some common threads and links between projects like Revalidation and CPD. It was suggested that it would be useful to get an overview of how these areas work to ensure they work together successfully.
 - c. It was pointed out that not all patients understand when you are getting consent from them and that this might not necessarily be reflected in some of the research.
61. The report was **noted**.

NCOR Strategic Plan

62. The Chair welcomed Dr Dawn Carnes, Director of NCOR, to the meeting and the Chief Executive gave a brief synopsis and update on the current situation relating to NCOR and asked Dr Dawn Carnes to summarise the Strategic Plan.

63. Members then raised questions or made observations:
- a. Members asked if Council members could be included as stakeholders in the research priorities project. Dr Carnes confirmed that at present Council members were not part of NCOR's stakeholder group but will be included in future updates.
 - b. Members also asked whether other health service providers would also receive updates. Dr Carnes said that she would ask Carol Fawkes, who is leading on this project, to ensure that other providers are updated.
 - c. Members asked whether consideration had been given to the co-ordination of student research projects between OEIs. Dr Carnes hoped this would be possible and also that there could be raising of skills around research in OEIs.
 - d. In relation to research governance, Members asked to what extent NCOR could build on the current research environment. Dr Carnes explained she was familiar with IRIS forms and similar tools and would use this as a 'Gold Standard'. She is currently reviewing the various protocols to ensure good, clear trial protocols. The importance of robust protocols in research governance was understood by both NCOR and Council.
 - e. Dr Carnes was asked what the strategy was to ensure support to the OEIs. The Chief Executive noted that the new NCOR structure required a greater commitment and input from the OEIs.
64. The Chair thanked Dr Carnes for her report and presentation.
65. Council **noted** the Report.

Welsh Language Scheme Annual Report

66. The Chair introduced the item and reminding Council that under the Welsh Language Act 1993, the GOsC is required to publish an annual report on the implementation and progress of its Welsh Language Scheme.
67. The Chair stressed the importance of compliance with the scheme and it would be included as part of the Council Members Equality and Diversity Training session arranged for October.
68. The Annual Report was **noted**.

Committee Annual Reports

69. The Chair paid tribute to the Education Committee and its Chair, Ian Hughes for the work done on behalf of the General Osteopathic Council. In turn the Head of Professional Standards and the executive were thanked for their support to the Committee.
70. The Annual Reports of the Audit Committee, Education Committee, Finance and General Purposes Committee and the Remuneration Committee were **noted**.

Committee minutes

71. The minutes of the FtP Policy Committee of 17 April 2012, the Education Committee of 13 June 2012, the Revalidation Standards and Assessment Group Meeting 13 June 2012, the Finance and General Purposes Committee 28 February 2012 and 26 June 2102 were all **noted**.
72. With regard to the minutes of the Audit Committee of 20 June it was suggested that it would be useful for Council Members to have sight of the Risk Register and it was asked if it was accessible to members. The Chief Executive responded that the document is owned by the Executive and scrutinised by the Audit Committee but it was agreed that bringing the Risk Register to Council at least annually would be good practice.
73. The Audit Committee Chair advised that the Register should not be put on the public website.
74. The minutes of the Audit Committee were **noted**.

Any other business

Council and Committee Meeting Attendance

75. It was asked if would be possible for Council Members to make more use of facilities for remote access to meetings and also what were the expectations when a Member was 'out of circulation' if incapacitated in some way. The Chair advised it would be acceptable for Council Members to attend by telephone conference or other means. If a member was unable to attend a meeting for whatever reason their input would still be welcomed.

Dates of next meetings

Council Strategy Day – Thursday 13 September 2012 at 10.00.

Meeting of Council – Wednesday 10 October at 10.00