

## GENERAL OSTEOPATHIC COUNCIL

Minutes of the **Public Session** of the 80<sup>th</sup> meeting of the General Osteopathic Council  
Thursday 20 June 2013

### Confirmed

**Chair:** Alison White

### **Present:**

Geraldine Campbell  
John Chaffey  
Colin Coulson  
Mark Eames  
Jorge Esteves  
Jonathan Hearsey  
Nick Hounsfield

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

### **In attendance:**

Fiona Browne, Head of Professional Standards  
Marcus Dye, Professional Standards Manager (for Items 17, 18 and 19)  
David Gomez, Head of Regulation  
Kellie Green, Regulation Manager  
Matthew Redford, Head of Finance and Administration/Acting Head of Registration  
Marcia Scott, Council and Executive Support Officer  
Brigid Tucker, Head of Policy and Communications  
Tim Walker, Chief Executive and Registrar

### **Observers**

Maurice Cheng, Chief Executive, British Osteopathic Association

### **Welcome and opening comments**

1. The Chair welcomed David Gomez who assumed his role as Head of Regulation on July 3 2013.
2. The Chair also welcomed Maurice Cheng, Chief Executive of the BOA.

### **Item 1 – Apologies**

There were no apologies.

## Item 2 – Questions from observers

3. There were no questions from observers.

## Item 3 – Minutes and matters arising

4. The minutes of the public session of the Council meeting held on 20 March 2013 were **approved** subject to minor drafting amendments.
5. The Chair also asked members to note the supplement to the minutes of the meeting of 20 March 2013, recording the recommendation and agreement to appoint the Chair of the Education and Registration Standards Committee, Professor Colin Coulson- Thomas, and the Chair of the Osteopathic Practice Committee, Julie Stone.
6. There were no matters arising.

## Item 4 – Chair’s Report and Appointments

7. The Chair gave an oral report to Council. The main points were:
  - a. Council and Committee Annual Review Process: a significant amount of time in the past three months had been engaged with the annual review process. As well as review meetings with all Council members, annual reviews had been conducted with the independent member of the Remuneration and Appointments Committee, and the Chairs of the Audit, Investigating and Professional Conduct Committees.
  - b. It was the first time that the new annual review process, approved by Council, had been used and has received universal approval, being characterised by simple paperwork and personal responsibility for seeking feedback. The Chair thanked everyone for their engagement with the process.
  - c. Thanks were noted for Council Members Kenneth McLean and Kim Lavelly, who conducted the Chair’s annual review. Following a productive discussion development objectives for the year ahead were agreed which included: an updating of skills and knowledge regarding evaluation of Board effectiveness; tailoring the style of challenge appropriately to the audience; influencing Council work on CPD and revalidation and continuing to improve chairing style at meetings.
  - d. Osteopathic Practice Committee: during July, interviews would take place for two independent members of the Osteopathic Practice Committee. A number

of good quality applications had been received from interested candidates, and the interview panel would comprise Council members John Chaffey, Julie Stone and the Chair. The Chair will report the outcome of the interviews to Council in due course.

- e. Corporate Complaint: the Chair had recently overseen the investigation of a serious complaint made in relation to an ongoing fitness-to-practise case. It had been arranged for the case to be investigated by the independent member of the Audit Committee, who had written a thorough report which contained a number of recommendations, all of which were accepted by the Executive, and the implementation of which has been overseen by the Audit Committee. The Chair informed Council that she was satisfied that the matter had been professionally and appropriately resolved.
- f. Procurement Project: the Chair gave an update on the progress of the procurement project for the re-platforming of the website. The Chair had reviewed work done by the Executive on an iterative basis, and was pleased to report an appropriate solution had been found, and independently reviewed. The procurement process is now underway. The Chair has requested that documentation of the process be retained to ensure an audit trail, and this has been completed.
- g. Council Effectiveness Review: the Chair reported that progress was being made in respect of a potential methodology for a Council effectiveness review. There had been useful discussion about a potential approach at the recent Remuneration and Appointments Committee (14 May), and the Chair was in the process of further refining the proposed approach with a view to seeking feedback from Council in the form of a questionnaire, so that feedback can be discussed at the Council Strategy Day on 10 September. The Chair would ask members to participate in the process in due course. The Chair expected that the main item for discussion at the Strategy Day would be the GOsC's future approach to CPD and revalidation, and looked forward to a stimulating discussion.

### **The Chair's report was noted.**

- 8. Appointments: the Chair introduced the item highlighting the following:
  - a. Audit Committee Chair: in reviewing appointment terms an irregularity was found showing there was no recorded decision of the Audit Committee Chair's appointment as a either a member or Chair although records confirm her attendance from 2006. To regularise the appointment it was proposed that Jane Hern's position as Chair of the Audit Committee be confirmed until 31 March 2015.

- b. Audit Committee Member: David Prince, the independent member of the Audit Committee, had declined to serve a further full term from October 2013 but has agreed to stay on as a member until 31 March 2014 to align the appointments process to a common 1 April date.

**Council agreed:**

- a) **The extension to David Prince's appointment as a member of the Audit Committee to 31 March 2014;**
- b) **The appointment of Jane Hern as Chair of the Audit Committee to 21 March 2015.**

**Item 5 – Chief Executive's report**

- 9. The Chief Executive introduced the report and asked Council to note that the PSA Performance Review Report 2013 would be laid before Parliament and published on 27 June. Once the report had been published it would be circulated to members as quickly as possible for review. The report would be included on the agenda for the meeting of Council in October.
- 10. The Chief Executive also asked Council to note the following points:
  - a. Progress against the Business Plan: in addition to some minor slippage with some projects members were also asked to note that a recent communication from the Department of Health to all regulators suggested that no new Constitution Orders would be approved until after the implementation of the Law Commissions' review in 2015. Clarification will be sought about the precise position of Council's size in due course.
  - b. Key data: the Chief Executive advised Council that the key data report Q4 (Annex C) had been circulated at an earlier date and was included for information at this meeting. The next quarter circulation would be in July.
  - c. Risk Register: Council was advised that, as agreed, the Risk Register was the most up to date and had been reviewed by the Audit Committee at their meeting on 5 June.
  - d. The Chair added that the Council Seminar for October would be a discussion on risk with members of the Audit Committee in attendance. An expected outcome would be for the seminar discussion to lead to an updated approach to the management of risk.

11. In discussion the following points were made and responded to:
- a. Constitution Order and the Department of Health: the Chief Executive anticipated that he would be able to report back on any discussion with DH by the next meeting in October.
  - b. Risk Register: members asked whether there was a case for looking at the trends in long-term risk (economic, etc.) and possible impact on the GOsC and the profession. The Chair advised that risk trends along with other areas relating to risk and impact on the GOsC would be covered at the seminar discussion which would take place in October following the meeting of Council.
  - c. Key data: members asked if there any specific reasons for what appeared to be the high numbers of osteopaths resigning from the Register and what the difference was between those who were resigning and those retiring. The Chief Executive explained that the difference was in the information provided to the GOsC and that a person who was retiring would have specified this was the case. The Chief Executive did not believe the number of resignations was high being only 3-4% of registrants in any one year and for any number of reasons such as moving overseas. Members were assured that as far as possible checks were conducted to reduce the risk of resigning registrants continuing to practise using the osteopathic title putting them in breach of Section 32 of the Osteopaths Act.
  - d. Business Plan monitoring: members were informed there were a range of activities to be included under student fitness to practise and these included discussion and working with the OEIs on good practice. The Chair encouraged members to read the related article in *the 'Osteopath'* magazine entitled 'Professionalism in Practice'<sup>1</sup> which discusses the current work with Educationalist Sue Roff.
  - e. Financial report – ftp costs: the Chief Executive explained that the budget for FtP had been set for the year but case costs and processes were to be reviewed to identify savings and improvements.

The Chair thanked the Chief Executive for his report.

**The Chief Executive's report was noted.**

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<sup>1</sup> Page 7, The Osteopath, June/July 2013, Volume 10, Issue 3, ISSN1466-4984

## Item 6 – Annual Report and Accounts

12. The Chief Executive introduced the item advising Council that the Key Issues Memorandum (KIM) had been reviewed and approved by the Audit Committee. In addition the Chief Executive asked Council to note an error in the members' attendance section of the Annual Report which showed that Professor Ian Hughes had attended only three meetings of the Education Committee. It had been confirmed he had attended all the scheduled meetings and the error would be corrected.
13. Members were advised that if there were any additional comments or amendments these would be incorporated during the course of the day in order for the Chair to sign the Annual Report at the end of the meeting.
14. In discussion the following points were made and responded to:
  - a. Annual Report – CPD and Revalidation: it was acknowledged that the sub-heading of the section – Continuing Fitness to Practise – was a little confusing as the section referred to was more related to revalidation. It was agreed that the heading should include Revalidation Pilot and would be amended accordingly.
  - b. Financial Report: the Chair confirmed that the financial report was completed internally by GOsC staff and the audit of the report conducted by the auditors, Grant Thornton.
  - c. Members expressed some concern that the Annual Report might be unnecessarily technical and formulaic for a public audience and wondered who, as an audience, the report was aimed at. It was suggested that some consideration be given as to how the report could be written for impact, and to include highlights and an impact assessment.
  - d. The Chief Executive confirmed that the ftp complaints process chart would be inserted into the Annual Report.
  - e. The Chief Executive welcomed the points raised by members and suggested that ideas put forward might be incorporated for the year 2013-14 onwards, reflecting the new Corporate Plan. He also welcomed the comments on how to make the Annual Report more accessible but the resources to make the changes were limited.
  - f. The Head of Policy and Communications added that the Executive was conscious of the wider audience for the Annual Report but part of that audience was the fee-paying osteopath – hence the technical detail.

Members were informed there was not much feedback on publication of the report but any received was welcome.

- g. The Chair suggested that members with ideas for the next and future Annual Reports should discuss their ideas with the Senior Management Team.

**The KIM and the Letter of Representation were noted. The Letter of Representation was signed by the Chair.**

**Subject to the agreed amendments Council approved the Annual Report and Accounts 2012-13.**

### **Item 7 – Reserves Policy Review**

15. The Head of Finance introduced the item and was pleased to inform members that the GOsC had a healthy reserves position. Members were encouraged to approve the Reserves Policy in order for the GOsC to continue to hold its reserves in order to mitigate risk due to unforeseen circumstances and to have funds available to support one-off projects.
16. The Chief Executive added there would be further review and discussion on the reserves position in the context of budget decisions at future meetings of Council.
17. In discussion the following points were made and responded to:
  - a. The Chief Executive clarified the position on the re-platforming project as discussed at the meeting of Council, March 2013. Members were reminded that the project was to improve the back-office functions of the GOsC systems – to improve and ensure the effectiveness of online services and to maintain an effective functioning online register. The re-platforming would improve systems but there would be no visible difference to users. Members were advised that the GOsC were looking to maintain the current system for approximately five years. If members would like to discuss any details of the IT plans, the Chief Executive welcomed this.
  - b. The Chair understood the point to extract further benefit from the current investment of £60,000 but advised there had been a very thorough process which was almost completed and any 'tweaking' for further improvements might be costly.
  - c. Members commented on the number of development projects (in reference to Item 8) and how funding would impact on the reserves. Was the GOsC developing a view on how this would be managed? Members also expressed concern that designated funds for development projects might be seen as a

never-ending pot of money. It should be clear what type of process was being undertaken, the time-frames involved and that there should be regular reviews.

**Council noted that the GOsC is holding a cash reserve beyond the current reserves policy because of the higher than forecast surplus in FY2012-13.**

**Council noted the current designated funds and their estimated spend date.**

**Council agreed that a new designated fund for web development costs be created and that £60,000 be allocated to that fund.**

**Council agreed that any funding for development initiatives agreed in respect of paper 8 be drawn from reserves.**

### **Item 8 – Development projects – funding arrangements**

18. The Head of Policy and Communications introduced the item advising that as agreed at the meeting in March 2013, proposals for GOsC support for development initiatives would be brought to the meeting. It was highlighted that the development agenda presented an important and transformative opportunity for osteopathy with long term benefits including a reduced reliance on the regulator in development activities.
19. Members were advised that the Executive was not supporting the idea of a wide-ranging grants scheme. The Chief Executive commented that releasing funds to support appropriate projects would be a good investment and a similar approach had been used in the past.
20. In discussion the following points were made:
  - a. Members agreed that, overall, the approach was very good and exciting. It was also agreed the programme and approach would have a positive impact across the osteopathic profession especially in light of the recent Francis Report.
  - b. It was agreed that matched EU funding would be very helpful but currently was very difficult to harness due to the challenges within European osteopathy but the suggestion would be taken on board.
  - c. Members counselled it would be important when reviewing collaborating partners to distinguish a) finance, b) governance mechanisms, and c) intellectual property. It would be important for GOsC not to focus on a single organisation. It was agreed there should be some limits on funding projects



but there was also some concern that limits might stifle ambition. It was agreed that funding might usefully be used to buy in expertise to manage projects.

- d. Members asked whether enough thought was going into understanding the risk in joint working ventures and whether partners fully appreciated risk potential and the mitigation of risk. Members also asked whether a JANE (Joint Arrangement that is Not an Entity) would be required for collaborative working and audit purposes.
- e. Members sought assurance there would be no repeat of previous problems where suppliers were unable to deliver within an agreed timetable.
- f. The Chief Executive welcomed the points and concerns raised by members and advised that there were controls and constraints set in governance to protect the organisation. The Chief Executive added that in order to move forward it was necessary for the GOsC to work with the development projects although they were not without risk and, therefore, the GOsC should be prepared for some areas that might fail.
- g. The Chair re-iterated this was opportunity for Council to support an important initiative for the profession, an opportunity to use of the GOsC's financial resources with ambition, and an opportunity for Council to make change happen.

### **Council approved the approach set out in the paper with regard to GOsC funding for development projects**

#### **Item 9 – Responding to the Francis Report**

21. The Chief Executive introduced the item informing members that at present no decisions were required but feedback on the approach would be welcome. All the Health Regulators had considered the report and were developing action plans accordingly. Not all of the recommendations from the Francis Report were applicable to the GOsC or the osteopathic profession, but at all times patients and the public should be at the heart of the profession.
22. Members were invited to consider the following:
  - a. Taking into account the general findings from the Francis Report:
    - i. What are the areas that could be relevant to patient safety and quality of care in the osteopathic environment?

- ii What actions could be taken to enhance patient safety and quality of care?
  - b. Taking into account the specific recommendations of the Francis Report, in the context of the overall findings:
    - i Are we asking the right questions?
    - ii What other questions should we be asking?
    - iii Are there other aspects of the report that we should be considering as a statutory regulator in the osteopathic environment?
- 23. In discussion the following points were made;
  - a. Council congratulated and thanked the Executive for an excellent paper which was timely in light of recent events.
  - b. Members raised concerns about the 50% of osteopaths who, in the recent registrants' survey, said they would not report a concern. It was suggested that raising concerns should be considered part of an individual's duty of care and advice to that effect included in the *Osteopathic Practice Standards*. It also suggested that being able to raise concerns should be made easier so that speaking out did not lead to an individual being 'marked' as a trouble maker. It was agreed a cultural shift was required in order that individuals challenge a situation rather than change practice/move away.
  - c. Members questioned how the clinical environment of the profession and the OEIs could be influenced to embed a culture for change. It was suggested that a discussion on defining 'good quality of care' could take place within the development of the profession group. It was also suggested that as part of the OEIs RQ process inclusion of 'quality of care' could help raise issues that needed to be addressed.
  - d. It was suggested that the Francis Report Action Plan was an opportunity for a future seminar session to flesh-out answers to some of the questions that needed further consideration and discussion but this would need to happen in the near future so as not to lose sight and purpose of the report.
  - e. It was agreed although there was already a slow cultural shift taking place reporting concerns was essential for the profession in order to move forward. The recent issues within the financial sector were given as an example where irregularities were reported but not reaching those who could effect change.

- f. The Chief Executive advised that although there was no requirement for the GOsC to act immediately issues of behaviour and values were being explored.
- g. The Chair closed the discussion asking Council to consider the paper's recommendation as set out. The Chair asked that Council also consider concepts around cultural issues, quality of care and professionalism as areas for further exploration to be reviewed at a future meeting. Council were also invited to submit any further reflections on the report and action plan to the Chief Executive.

**Council will review and identify the areas in the Francis Report that require further work by the GOsC**

**Item 10 – Fitness to practise report**

- 24. The Regulation Manager introduced the report which brought to the attention of Council matters of general relevance to the work of the Regulation Department and information about the work of the fitness to practise committees for the period 1 March to 31 May 2013.
- 25. The Chief Executive added that a more detailed report would be presented to Council at the meeting in October 2013.
- 26. In discussion the following points were made and responded to:
  - a. Members questioned the rise in the number of complaints compared to the same period in 2012. There was no specific explanation for the rise but it was believed media interest in a number of high profile cases relating to the health professions and which have recently come to light had led to an increase in people coming forward to make complaints.
  - b. The Chief Executive also suggested that the number of complaints for the year to date was a return to trend and therefore not necessarily a significant change.

The Chair thanked the Regulation Manager for her report.

**Council noted the update on the work of the Fitness to Practise Committees and Regulation Department.**

**Item 11 – Fitness to practise committee allowances**

27. The Chief Executive introduced the item advising members that the Remuneration and Appointments Committee had considered the responses to the consultation with the members of the ftp committees and agreed to recommend revised proposals to Council. The principal reason for the revision was to bring the GOsC schedule of allowances into line with other health regulators and also reduce costs.
28. In discussion the following points were made:
- a. It was confirmed that the Investigating Committee’s allowance for reading time would remain. Members of the Professional Conduct Committee do not receive this allowance.
  - b. It was suggested that panellists do not necessarily have to claim for all expenses incurred and perhaps a suggestion to that effect should be included in their guidance/policy. The Chief Executive confirmed that members are encouraged to consider their claims before submission.

**Council agreed the revised fitness to practise committee allowances set out at paragraph 16 of item 11.**

**Item 12 – Data Retention Policy**

29. The Head of Regulation introduced the item reminding members that the GOsC hold a large amount of data relating to individuals the majority of whom are registrants and that up until now there has been no formal data retention policy. Following the consultation conducted between 4 January and 28 March, members were asked to approve the policy and that the policy be applied retrospectively.
30. In discussion the following point was made:
- a. It was confirmed that the GOsC will continue to hold both paper files/documents and electronic files which are secure in both formats. There is a move towards electronic filing but this will take place over a period of time.

**Council Agreed the Data Retention Policy set out at Annex B of Item 12 and that the Data Retention Policy be applied retrospectively.**

**Item 13 – Fitness to Practise Publication Policy – approval of proposals for consultation**

31. The Regulation Manager introduced the item advising members that the former Fitness to Practise Policy Committee and the current Osteopathic Practice Committee had both reviewed the draft policy. The former FtPPC agreed the following which had been included in the draft policy:
  - a. The policy should be extended to include the work of the Investigating Committee (IC) and Health Committee (HC).
  - b. IC decisions to impose an Interim Suspension Order (ISO) should be publicised and a note of the suspension should be made against the registrant's entry on the online register. If the IC decided not to impose the Interim Order, then that decision should not be publicised.
  - c. To publicise HC decisions to suspend or impose conditions but not to publicise the reasons for that decision. If the HC decides that the registrant's ability to practise is not impaired, the decision should not be publicised at all.
  - d. The policy should distinguish between the two different types of ISOs that can be imposed by the PCC under section 24(1)(a) and (b) of the Osteopaths Act 1993 (the Act).
  - e. When the PCC decide not to impose an ISO, the registrant should be able to choose whether that decision is published or not. If publicised it will appear on the GOsC's website for a period of 28 days.
  - f. The PCC's full decision should be published (redacted as appropriate).
  - g. The policy should allow for redactions of information that was heard in private to be made to the PCC's publicised written decision.
32. The Regulation Manager advised that it had been agreed by the OPC that the focus of the consultation would be on the length of time for which PCC decisions should be published actively.
33. In discussion the following points were made and responded to:
  - a. The Chair commented that the FtP Publication Policy had undergone extensive discussion especially in light of the changes to the FtPPC and OPC. She emphasised it was a difficult area of discussion but now needed to go to the next stage for consultation.

- b. Members expressed some uncertainty as to the timing for the consultation as it would take place over the summer months.
- c. Members wondered who were the target group for the policy and suggested that a focus group would be useful for testing items a-e and the use of a flow chart showing the process would also be helpful.
- d. Members also suggested that the wording could be simplified with definitions of terminology (especially in defining sensitive data) for those without legal expertise.
- e. The Chief Executive and the Regulation Manager thanked members for their comments and suggestions which were noted and would be reviewed by the Executive.

**The draft policy and the questions for the consultation are to be reviewed and returned to Council in due course.**

#### **Item 14 – Professional Conduct Committee Practice Notes**

34. The Chair introduced the item and drew members attention to the tabled amendment to Annex B of the item in which the final sentence of Step 1 had been amended to read:

Such evidence should include a print out of the registrant’s Register entry and proof of attempted or actual delivery of the notice of hearing.

35. The Regulation Manager was invited to add any further comments. The Regulation Manager added that the notes reflect procedures already in place and the intention was to produce concise notes codifying these.
36. The Chair also added that it was important that Council have ownership of the practice notes for use by the PCC.
37. In discussion members made the following points.
- a. Members asked whether the policy was binding on the Chair of the PCC. It was explained that the PCC is free to take its own decisions but that the policy was a matter for Council.
  - b. The Chair informed members there had been a useful discussion with the PCC Chair to further clarify the relationship as there had been scope for misinterpretation. The view of Counsel had also been taken to ensure that rules were being interpreted correctly.

- c. It was suggested that a small amendment be made to paragraph 3 of Annex A – Practice Note: Postponement and adjournment request - replacing the word Council with the acronym GOsC as the reference could be misinterpreted. This also applied to the second sentence of paragraph 4 of Annex B, Council should be replaced with the acronym GOsC.
- d. Members sought clarification on the final bullet point on the reasons for which an adjournment can be made – additional evidence may need to be obtained. The Regulation Manager explained that the Rules require disclosure of evidence from both sides prior to a hearing and the point applies if evidence comes to light that was previously unknown to the parties involved.

**Subject to the suggested amendments Council agreed the publication of the Practice Notes shown at Item 14 – Annex A and Annex B.**

### **Item 15 – Period of Adaption Guidance**

- 38. The Head of Professional Standards introduced the item explaining that at present there is a three stage approach for assessing whether an applicant can sufficiently demonstrate they meet the criteria set out in the Osteopathic Practice Standards. EU applicants, by law, should also be entitled to undertake a period of adaption instead of an aptitude test for which detailed rules are set out. The GOsC have developed guidance for which approval was required for consultation.
- 39. The following points were made in discussion:
  - a. The Chair re-iterated the point that EU Law requires that a period of adaption must be made available for EU applicants should they require it.
  - b. Members were advised that a recently updated Further Evidence of Practice Questionnaire was available on the website asking to provide a case description and case notes on various aspects of practice.

**Council agreed to consult on the Guidance about Periods of Adaption.**

### **Item 16 – Registration Appeals Process – approval of proposals for consultation**

- 40. The Chief Executive introduced the paper and asked members to note that on page 3, paragraph 9, the first sentence should begin 'The Education and Registration Standards Committee...

41. The Chief Executive explained that since the establishment of the Register the number of appeals had become infrequent and were now a rare occurrence. Therefore it was the right time to review the process.
42. In discussion members made the following points which were responded to:
  - a. Members asked for clarification on the suggested panel complement of three, i.e. two osteopaths and a lay Chair. There was some concern that this might cause difficulties with registrant panel members having opposing views. The Chief Executive advised that the lay person would provide a final decision where there was no clear conclusion and there would be a legal assessor to provide legal advice. The Chief Executive also advised that all other health regulators were using three member panels and that it was considered that a larger panel membership would not be appropriate. The view was also supported by the Head of Regulation.
  - b. Members expressed some apprehension about Council members hearing appeals. The Chief Executive appreciated the concerns and advised that reference had been made to this in evidence to the Law Commission, but the current rules were clear. Members were advised that some health regulators have separate panellists for registration appeals but this was not an option for the GOsC, under the current rules regime.
  - c. Members stated that they appreciated and understood the position and that the law could not be changed but were reassured as the discussion on the process had taken place.

**Council agreed the proposed terms of reference and draft Registration Appeals Guidelines and Procedures.**

**Item 17 – British College of Osteopathic Medicine – Renewal of Recognised Qualifications (RQ)**

43. The Chair introduced the item and it was confirmed there were no conflicts of interest relating to BCOM.
44. The Professional Standards Manager introduced the report informing members that the British College of Osteopathic Medicine (BCOM) was seeking renewal for recognition for its Masters in Osteopathy, Bachelors in Osteopathic Medicine and Diploma in Osteopathy qualifications. The Quality Assurance Agency for Higher Education (QAA) conducted a review which began in mid October 2012 and ended in a visit to the college between 30 January and 1 February 2013. Its report was considered by the Education Committee and the Committee has made a recommendation to Council for consideration.



45. Some of the positive comments from the QAA report were highlighted as follows:
- a. the student learning experiences at BCOM.
  - b. the links with Camden Primary Care Trust Partnership.
  - c. the good relationship with external examiners.
  - d. well informed staff during a turbulent time in gaining validation with a new body.
  - e. the careful mapping to the curriculum of the new OPS.
46. As a result of the positive report the QAA recommendation was for approval of the renewal without specific conditions attached. The Professional Standards Manager advocated that BCOM should be congratulated on receiving a good report without specified conditions.
47. In discussion the following points were made:
- a. The Chair of the Education and Registration Standard Committee confirmed he had no additional comments.
  - b. The Chair on behalf of Council asked that congratulations be passed on to BCOM for their positive report.

**Council agreed to renew the recognition for the qualifications Masters in Osteopathy, Bachelors in Osteopathic Medicine and Diploma in Osteopathy awarded by the British College of Osteopathic Medicine from 1 October 2013 until 30 September 2018 subject to the general conditions outlined in paragraph 7 and to seek approval of the Privy Council.**

**Item 18 – Surrey Institute of Osteopathic Medicine (SIOM) – Recognition of qualifications**

48. The Chair introduced the item and confirmed there were no conflicts of interest relating to SIOM.
49. The Professional Standards Manager introduced the reports reminding members that SIOM was seeking renewal of recognition for its Master of Osteopathic Medicine and a Bachelor of Science (Hons.) Osteopathic Medicine and initial recognition for a new Bachelor of Osteopathic Medicine qualification. QAA conducted a review which began in mid December 2012 and ended in a visit to the college between 27 February and 1 March 2013. The QAA report was considered by the Education and Registration Standards Committee and the Committee has made a recommendation to Council for consideration.
50. Some of the positive comments from the QAA Report were:

- a. Teaching and learning informed by research.
- b. Effective tracking of student performance.
- c. Effective feedback mechanisms for students in particular performance feedback.
- d. Innovative assessment strategies.

51. Areas identified for development leading to conditions were:

- a. Greater differentiation between B. Ost and M. Ost courses.
- b. The development and implementation of a marketing plan from September 2013.

52. In discussion the following point was responded to:

- a. It was confirmed that SIOM had notified all students of the intention to rationalise the Bachelors provision bringing it into line with the Master of Osteopathic Medicine qualification and it was hoped and understood that all students would make the transfer.

**Council agreed the following recommendations:**

- a. To recognise the Bachelor of Osteopathic Medicine qualification from 1 March 2013 to 31 October 2018 subject to the conditions outlined in paragraph 10 and to seek approval of the recognition from the Privy Council.**
- b. To renew the recognition of the Master of Osteopathic Medicine qualifications from 1 November 2013 to 31 October 2018 subject to the conditions outlined in paragraph 10 and to seek approval of the recognition from the Privy Council.**
- c. To renew the recognition of the Bachelor of Science (Hons) Osteopathic Medicine from 1 November 2013 to 31 October 2018 subject to the conditions outlined in paragraph 10 b. to e. and to seek approval of the recognition from the Privy Council.**

**Item 19 – Oxford Brookes University – planned closure of osteopathy courses**

- 53. The Chair introduced the item and confirmed there were no conflicts of interest.
- 54. The Professional Standards Manager introduced the report members informing members of the continuing progress for the planned closure of the osteopathy course at OBU.

55. Members were advised the OBU were committed to continuing to maintain standards throughout the duration of the planned closure and that it would also remain a standing item on the agenda of the Education and Registration Standards Committee.
56. In discussion the following points were made:
- a. The Chair of the ERSC commented that it was hoped that local groups and societies might provide support for students who graduate from OBU after qualification.

**Council noted the planned closure of the osteopathy courses at Oxford Brookes University and the arrangements to ensure the maintenance of standards, patient safety and quality of care and the student experience.**

**Adjunct to OEI Items – Leeds Metropolitan University – Renewal of Recognised Qualification (RQ)**

57. Prior to discussion of BCOM's RQ renewal (Item 17) the Professional Standards Manager requested permission to update members on the submission of the RQ renewal for Leeds Metropolitan University.
58. Following Council's agreement for the renewal of Leeds Metropolitan University RQ – Master of Osteopathy – at the meeting in March 2013, and the subsequent submission to Privy Council, approval of the RQ for Leeds Metropolitan University had been received on 23 May 2013. It was pointed out that the process had been completed in a very short time and confirmation of the RQ was very good news.

**Item 20 – Committee Annual Reports**

59. The Chair introduced the items and invited the Chief Executive to make any additional comments of which he had none. The Chair congratulated the Executive on the work they had done, particularly in highlighting the cost of committee governance, thus increasing transparency.
60. In discussion the following points were made:
- a. Julie Stone asked that it be noted that she had been unable to attend a number of meetings due to circumstance beyond her control during 2012 when adverse weather conditions affected travel around the UK.

**Council noted the Annual Reports of the Education Committee and Remuneration and Appointments Committee.**

### **Item 21 – NCOR Annual Report**

61. The Chief Executive introduced the item informing members that NCOR had had a fantastic year and was going from strength to strength in its work, as an example there had been a significant rise in visits to its website and it was also bringing in more revenue than ever before. One of the reasons for the success was thought to be that GOsC was taking a more background role making NCOR more independent.
62. In discussion the following points were made and responded to:
- a. Members asked whether NCOR was being viewed as a preferred partner in the delivery of development projects. The Chief Executive informed members that NCOR is delivering as highlighted with the current PROMs project. It was emphasised NCOR should remain focused on research.
  - b. It was agreed NCOR had an important role to play in the development of the profession projects and in building international links but it care should be taken that this did not lead to a perceived emphasis that development was the same as research.
  - c. Members were advised that the links to international research were not fully established and discussion between international partners as to how this can be improved was ongoing.
  - d. It was suggested NCOR could widen its links, but it was pointed out that the NCOR team is very small and therefore limited in what it could be realistically involved in. It was suggested and agreed that there could be better collaboration if the BOA and OEIs worked together and discussions to this effect are taking place.
  - e. The Chair asked that Council's appreciation and congratulations be passed on to Dr Dawn Carnes and the NCOR team.

### **Council noted the NCOR Annual Report**

### **Item 22 – Welsh Language Scheme Annual Report**

63. The Head of Policy and Communications introduced the item advising members that, under the Welsh Language Act 1993, the GOsC was required to publish an annual report on the implementation and progress of its Welsh Language Scheme.

Members were advised the report would be published on the GOsC's website in due course.

64. The Chair remarked that she was reassured to see the report and that the scheme was an important part of GOsC's communications.

### **Council noted the Welsh Language Scheme Annual Report**

#### **Committee Minutes**

#### **Item 23 – Minutes of the Education and Registration Standards Committee – 14 May 2013**

65. The minutes of the Education and Registration Standards Committee were noted.

#### **Item 24 – Minutes of the Osteopathic Practice Committee – 14 May 2013**

66. It was noted that Mark Eames attended the meeting of the Osteopathic Practice Committee as an observer.

67. The minutes of the Osteopathic Practice Committee were noted.

#### **Item 25 – Minutes of the Audit Committee – 5 June 2013**

68. The minutes of the Audit Committee were noted.

#### **Item 26 – Minutes of the Remuneration and Appointments Committee – 5 June 2013**

69. It was noted that the title of the committee would be amended to read the Remuneration and Appointments Committee.

70. The minutes of the Remuneration and Appointments Committee were noted.

#### **Any other business**

71. There was no other business.

#### **Date of next meeting:**

Strategy Day Tuesday 10 September 2013 at 09.30  
Council, Thursday 17 October 2013 10.00