

GENERAL OSTEOPATHIC COUNCIL

The Minutes of the 69th meeting of the General Osteopathic Council held in public session on
Thursday 14 October 2010

* * * * *

Chair: Professor Adrian Eddleston

Present:

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

In attendance:

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

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

Tim Walker, CE&R designate – as an observer

1. Tim Walker, GOsC CE designate, and Nigel Graham, Treasurer, of the British Osteopathic Association, were welcomed to the meeting as observers.

Apologies

2. Apologies were received from Geraldine Campbell.

Questions from observers

3. There were no questions raised.

Minutes

4. The minutes of the public session of the Council held on 13 July 2010 were signed by the Chair, subject to correcting the list of members present at the meeting and a couple of typographical errors.

Matters arising

5. WHO Osteopathic Benchmark publication There was still no news on when the Benchmark publication would be published. The American Osteopathic Association was however in touch with the WHO and keeping up the pressure for publication.

Chair's report

6. The Chair presented his report.
 - a. Chairs' Meeting The meetings of Chairs of the healthcare regulators meetings were a useful forum for sharing information.
 - b. GOsC Development Day (15 Sept 2010) The day had gone well and the Chair and the new CE would be meeting to discuss the action points from the day. Additionally, the Chair would meet with the Senior Management Team to report on the day.
 - c. Audit Committee - vacancy The Chair summarised his request, as outlined in his Report, that Council consider appointing David Prince to the Audit Committee to fill one of the two vacancies to make the Committee quorate. It was noted that Mr Prince was already an external committee member on the Remuneration Committee (Rem Comm); members were concerned that a conflict of interest could be perceived in a committee member sitting on both a decision making committee and on an auditing committee though members equally believed that Mr Prince would be able to separate the two roles with no problems. While some members commented that they, as Council members, sat on two committees the situation was felt to be slightly different as Mr Prince would be sitting as the external expert on both of these committees. Members voted 6 to 5, with 1 abstention, not to appoint Mr Prince to the Audit Committee whilst he sat on the Remuneration Committee. It was however felt that Mr Prince would be a particularly valuable addition to the Audit Committee, and the Chair **agreed** to speak to both Mr Prince and to the Chair of the Audit Committee, Jane Hern, to recommend that Mr Prince come off the Rem Comm and join the Audit Committee and that a new external expert member be found for the Rem Comm.

Chief Executive's report

7. It was confirmed that the CE's Report was in two parts on this occasion, with one part in the public session and the other in the private session of the Council meeting.
 - a. CHRE Performance Review 2010-2011 This was due to commence on 19 October 2010 and the timetable was set out in the report.
 - b. Accountability and Governance - Key Performance Indicators (KPIs) The quarter's KPIs had been updated and were on the Council Members' Area.
 - c. Business Plan 2010-2011 The Business Plan was reviewed at every 3rd meeting of the SMT and it was currently on target and on budget.

- d. GOsC/British Osteopathic Association (BOA) executive meeting The CE thanked the BOA for its help in continuing to inform its membership about various work streams eg Revalidation and for its encouragement to its members to respond to the Osteopathic Practice Standards Consultation.

Stakeholder engagement report

8. The Council received a report summarising the GOsC's stakeholder engagement activity during the period July to Sept 2010. The Head of Policy and Communications highlighted various activities:
 - a. Osteopathic Educational Institutions (OEIs) The meeting with the OEI principals on 28 Sept 2010 focussing on sharing of good practice in osteopathic education appeared to have been well received and future seminars were planned.
 - b. GOsC Annual Report & Accounts 2009-2010 The Report had been laid before Parliament on 30 September 2010. Council Members were thanked for their input.
 - c. Welsh Language Scheme The draft scheme had been submitted to the Welsh Language Board for approval in advance of a public consultation planned for the end of the year.
 - d. Osteopathic Practice Standards Consultation A great deal of activity over the summer was focused on preparation for the public consultation (1 September 2010 to 30 November 2010) on the proposed Osteopathic Practice Standards (Code & Standard of Proficiency). With a view to generating not only a good response rate, but also a good quality response – that gives voice to the widest possible range of stakeholders – an independent specialist organisation Hewell Taylor Freed (HTF) had been engaged to direct the consultation. Not only was this an online consultation, but HTW were employing a whole range of mechanisms for reaching and hearing from stakeholders – including direct interviews and focus groups of varying composition, across the country. The Executive had been working closely with HTF to identify the whole range of groups from whom we wanted to hear – and also, with the help of osteopaths around the country (the regional representatives) to create the channels and mechanisms for HTF to reach our stakeholders.
 - e. Revalidation In an almost parallel vein to this, similar work was being undertaken to support KPMG's work to conduct a thorough evaluation and impact assessment of our proposed revalidation scheme. Again, through interviews and focus groups involving representative groups of the profession, and ultimately a survey.
 - f. Attending regional meetings Revalidation, the Code, issues relating to osteopathic advertising claims, etc, were all issues stirring the profession at the moment, so the Executive was accepting as many invitations as it could resource to field a GOsC rep. to address regional meetings of osteopaths – to brief osteopaths and hear concerns.

9. Members then raised questions.
 - a. National Council for Osteopathic Research (NCOR) The Treasurer enquired about the Council's Research Strategy Working Group's (RSWG) consideration of NCOR's future and its funding needs, at its meeting on 4 October 2010. The Head of Policy and Communications confirmed that the RSWG had considered NCOR's early proposals but were of the opinion that further work was needed by NCOR to identify its objectives, business plan and proposed costs, before the GOsC could consider committing further funding.
 - b. Vetting and Barring Scheme The Home Secretary had announced a review of the Scheme and the Terms of Reference for the review were still awaited. Some of the Scheme's duties were still in place but the main Scheme had not come into force as it was to have done in October.
10. Council members thanked the Head of Policy and Communications for the large volume of stakeholder engagement work that went on each quarter and the SMT members for attending and contributing to regional osteopathic meetings.

Equality and Diversity

11. The Council received a report summarising the GOsC's work in support of the Equality Scheme during the period July to Sept 2010. The Head of Regulation highlighted the following:
 - a. Entrants to the register from April 2009 to March 2010 For the first time, there were more female entrants than male entrants.
 - b. Equality Act 2010 A raft of provisions under the Act came into force on 1 October 2010 relating mainly to employment situations. The public duties were still under consideration by the Government. Miss White confirmed that the GOsC was subject to the general duties and that the consultation on the public duties would end in November and the outcome for the specific duties would be known next year.

Working Group to develop a strategy for engagement with the profession on regulatory issues

12. The Chair of the Council asked the Council to consider an amendment to the constitution of the WG; there had been more volunteers to sit on this Group than had been expected so rather than turn away valuable experience, the Council was asked to increase the number of members. **Agreed** that membership would be amended to read 'up to 7 members with at least 2 osteopaths and 2 lay members.' Mr Shepherd asked that the Terms of Reference be amended to include 'and developmental activities' in the Purpose for the Group so that it read:

'Purpose: To steer the development of a strategy for effective engagement with the osteopathic profession on the regulatory issues and developmental activities features in the GOsC's Corporate Plan 2010-2013.'

This was **agreed**.

13. Mr Shepherd, as Chair of this WG, then proceeded to report on the meeting. The unconfirmed minutes had been tabled at the beginning of the Council meeting. The Communications Department was thanked for producing the paperwork and various statistics for the meeting. The Group discussed benchmarking its engagement with the profession against other regulators. It discussed the value of face to face interaction between Council members and the profession, getting osteopaths to create communities and encouraging osteopaths to understand the regulation and development that the GOsC does. It also considered the new media arenas with inbound marketing and facebook. The Group had not arranged its next meeting but would use teleconferencing and emails to develop its thoughts. The Group may focus on 1 or 2 key areas initially. The Group not only considered the 'what' but the 'how' - particularly the importance of finding both the right tone and the right method of communication for the particular message being conveyed to the profession.

Financial matters - management accounts to August 2010

- 14, The Council **noted** the main features of the Management Accounts for the 5 months ended 31 August 2010. Members then raised questions.
- a. International promotion of osteopathy Members queried when the support that the GOsC provided for FORE would be handed over. The CE confirmed that it had been agreed that the FORE funding arrangements would remain the same with the GOsC providing the FORE secretariat until a decision was made on the possible merger of FORE and the EFO. A recent FORE meeting concluded that more work was required on the merger so the FORE secretariat support was likely to be in place for at least another 2 years. A funding model to be considered at FORE's next meeting proposed equal sharing of the secretariat between members.
 - b. 2010/2011 budget It was confirmed that contingencies were in place for unforeseen expenditure but that currently no risks had been identified over the remaining 7 months. It was acknowledged that Fitness to Practise cases were always demand led and were therefore, to some extent, an unknown quantity but it was hoped that the contingency in place for this area of work was appropriate .
 - c. Department of Health - 2nd tranche of funding for development of evidence base to enable the development of a risk proportional model for revalidation of osteopaths and piloting of said model A decision was still awaited about the 2nd tranche of funding. It was confirmed that nothing would be committed until it was confirmed that the funding would be available.

Post meeting note: The Council received notification from the Department of Health that it would receive the full amount of its revised bid of £167k (in addition to the £235k received in the 2009-2010 financial year) for the further development of revalidation including piloting.

Education Committee (EdC) – annual report for 2009-10

15. The Chair of the EdC presented a review of the work of the EdC 2009-2010. He confirmed the EdC was very busy with the large agenda of work that it had committed to carry out. He thanked the Professional Standards Department for the huge amount of work that it carried out generally and in supporting the EdC.

Education Committee - minutes

16. The Council received a copy of the minutes of the last meeting of the EdC held on 16 September 2010. No questions were raised.

Revalidation

17. Revalidation Standards and Assessment Group minutes The Head of Professional Standards presented the public minutes of the RSAG's meeting held on 16 September 2010.
18. KPMG Evaluation and Impact Assessment The Head of Professional Standards together with Louise Scott-Worrall and Katherine Beadle from KPMG, presented the paper which provided a progress update on KPMG's work on the evaluation and impact assessment of the draft revalidation scheme, including costs, benefits and risks.
19. There was discussion on the phrasing of some of the questions in Annex D2 – *KPMG data survey – Supporting the profile of osteopathic practice* particularly around the definition of 'intimate areas' and it was **agreed** that the wording in Q6 was not acceptable currently. Members suggested that Q6 could be re-phrased as follows:

Do you examine intimate areas eg

Rectal	Y	N
Genitalia	Y	N
Breasts	Y	N
Other – please specify		

20. Q1 required some clarification as an osteopath could be retired or on maternity leave as well. Members were asked to let KPMG know of any other suggestions for improved wording.
21. KPMG confirmed that they were seeking to avoid surveying osteopaths who had already been surveyed and that the Head of Registration and MIS was ensuring that the osteopaths surveyed were as representative as possible.
22. **Agreed** to commend the approach taken to the development of Report A – How Osteopaths practice? and **agreed**, subject to amendments, to launch the surveys.
23. It was confirmed that Report B (*A report on the review of the work undertaking by other regulators to outline costs, benefits, financial and regulatory risks*) represented the views of other regulators and should be seen in this light rather than as statements of fact.

24. **Agreed** that Council members could have some further time to read Report B before publication.

Afternote Council members had the extra time to read Report B and **agreed** that the report on the review of the work undertaken by other regulators to outline costs, benefits, financial and regulatory risks could be published once final comments received.

25. Revalidation Standards, Assessment and Evidence The Head of Professional Standards presented the paper which provided a progress report on the work of the Assessment Expert Team in developing the assessment criteria and evidence for Stage 1 of the draft Revalidation Scheme. She confirmed that the work that was being carried out by Caitrian Guthrie, the Assessment Expert Team Leader, was now well developed enough to be posted on to the public website as 'work in progress'. The scheme was flexible enough to address identified risks as the work developed further and be reviewed as necessary. Some members raised a concern about the proportionality of the scheme given that osteopathy was clinically a lower risk profession. Members also warned against work on risk being too complex as there was a risk of 'losing the obvious' – that is that the environment that osteopaths work was higher risk due to the fact that practitioners generally practised alone, patients were undressed and examination and treatment was 'hands on'. Members highlighted the good work being undertaken but recognised that many of the existing profession may not have the skills to undertake some of work suggested. A key point would be to identify training need in the profession. The business environment that osteopaths worked in was also highlighted and the challenge that this might present to effective peer review. The role of CQC and equivalents in this was also considered – where should osteopaths be in ten years.

Osteopathic Practice Standards – review working group

26. The Professional Standards and Regulation Managers presented their paper inviting the Council to approve the establishment of a working group which would consider and make recommendations in relation to the findings of the analysis report following the consultation on the revised Standard of Proficiency and Code of Practice consultation, currently underway.
27. There was discussion about the composition of the Group as suggested in the paper. It was **agreed** that the Group should be composed of 3 osteopaths and 3 lay members to include the Chair of both the Fitness to Practise Policy (FtPPC) and Education Committees. Additionally, it was **agreed** that the Chair of the Council should not chair the Working Group and that it should be chaired by the Chair of the FtPPC. Council members interested in joining the Working Group were asked to write to the Chair of the FtPPC with their reasons for the suitability for the Group.
28. There was concern raised over the patient feedback list of patient/consumer representative organisation identified in para. i of Annex A to the paper; it was considered a large list and that some of the organisations would have no interest in responding to the consultation because their distinct role would mean that they would not have a direct understanding of the GOsC's remit and the value of their responses, if made, would have to be questioned in the absence of knowledge of patients of osteopathy. The contact with these organisations would have to be focused and would have to tell the organisation why they should be interested in making a response.

Professor Stone identified, for conflict of interest purposes, that she was on the faculty of the Clinic for Boundaries Studies.

Information Security Management

29. The Head of Registration and MIS presented the paper on the draft Information Security Policy (ISP) and the outline Project Initiation Document which would be used to manage effective adherence to the ISP. Members then discussed the paper.
30. All information security incidents would be reported to the Head of Registration and MIS who would make a report, under the high level Risk Register that goes to the Audit Committee at each meeting. Any series of small incidents that indicated a possible trend would therefore be picked up. **Agreed** that the Audit Committee should carry out an internal audit of the ISP once it had been in place for a year. The use of personal laptops, memory sticks and remote access would be included and full training for all involved would be provided where necessary. Members cautioned that the ISP should be secure but workable. The Council was responsible to ensure compliance with the relevant legislation and any additional staff costs involved with the preparation and compliance with the new ISP would be considered by the Finance & General Purposes Committee at its meeting in November. Paragraphs 23 and 24 required rewording to cover non-executive members to show that disciplinary proceedings for non-compliance with the policy would be taken. **Agreed** to accept the draft ISP, with appropriate amendments, for publication and **noted** the project initiation document.

Fitness to Practise Committees' Reports

31. Investigating Committee The Chair of the Investigating Committee (IC) was absent so the Head of Regulation presented his report. The spike in cases in the first quarter had led to 3 meetings and 17 cases being considered in the period July to September 2010. Again, a wide range of issues including communication, competence, record keeping, consent, sexual boundaries, a domestic argument resulting in a police caution, and a conviction for driving without due care and attention were considered. However, the proportion of cases being either referred to the Professional Conduct Committee or closed by the IC remained at about 50:50. The Council for Healthcare Regulatory Excellence's annual audit of the initial stages of complaints had been carried out and a first draft of the report had been produced for comment; there appear to be no problems.
32. Council members asked that future IC reports give a short summary of why cases, outside the set disposal rates, were delayed so that the Council could receive assurances for the delays.
33. Professional Conduct Committee (PCC) The Chair of the PCC presented his report. There had been a significant rise in applications for postponements which had all been refused, except for one. The backlog was now cleared, subject to concluding a very few remaining aged cases, with hearings booked into 2011. A draft contribution to the Osteopathic Practice Standards Consultations had been prepared and was going to all PCC panellists for approval before submission. The Chair highlighted the changes required to the procedures (witness summonses and written statements) and particular issues arising from cases (allegation formulation and/or wording, expert witnesses and previous involvement in cases).

Fitness to Practise Policy Committee (FtPPC)

34. Professor Stone, Chair of the FtPPC, presented an update on the work of the Committee. The Committee prepared a list of issues to be considered by the Committee and asked the Council to note that other work, as it arose, would be slotted into the work programme. The Committee would also be looking across the other healthcare regulators to see what they were doing in this area of important work. Committee members were also considering some training, perhaps sitting and observing a fitness to practise hearing or attending the training that fitness to practise panellists received. The Committee was aware of the work that had to be done and the work that it would like to do within the Business Plan.

Responsibility allowance for chairs of committees

35. The CE presented a paper which proposed criteria for awarding responsibility allowances to chairs of committees. **Agreed:**
- a. that an additional allowance be paid to chairs of all statutory and non-statutory committees
 - b. that the Rem Comm be asked to review the level of existing allowance to take account of meeting frequency and workload and to make recommendations on any necessary changes. The Rem Comm would be asked to look back at the Cumberlege Connections Remuneration Report 2008 and to publish the methodology for reaching its recommendations.
36. In the interim, **agreed** that the chairing of the FtPPC fulfilled the criteria as set out in the paper to receive a responsibility allowance of £2k, as recommended by the Rem Comm in June 2010 and that this should be backdated to the establishment of the Committee.

Research Strategy Working Group

37. The Chair of Council, as Chair of the Group, confirmed that the Group had met on 4 October 2010 and the minutes were still being drafted. Some of the issues discussed at the meeting were being dealt with under separate headings on the Council meeting agenda. The Group considered the following:
- a. The Group's Terms of Reference The Group noted that it had not been proactive in relation to Term 5 (*To consider what scope there may be for joint research projects with (a) The British Osteopathic Association (BOA); (b) other regulators (c) any other external bodies*).
 - b. National Council for Osteopathic Research (NCOR) NCOR was considering a low cost research conference for osteopaths to, inter alia, share the findings of the GOsC Patient Expectations Study, the Adverse Events projects, and the Standardised Data Collection project. It was suggested that these presentations might also be incorporated into the next round of GOsC regional conferences.
 - c. GOsC Corporate Plan 2010-2013 In the future, the Group would look at research and the GOsC Corporate Plan in order that it could suggest ideas for research to

the Council based on needs identified in the Corporate Plan.

- d. International Journal of Osteopathic Medicine (IJOM) Negotiations were underway with Elsevier to agree new terms for providing IJOM to osteopaths in electronic format only, along with access also to a range of other research journals. This would be a three-year initial contract.
- e. GOsC-NCOR data sharing protocol This was a difficult issue involving complex data protection considerations. Members were concerned about the high number of research questionnaires circulated to the profession (consultation fatigue). The Executive would be considering the matter and taking advice from the Information Commissioner's Office.

OPEn Patient Study

38. The Head of Policy and Communications confirmed that the survey of patient expectations of osteopathic care, commissioned by the GOsC, was nearing completion and invited the Council to note the finding of the study presented in the summary report. She confirmed that the study was very important for the GOsC and the profession as it had never before had detailed insight into patient expectations of osteopathic care. Findings would inform policy development, and the provision of guidance to osteopaths and information to the public. Over 1700 patients had taken part in the study. Most patient expectations were well met, but the unmet expectations would require a programme of feedback to osteopaths and the Osteopathic Educational Institutions. The next steps and recommendations were highlighted, which the Council members then discussed.
39. Members agreed that the 47 page summary was too lengthy and that several summaries/abstracts were probably required, to suit the needs of various audiences. Various approaches to re-writing the study summary were discussed and the resources that would be required. The Quality Assurance Agency was suggested as a possible outside agent as it was known to carry out this sort of work. There was discussion about whether the commissioned work had been carried out fully and it was accepted that the GOsC had received what it contracted for, although perhaps the study report was not yet presented in a fully useable format.
40. **Agreed** that the CE, the Head of Policy and Communications and the new CE (Tim Walker) would meet to discuss internal resources, timeframe, costing etc of how to take the work forward so that the Report could be published and disseminated as soon as possible to stakeholders.
41. The original Code of Practice working group was no longer in existence and there had been expertise on that group that may be required by the review working group. Co-option of a member or members of that original Code of Practice working group might be required to assist the review working group. This would be taken forward in the Working Group that Council had just agreed.

Standardised Data Collection

42. The Head of Policy and Communications presented a paper which invited the Council to note the completion of a NCOR-led project, sponsored by the GOsC, to develop and pilot

a standardised data collection tool. A project Final Report has been submitted to the GOsC and an Executive Summary was included with the paper. The Council was asked to consider the implications for osteopathic practice of the practice data generated in a national pilot of the SDC tool and to further consideration NCOR's recommendations for promoting data collection in osteopathic practice. Members of Council who had read and commented on the Report were thanked for their input.

43. It was requested that when releasing the Report, there should be a caveat that the volunteers who completed the SDC tool were volunteers and as such not necessarily representative. The British Osteopathic Association was looking at getting a more representative project initiated.
44. Council **noted:**
 - a. the Executive Summary, produced by NCOR at the request of the Council, to be added to the SDC Project Final Report.
 - b. the outcome of the GOsC-sponsored SDC project and the recommendations by NCOR with regard to use of the SDC Tool and areas for potential further research / data collection.
45. And **agreed:**
 - c. that the SDC development project has been completed in accordance with the expectations of the GOsC as sponsor, and that this would be confirmed formally to NCOR.
 - d. that detailed consideration of the findings and recommendations of the SDC Report should be referred now to the GOsC Executive and relevant committees of Council for further development.

Any other business

46. There was none.

Questions from observers

47. There were none.

Date of next meeting

48. Thursday 3 February 2011.