

Minutes

Meeting of the Federal Regulatory Council Tuesday 15th September 2015 - 1.30pm

The Boardroom
The Institute of Family Therapy
24 – 32 Stephenson Way
London NW1 2HX

Present

Chair: Barry Tanner (BT)

Ian McDougal (IM)	Colonic Hydrotherapy
Michael Lingard (ML)	Buteyko Breathing
Sue Knight (SK)	Healers
Sheila Hicks Balgobin (SHB)	Essence Therapy
Barbara Reeves (BR)	Classical Manipulation
Ann Whittle (AW)	Upledger Cranio Sacral Therapy
Robert Jefford (RJ)	Reiki
Nina Barbora (NB)	Hirudotherapy
Frances Smith-Williams	Kinesiology
Muddassar Raja (MR)	Hijama
Jacqui Footman (JF)	EFT
Geof Evans (GF)	Orthopathy

1. Introductions and Protocols

- 1.1. BT opened the meeting at 1.30pm and advised on protocols.

2. Minutes

- 2.1. **Acceptance** - The meeting accepted a range of typos submitted to be submitted by Sue Knight. The Minutes would be accepted at the next meeting.
- 2.2. Subject to the typo corrections the minutes were approved as a true and accurate record of the meeting.
- 2.3. BR observed that the correct title of the LB should be Classical Manipulation and not Classic Manipulation as recorded.
- 2.4. AW requested that advanced notification be sent of any cancellation of virtual meetings.
- 2.5. **Matters arising** - PGIH Meeting Representatives. There was as yet no activity from the PGIH and as such the assembly of an attendee list was deferred until such time as it was confirmed the group was in operation.

3. Overview

- 3.1. **Registrations** – BT reported that registrations currently stand at 17,780 individuals which represents one of the slowest periods of growth for GRCCT since inception. Previous meetings had discussed a probable ceiling for significant registration rise at about 24,000 to 28,000 registrants depending largely on what happens with the 4,000 to 5,000 CNHC registrants.
- 3.2. Growth for the next 36 to 48 months is predicted to be slow in comparison to previous years. With a prediction of hitting 20,000 registrants around 36 months.
- 3.3. There have been no further communications from CNHC in relation to meeting again. They will be getting apparently be getting new Chair shortly so will continue with the issuing of our annual invitation.
- 3.4. An increase in the number of smaller profession associations are coming forward to be involved and are being directed to the LB for the appropriate discipline.
- 3.5. SHB stated that COREP felt that some of their members were having a problem either joining or renewing which may result in some not bothering.
- 3.6. BT advised that the vast majority of possible problem areas had been removed with the adoption of the first stage of the new system in June/July. The only area which may still cause some issues is the use of the PayPal gateway. We use the PayPal payment gateway for ease, cost and security but the high level of security can sometimes result in card payments being rejected when they should not be. Accounts get a failure report and have not flagged the issue as a priority. We shall continue to monitor and see how the software changes impact on the reject numbers.
- 3.7. As a management team we are aware that there was a communication issue. Response time to some types of queries was unacceptable and we feel that with the combination of software and staffing changes we have taken significant steps in addressing these.

- 3.8. **Software and administration Changes** – BT reported that the preceding six months had been very challenging both in relation to the implementation of staff changes and the transfer to the new software system.
- 3.9. The meeting was reminded that GRCCT had been using the bespoke administration system built in 2007. Developments in operating systems and security requirements have moved at a pace and despite regular updating and addition the administration software was determined in 2015 to require replacement.
- 3.10. The new system is a bespoke version of the aMember system and can easily accommodate the multi-location operation and a vast number of registrants, whilst at the same time maintaining the required level of security.
- 3.11. The new system has a wide range of excellent facilities but regrettably we have encountered a number of issues which have require some considerable modifications. Progress has been slow but we are now nearing the end of the process and should be fully over to the new system with a few weeks.
- 3.12. The new system does provide a much more effective data-output facility which enables us to analyse more easily cross-discipline trends and multi-discipline registrations. This has in turn assisted in developing a much more refined skills-set map which is being fed through the relevant LBs to the Awarding Bodies.
- 3.13. A member of the Administration Team, Brian McCabe has been tasked to oversee the software implementation and to take over from Martin McClinton as the primary communicant with the Lead Bodies.

- 3.14. **Financial report** – Year to date is £736K income v £674 outgoings representing an annualised increase in turnover of approaching 18%.
- 3.15. The two primary impacts on these are figures. The annual registration fee was increased at the end of last year. We targeted to cover 750K over three years so to hit 736K within twelve months is very positive.
- 3.16. Advertising Certification is now coming online very well and will be reported more accurately at the next meeting.
- 3.17. MR asked why registrants did not receive an automated email when they registered? BT responded that the automated responses acknowledging the application come direct from GRCCT and have been

reviewed as part of the newly adopted software. The payment acknowledgement comes direct from PayPal so the registrant effectively gets two emails from two separate sources. If they are not getting either, the problem has to originate from the email they are entering onto the system. Please advise that they check their spam filters and then contact the Registrant Support Team.

3.18. With Hijama there was an issue in the past. There are two separate Hijama categories and as such we have two separate and distinct register entry options. Earlier on in the year we experienced some issues in getting the system to differentiate correctly between the two. We believe this has now been resolved.

3.19. **Activity Report**

3.20. Last month for the second time in our history GRCCT experienced an attempted data theft. The attempt was identified very quickly without any data being obtained. A member of our contract staff was dismissed for gross misconduct. We had hoped that the matter could be ended at that point but under advice the matter was referred to the Police.

3.21. Since the last meeting senior teams have met or been in specific communication with:

- 3.21.1. The GMC to discuss changes in advice to GPs
- 3.21.2. The BMA to discuss issues around insurance relating to the advice given to GPs
- 3.21.3. Skills for Health to discuss awarding body status and development of new framework awards.
- 3.21.4. HCPC in relation to instruction from Privy Council
- 3.21.5. Delegation from Hong Kong in connection with ongoing discussion for the regulation and education of CAM practitioners in the China
- 3.21.6. Delegation from Kingdom of Saudi Arabia.
- 3.21.7. The Irish Department of Health and Children on implementation of regulation and insurance.
- 3.21.8. QCF re government proposals to amend framework level descriptors to more closely match European levels. It was noted that the majority of awards in the CAM sector are not on the framework.
- 3.21.9. Dept. of Health procurement team to facilitate understanding of requirement

3.22. AGORED – Welsh awarding body who are seeking award consultation in Reflexology. The usual route for consultation on a framework award is for the proposer to demonstrate industry consultation. Often they will come to the regulator seeking a list of profession bodies. A Level 5 award was proposed by AGORED; the consultation for which would usually be directed by GRCCT to the LB (in this case the Reflexology Forum) and the proposer also supplied with a list of any known profession bodies outside of the regulatory process. In this case AGORED had mistakenly approached CNHC and ended up with a consultation panel including only discipline representation from the proposing education provider, the CNHC Profession Specific Body rep and Margaret Coats from CNHC. GRCCT was able to step in and administer the correct procedure to ensure that the submission would receive a proper consultation.

3.23. BT confirmed that GRCCT currently lists between 5,000 and 6,000 practitioners or Reflexology on the National Register and that the extent of input by a regulator into an award consultation would usually be limited to the requirements for employment.

3.24. The AGORED consultation highlighted the need for copyright protection to be applied to Core Curricular. Those present were advised that whilst the Reflexology Forum had a publicly available published Core Curriculum for Reflexology in the UK which was protected by a robust copyright many disciplines did not have such robust protection of their curricula. There was discussion as to the various methods of protection.

3.25. There was brief discussion around relationship between the different forms of regulation within and without of Europe.

4. Website

4.1. Lead Body Access Platform

4.2. SHB Congratulated the team and wished to convey comments from COREP that the new website was much easier to use, very clear and had been well received by members.

- 4.3. AW asked if Minutes could be circulated by email attachment so that they may be forwarded to board members of Lead Bodies? BT advised that the soon-to-be-introduced login facility will provide for download of all documents.
 - 4.4. The service should go live next week subject to the aMember software integration.
 - 4.5. The management team of GRCCT are of the view that we have lost traction in practitioner marketplace over the last twelve to eighteen months. GRCCT has been enormously successful in recruiting registrants and profession bodies. Whilst retention remains strong market awareness has diminished. We feel we have relied too heavily on the numbers and the profession association communication route.
 - 4.6. Several major sites and a number of less major sites have dropped GRCCT referral as they are not 'seeing GRCCT'. The Admin Team is now chasing hard on all of which we are aware. Please tell us of any sites of which you become aware that are not listing GRCCT.
- 4.7. **Lead Body descriptor text** – Having conducted brief audit of LB member organisation websites it has become apparent that there is a significant range of descriptor texts being used for GRCCT.
- 4.8. A prepared text was circulated. The meeting discussed amendments and agreed a final text.
 - 4.9. The statement is to be added to the download facility.
 - 4.10. The meeting was furnished with copies of the new Brand Guidelines.
- 4.11. **Logo Download** – The GRCCT logo (in a number of different formats) and the Brand Usage Guidelines have been added to the download facility in the Registrants Area of the GRCCT website.
- ## 5. Practitioner Marketing
- 5.1. **Complaints** – Concerns and disciplinary actions are currently quiet. There is currently one disciplinary action ongoing and one civil action involvement.
 - 5.2. The Civil action is a County Court Claim; GRCCT is acting in the capacity of profession witness for the defence. The Lead Body is involved.
- 5.3. **Clinical Commissioning** – The meeting was advised not to forward the CNHC letter template letter to members for completion and onward submission to their local GP. GRCCT has already received a number of communications from irate GP's mistaking the communication as being part of our regulatory structure.
- 5.4. SHB provided information of a number of integrated approaches being used in other countries both privately and as part of funded healthcare.
 - 5.5. The meeting supported the view that GRCCT should continue to lobby the government for greater integration of regulated practitioners.
 - 5.6. SK sort confirmation that the GP may now pass the care of his patient to a CAM practitioner (provided the practitioner is considered safe) in the same manner as he would for a physiotherapist or chiropractor; whilst maintaining overall responsibility for the health of the patient. BT confirmed this to be the current interpretation.
 - 5.7. BT confirmed that GRCCT continues to communicate with a number of commissioning groups who are currently writing protocols for CAM commissioning.
 - 5.8. JF advised that she was part of her local GP's Patient Participation Group and from this group a representative goes forward to the Clinical Commissioning Group. She recommended this route as a rewarding and instructive method by which registrants can engage as individuals with both their GPs and their local CCGs.
 - 5.9. The meeting took solace from the fact that there appear to be routes for integration being pursued from the governmental level down and from the practitioner level up.
- 5.10. **GMC Advice to Doctors** – The meeting was provided with copies of the GMC changes of advice to GPs March 2015.

- 5.11. The meeting was talked through a history of the process. There was discussion as to how the advice to GPs may be transferred to a commissioned service. BT advised of the steps in the process and where a number of grey areas were still to be resolved. He undertook to report at the next meeting on the development of a standard communication.
- 5.12. ML noted that it was still left to the GP to determine a practitioner to be 'safe'.
- 5.13. There was extended discussion around the validity of an accreditation process for registers in healthcare which lacks both any significant level of support and any minimum education requirement.
- 5.14. There is currently only a very limited route for GPs to use their standard commissioning services to refer to a CAM practitioner.

6. Statutory Regulation

- 6.1. **HCPC Communication** – The meeting revisited the history of the BANT request to HCPC for amendment of criteria for admission of Nutritional Therapists to the HCPC register of Dietitians. There was general discussion around the function of the Privy Council and the role of HCPC in this and related matters.
- 6.2. BT Confirmed that the request had been declined by HCPC and that although there was ongoing submission by BANT with a view to becoming an education provider for Dietitians there were no further developments in this area.

7. Advertising Standards Authority

- 7.1. **Legal actions** – The meeting discussed the legal defence process and considered how GRCCT provides the Profession Guarantee to cover witness and profession report.
- 7.2. There are currently two certified sites initiating legal action against ASA. The cost of libel action in the UK is very high but so are the awards for successful outcome.
- 7.3. **Advertising Certification** – The advertising Certification process is now fully functional for all disciplines.
- 7.4. BT provided the meeting with a history of ASA communication and overview of the types of applications being received.
- 7.5. The FRC instructed that GRCCT continue to communicate with ASA with a view to having appropriate expertise consider complaints against practitioners.
- 7.6. Another invitation to appear before the FRC is to be issued.
- 7.7. RJ queried the term co-regulation as quoted by ASA.
- 7.8. BT advised that in 30 years of work in regulation he had never before encountered the term co-regulation in this context and could not provide an interpretation as to how co-regulation would function. Regulation in healthcare is either Statutory or Voluntary, the two cannot be mixed.
- 7.9. SHB asked if there was specific advice available. She was directed to the discipline advertising descriptors on the GRCCT website.

8. AOB

ML asked if there was any news on when PGIH would be functional.
SK confirmed that she had not yet received any communication.

9. Dates

19th January 1.30pm
19th April 1.30pm

The meeting closed at 4.30pm