



### Policy Advisory Committee

Minutes of the 6<sup>th</sup> meeting of the Policy Advisory Committee – Public (and also the 86<sup>th</sup> statutory Education Committee) held on Thursday 15 March 2018 held at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

#### *Unconfirmed*

Chair: Dr Bill Gunnyeon

Present: Dr Marvelle Brown  
John Chaffey  
Bob Davies  
Elizabeth Elander  
Dr Joan Martin  
Professor Raymond Playford  
Alison White

Observers: Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Dr Kerstin Rolfe, Chair, Council for Osteopathic Education Institutions (COEI)

In attendance: Angela Albornoz, Professional Standards, Policy Officer (Presenting items 7 and 8)  
Steven Bettles, Professional Standards, Policy Manager  
Fiona Browne, Head of Professional Standards  
Dr Stacey Clift, Professional Standards, Policy Officer (Presenting Items 3 and 5)  
Dr David Gale, the Quality Assurance Agency  
Liz Niman, Communications and Engagement Manager  
Matthew Redford, Head of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Tim Walker, Chief Executive and Registrar

#### **Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting.
2. Apologies were received from Nick Woodhead, Dr Dawn Carnes, NCOR and Sheleen McCormack, Head of Regulation
3. Participants were reminded that they must declare any interest for any relevant agenda items requiring a decision or noting. Where an item required a decision, participants/observers would normally be asked to leave proceedings for the duration of the discussion to be recalled at the discussion's conclusion if there was a conflict. Where an item was for noting members and observers would also need to declare their interest, although conflicts were less likely in this case.

4. Observers were asked to note that where items relating to osteopathic education institutions (OEIs) were to be discussed or noted these items were reserved and observers would not take part.

## **Item 2: Minutes and matters arising from the public meeting on 10 October 2017**

5. The minutes of the fifth meeting of the Policy Advisory Committee 10 October 2017, were agreed as a correct record.

### **Matters Arising**

6. Business Plan Risk Assessment: The Chief Executive informed the Committee that the Risk Register would be included on the agenda for discussion at its next meeting in June 2018.

### **Item 3: CPD Update**

7. The Professional Standards Officer introduced the item which presented the findings of the second CPD evaluation survey and their communication implications.
8. The following points were highlighted:
  - a. The Executive were reassured by the survey summary which demonstrated a raised awareness of the CPD scheme although the levels of preparedness varied:
    - Increased response rate to the 2017/18 survey (up from 7% to 10%)
    - Increased use of the four themes of the OPS to identify CPD needs or record CPD (up 13%)
    - Increased reporting of using feedback from external sources to feed into practice (up 3%)
    - Lower levels of feedback collected from patients (down 4%)
    - High levels of case based discussion activity (30% of respondents)
    - Levels of CPD in communication and consent have remained consistent (58%) and more courses featured in this area (up 6%)
    - Barriers to reflective practice reduced (down 2%)
    - Increase in numbers of people reporting that they have a colleague who they can discuss their CPD with (up 5%)
    - A reduction in people reporting that they have a trusted colleague that they can discuss concerns with (although still high was down 2%)
    - A greater level of detail about the questions that people have about the CPD scheme compared to the previous survey.
  - b. The Communications and Engagement Manager explained that the work of the Communications team and the Professional Standards team were closely integrated in developing the CPD scheme. The key areas highlighted were:

- The targeting hard to reach practitioners and those who work in isolation to ensure they will also be ready for the scheme when it is introduced. Also providing extra support where there were gaps in the regional group network.
  - Looking at the needs of practitioners who feel unprepared as indicated in the survey. Activities were being developed to meet varying needs described including more visual approaches like mind-mapping.
9. In discussion the following points were made and responded to:
- a. The Executive were congratulated on the comprehensive report which had provided valuable insight on the progress of the scheme.
  - b. The Chair commented that the report had provided a great deal of assurance on the progress of the scheme but wondered if there had been too much focus on the positive aspects resulting in the risk of overlooking areas which were less than positive from the survey. It was explained that although the data indicated that the direction being taken was correct it also demonstrated the shortfalls and the misunderstandings of the respondents. It was felt that the survey reflected both positive and negative perceptions of the CPD scheme and also highlighted the key areas where work on communications should be focused.
  - c. Members commented that the response rate, at 10%, was small even with the improvement on the previous survey of 7% in 2016-17. It was suggested that visiting and working with osteopathic regional groups and societies could help generate greater interest. In response the Communications and Engagement Manager said that she was pleased with the result advising members that a response rate of 10% and above was reasonable and representative of the wider community. Members were advised that it was planned to follow the survey with a series of telephone discussions in particular with those identified as under-represented in the sample group. It was agreed that meeting and holding discussions with regional groups was a key activity and a schedule of meetings was being planned as part of the communication strategy.
  - d. Members asked how practitioners were identified as working in isolation or as hard to reach. It was explained that through analysis of the survey and looking at areas of the country where there are few or no local societies or groups, osteopaths who might be considered as working in isolation can be located. It was also pointed out that using the reminders and returns during the registration renewal cycle practitioners who might be working in isolation could also be identified.
  - e. Members were encouraged by the 'Next Steps' resulting from the survey evaluation which would focus on the areas of communication, patient partnership and professionalism. It was recognised that further work would be required in the development of the online resources and materials. The

development of these resources would be undertaken alongside discussions with other stakeholders.

- f. Members asked if the Executive had considered a reflective template to provide a consistent standard in the type of information which was required and being sought. The Professional Standards Manager explained that a number of webinars had been held with Early Adopters during the past year and these have involved guiding participants through a number of activities. Following each session participants were provided with reflective template for their feedback. The template can be accessed from the CPD website and covers aspects of the scheme, the impact on practice and further learning needs. The Executive are currently converting the webinars into a more sustainable workbook process which would include templates for reflection. It was explained that the GOsC wanted to allow flexibility in how registrants completed their CPD with a number of tools which recognises day to day practice.
- g. It was advised that the PAC and the Executive should bear in mind the key audience for on-going communications about the CPD scheme and the OPS were those viewed as the 'silent majority'. It was important to stress the purpose of the work being undertaken and ensuring this group were kept fully informed in the face of those who are particularly vocal and whose engagement could be viewed as negative.
- h. It was asked what the planned approach would be for those registrants who may not be receiving the GOsC communications because they do not have or use an email address or, for whatever reason, choose not to engage, so as to ensure they have the opportunity for their views to be included as part of the analysis. The Communication and Engagement Manager explained that work would be undertaken in collaboration with the Registration team in order to identify and target individuals who may have been missed from the survey communications. A number of methods would be used to ensure as wide a reach as possible was taken to maximise engagement.
- i. It was suggested a more granular approach should be taken in order to identify specific, hard to reach groups as there might be particular issues to resolve by connecting with them and which might inform the resources being developed, improve communications and approaches which the GOsC might want to consider. If it was clear that there was no feasible way to engage with these groups this outcome should still be reported. The Chief Executive commented that the number of people who did not engage with the GOsC was minimal and there was a high degree of compliance amongst registrants with the CPD scheme.
- j. It was suggested that it might be useful for a third party to review the communications strategy in light of the less representative response in the CPD survey from those aged 30 and under who might be prompted to engage in ways which may not have been fully realised allowing access to

other means of participation. The Communications and Engagement Manager responded that there was a social media plan in place and there was evidence of engagement. The analysis included results on the use of Facebook, Twitter. It was agreed that the survey was not social media friendly the issue being that the questionnaire was comprehensive and detailed. It was recognised that as a result of the survey the most effective channels for communications still needed to be identified for some groups and would be given further consideration.

- k. It was advised that for the presentation of the CPD update at the meeting of Council more detail should be given on the communications aspect of the report.
- l. Osteopathic members of the Committee commented that they had found the report reassuring and developments were moving in the right direction. It was agreed there would always be individuals and groups who would not agree with the approaches being undertaken but overall many registrants would accept and comply with the new scheme. It was suggested that three key areas in particular – isolation, professionalism and need for external data – could be addressed through more inter-professional work on CPD at a point in the future.

#### **Item 4: Osteopathic Practice Standards**

10. The Professional Standards Manager introduced the report and analysis on the outcomes of the consultation outlining the approach to the revised *Osteopathic Practice Standards*. It was hoped that the report would assure the Committee that the consultation process for the updated OPS had been robust and inclusive.
11. It was highlighted that four key areas of the OPS had been discussed at length after the consultation with the Stakeholders Reference Group and the updated standards reflected the consensus reached at the meeting:
  - The introduction to the OPS
  - B1 – Philosophy and principles
  - C6- promotion of public health
  - D1 – Advertising and use of the title 'Doctor'
12. In discussion the following points were made and responded to:
  - a. Members asked for clarification on the definition of 'Standards of Proficiency' and what that meant to the changes that had been made post-consultation. It was explained there was a requirement for the regulator to publish 'Standards of Proficiency' and a 'Code of Practice' which in the past were published separately and in the current OPS are presented in a single document but delineated. In the revised OPS the standards and code have been combined into one set of standards. Legal advice had been taken to

ensure the feasibility of this and had also been included in the consultation process and was broadly supported. The possibility of confusion being caused by combining the 'Standards of Proficiency' and the 'Code of Practice' had been considered but it was not believed this would be the case as reference is already made to the standards which are used functionally to assess complaints and concerns relating to osteopaths.

- b. In response to a suggestion that it might be useful to reference GOPRE (Guidance for Osteopathic Pre-Registration Education) to demonstrate what the proficiency standards are in terms of education and clinical competence it was explained that GOPRE is a reference document for quality assurance of education. The OPS was the equivalent to any other health regulators standards and arranged along similar themes. It was argued that for a lay person outside the curriculum of the OEIs there is nothing written down on what constitutes the clinical competencies to practice as an osteopath. The challenge was to be able to acquire consensus on the clinical competencies required for osteopathy. It was acknowledged that defining the competencies was difficult but in relation to the OPS the standards articulated in the document were appropriate. It was agreed that this would be an area to consider for future discussion.
- c. It had been noted that with both the OPS and CPD consultations respondents had asked about the purpose for the changes. Members asked if there was anything the GOsC could be measuring as a result of some of the changes to demonstrate improvements for registrants such as reduction in complaints or areas of fitness to practise. The Chief Executive agreed with the comments on evaluation and measurement advising that the range of interventions being undertaken including the CPD scheme, the values project and other communications work would move the GOsC in the right direction and evaluation would be undertaken via a number of measures.
- d. D.1.2.3: Title of Doctor – it was suggested there may be some ambiguity in the paragraph as it did not prescribe how it should be made clear to a patient that an osteopath is not a medically qualified doctor or licensed to practise as a medical doctor. The point was noted but it was explained that the paragraph had been reviewed and finalised by the Stakeholder Reference Group. How to make the position clear to a patient could be done in a number of ways including publishing information as part of a biography on a website; including details in patient information leaflets; or through conversation.
- e. D.1.2.1: Advertising – It was commented that advertising and the issues relating to the Advertising Standards Agency (ASA) were continuing to cause frustration amongst osteopaths and osteopathic groups. The ongoing discussion and strength of feeling elicited might see the debate continue for some time. The Chief Executive responded explaining that the requirement to meet the ASA rules are based in law, included in the current version of the OPS and also in the 2005 Code of Conduct. The position now was that

individuals were being caught due to the ASA acting in response to the interventions of a pressure group making mass complaints about osteopaths' advertising. The GOsC could not regulate advertising as it is not the competent authority to do so but would still regulate those osteopaths who did not comply with the ASA rules. It was also pointed out that advertising was not about what osteopaths could or could not treat but what they could and could not advertise.

- f. C6 – Public Health: It was commented that the paragraph could be made more robust as there were concerns about practitioners whose views might be considered a public health concern (in relation to vaccinations). The Professional Standards Manager agreed this was a valid point and that a lot of consideration had been given to this. The meaning of 'promoting public health' and subsequent wording had been discussed at some length with the stakeholder and engagement groups. The resulting wording was representative of what stake holders wanted to achieve and broadly acceptable. It was also pointed out that if asked there was no obligation to offer an opinion or view on a public health issue and that referral to another health professional was always an option.
- g. Clarification was requested on the following as they appeared to conflict:
- D1.1.5: accepting referrals fees;
  - D8.4: you may recommend products and services to patients only if, in your professional judgement, they will benefit the patient;
  - D8.5: you should declare to your patients any financial or other benefit you receive from introducing them to other professional or commercial organisations. You should not allow such an organisation to use your name for promotional purposes.

It was explained that these points were fundamentally about transparency but would be reviewed and amended to ensure consistency before being submitted to Council.

- h. It was asked if the following points precluded a fully explained maintenance agreement between an osteopath and their patient:
- D1.1.2 – subjecting a patient to an investigation or treatment that is unnecessary or not in their best interest;
  - D.1.1.4 – prolonging treatment unnecessarily

It was explained that these approaches were not incompatible. A schedule of treatment had to be mutually agreed with the patient and the practitioner fully understanding and being comfortable with the course of treatment.

- i. It was asked if duty of candour, confidentiality and the duty to report were sufficiently clear:

D5.1.4 – not releasing or discussing medical details or information about the care of a patient with anyone, including their spouse, partner or other family member, unless you have the patient’s consent to do so.

D5.8 – In general, you should not disclose confidential information about a patient without their consent, however there may be circumstances in which you are obliged to do so. Such circumstances might include: ... 8.2 - if it is necessary in the public interest. In this case, your duty to society overrides your duty to your patient. This might happen when a patient puts themselves or others at serious risk; for example, by the possibility of infection, or a violent or serious criminal act

It was possible that an osteopath might be deterred from reporting indiscretions they may be aware or become aware of. It was advised that this point was covered by D5.8.2 but would be reviewed for clarity.

- j. In response to a concern about insurers and duty of candour to the patients, the Chief Executive explained that the insurers were not opposed to osteopaths apologising but advised that practitioners should not accept liability for an indiscretion or respond formally to written correspondence without a discussion with them.
- k. It was asked if assurance could be given that consistency had been maintained throughout the OPS. The Committee were informed that in the work undertaken to revise the OPS there had been mapping of previous and current versions of the OPS, scrutiny meetings with stakeholders and many internal meetings. The Executive were confident that nothing had been excluded in considering the revisions to the OPS. It was agreed that an explanation of the process would be brought to Council at its next meeting.
- l. It was confirmed that all actions on the Equality Impact Assessment had been completed and would be updated.
- m. In response to a query about ‘clear professional boundaries’ described at D2 it was confirmed a reference to chaperones had been included elsewhere in the document:
 

A3.1.1 – their rights as a patient included the right to have a chaperone present and to stop the examination or treatment at any time.
- n. The Committee requested that an explicit assurance was provided in the report to Council that there were no gaps or omissions in the updated OPS when compared with the current version and other regulatory standards.
- o. Members commended the Executive for an excellent piece of work.



- p. The Committee noted that they were not being asked to recommend the OPS to Council, but that they were feeding back to the Executive who would make a recommendation to Council.

**Noted:** The Committee noted the outcomes of the consultation on the updated *Osteopathic Practice Standards*.

**Agreed:** The Committee agreed the proposed approach for dealing with the issues raised during the consultation.

**Agreed:** The Committee agreed that they had discussed the results of the consultation and considered the amendments in the light of the outcomes of the consultation. Subject to any issues already identified, and additional assurance to be provided by the Executive that there are no gaps when compared to the existing standards, the Committee were content that the *Osteopathic Practice Standards* were appropriate for consideration by Council.

### **Item 5: Registration assessment review and update**

13. The Professional Standards Officer introduced the item which provided an update about registration assessment for internationally qualified applicants, registration assessor appraisals and training (ensuring the quality of registration assessments and impact on the integrity of the register).
14. The following points were highlighted:
- a. Feedback mechanisms for the Registration assessors;
  - b. The introduction of the e-learning forum;
  - c. The assessor newsletter planned for circulation in March/April 2018;
  - d. The project plan for the assessor training.
  - e. It was also highlighted that the introduction of the revised *Osteopathic Practice Standards* in 2019, and the potential implications of the UK leaving the European Union were areas which would require consideration in reviewing registration assessment.
15. In discussion the following points were made and responded to:
- a. Members commented that the report contained very useful and relevant developments for training and support of registration assessors and would have a positive impact on the assessor team.
  - b. Members were informed that the project plan for training included not only e-learning but also face-to-face meetings which were being planned for September 2018.

**Noted:** The Committee noted the registration assessment update.

### **Item 6: Quality Assurance update**

16. The Head of Professional Standards introduced the item which provided an update about the feedback from the quality assurance process from stakeholders involved in the process and the implications for Visitor training.
17. The following points were highlighted:
  - a. The analysis report of the feedback from the past two RQ reviews would support the development of training for the next session in September 2018. The feedback from the evaluation had been positive with helpful suggestions on how various areas of the quality assurance process could be enhanced. In particular it was noted and recognised that the duration of visits and what can be achieved in the time allotted remained a challenge.
  - b. Assurances were given that the tender exercise and the innovative approach to quality assurance were not inter-dependent or linked. The development of a new quality assurance method was not limited by a particular contractual relationship.
18. In discussion the following points were made and responded to:
  - a. Members expressed concern about the decision making process for procurement. It was felt that there was not sufficient information to make a decision on what the correct process would be and that if there was learning to be taken from the previous QA process this should be demonstrated. This would help members to fully understand what was being delegated to the Committee to inform the decision to be made by Council.
  - b. It was explained that based on the procurement rules it was the role of Council to make decisions on procurement but for the QA procurement process the proposal was to be delegated to the Policy Advisory Committee as was the case with the previous tender exercise. The paper before the Committee highlighted an indicative timetable which would be considered in detail at the next meeting in June before decisions were made by Council in July about the tender process to be undertaken.
  - c. The Chief Executive advised members that the procurement decision could be made by a specialist panel and submitted to Council for its endorsement. The expertise to develop the specification for the tender could come from the PAC and the Executive as directed by Council. It was agreed that the process should be articulated for clarity and that this process would take place at the next Committee meeting ahead of a proposal to Council in July.
  - d. It was confirmed that with a number of visits due to take place there were plans to recruit and train new QAA lay visitors to ensure there would be a sufficient number of Visitors to cover busy periods of activity.
  - e. For the benefit of the Committee the Chair reminded members that following the discussion at the meeting in October 2017, it had been agreed that

taking an innovative approach to quality assurance was subject which required further consideration. At the meeting of Council in January 2018 the Executive advised that due to a number of factors it might not be the right time to take this approach within the timescale of the current QA contract. It was noted that scope to change the QA mechanism within the current contract and indeed future contracts would remain. It was also noted that as a result of the feedback from the Committee a 'call for evidence' about how to undertake quality assurance had been included in the current QA consultation

- g. It was argued that the opportunity consider a more innovative approach to quality assurance was being missed. It was thought the current system did not measure the ability of students but the ability of the OEIs to present their processes, and that this should be considered. The Head of Professional Standards clarified the position explaining:
- The PAC indicated at its meeting in October 2017, it would like to look at the possibility of more innovative approach to quality assurance.
  - The Executive in its recommendation to Council in January 2018, advised that due to the uncertainty in the external environment it would not be right time consider specific proposals for change. These would be better developed once the external regulatory environment in higher education settled, given that a new regulator, replacing HEFCE, would be established in April 2018.
  - Taking into account the views of the PAC an additional question had been inserted into the current QA consultation about how best the GOsC can carry out quality assurance and the call for evidence was the beginning of the innovative approach to QA as requested.
  - The consultation outcomes would clarify the position in making a number of structural changes to the way quality assurance is conducted including the removal of expiry dates with further information to inform the proposals analysis on risk and policy development in this area in due course.
- h. Members also stressed that in reviewing quality assurance emphasis on issues associated with values and behaviour should also remain a focus.
- i. The Chief Executive advised members that more critical than the approach to quality assurance was the need to ensure that the GOsC did not act illegally in relation to quality assurance which was prescribed in some detail in the Osteopaths Act 1993.

**Noted:** The Committee noted the quality assurance update.

**Item 7: Quality Assurance – Renewal of Recognised Qualification – North East Surrey College of Technology (NESCOT) (reserved)**

19. Elizabeth Elander declared an interest and left the meeting for the duration of the discussion.
20. The Professional Standards Officer introduced the item which sought the Committees approval for the renewal of the Recognised Qualification for the North East Surrey College of Technology (NESCOT) which was seeking renewal for the:
  - a. Master of Osteopathic Medicine (MOst)
  - b. Bachelor of Osteopathic Medicine (BOst)
21. The following points were made and responded to:
  - a. It was highlighted that since the name change from the Surrey Institute of Osteopathic Medicine (SIOM) to NESCOT the same issues were being presented, the quality and diversity of patients and the presentation of revised marketing plans. It was asked if the additional monitoring could be built into the action plan.
  - b. The Professional Standards Officer explained that she had accompanied the QA reviewers visiting NESCOT and the institution had shown that they were fully aware of the ongoing issues and demonstrating how these were being addressed to the Visitors. The visit had been extremely useful and there was reassurance that actions to make significant improvements were being undertaken. The QAA were also confident that NESCOT are making the changes required. This was evidenced in the Visitor report.
  - c. It was also pointed out that there were additional challenges for NESCOT with the recruitment of UK students as well as the admission of ICOM students and managing the demands for two very different cohorts.
  - d. It was suggested a way to monitor the student activity and experience would be to audit activity journals to get a clear picture of their progression. It was explained that NESCOT have a good system in place which involves three datasets, the challenge was the oversight of the system which NESCOT recognised carried difficulties.
  - e. There was some concern that students were not getting the experience required due to the lack of diversity with patients. It was explained that the condition covers this concern which is clearly documented in the Visitor report and the agreed monitoring would keep the Committee informed of progress and changes.
  - f. It was agreed an impact statement would be sought and ongoing concerns would be included in the monitoring plan to ensure the Committee receives feedback on progress.

**Agreed:** The Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Master of Osteopathic Medicine and the Bachelor of Osteopathic Medicine at NESOT subject to the general and specific conditions outlined from 1 November 2017 to 31 October 2023.

**Agreed:** The Committee agreed the action plan as shown.

**Item 8: Quality Assurance – Renewal of Recognised Qualification – British College of Osteopathic Medicine (BCOM) (reserved)**

22. Ray Playford and Kerstin Rolfe declared interests and left the meeting for the duration of the discussion.
23. The Professional Standards Officer introduced the item which sought the Committees approval for the renewal of the Recognised Qualification for the British College of Osteopathic Medicine (BCOM) which was seeking renewal for the:
  - a. Masters in Osteopathy (M.Ost)
  - b. Bachelors in Osteopathic Medicine (B.OstMed)
24. The Committee were asked to note that during the RQ visit which took place in October 2017, BCOM stated that they would no longer continue with the Diploma of Osteopathy as a Recognised Qualification.
25. As there were no specific conditions linked to BCOM the Committee were asked to recommend the renewal of the qualifications as described.
26. In discussion the following points were made and responded to:
  - a. Members asked about the reasons for BCOM's request for the removal of the DO qualification. It was explained that there were issues relating to the quality management of the award and also issues which had been raised by Plymouth University (the validating university) about the DO qualification status due to it being similar to the award offered by the University. Discussions were held with BCOM about the decision to withdraw the award. Members were assured there were no envisaged risks due to the withdrawal of the DO qualification as the award had not been made for a number of years.  
  
It was confirmed that there were no envisaged implications for the B.OstMed or the M.Ost qualifications and that it was unlikely that the DO qualification would resume.
  - b. Members were informed that the DO qualification was viewed as a fall-back taken by students who might not want to complete requirements for the Masters or Bachelors qualification.

**Agreed:** The Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Masters in Osteopathy and Bachelors in Osteopathic Medicine awarded by the British College of Osteopathic Medicine from 1 October 2017 until 30 September 2023 subject to the general conditions as outlined.

**Item 9: Any other business**

27. There was no other business.

**Item 10:** Date of the next meeting: Tuesday 12 June 2018 at 10.00