Policy Advisory Committee (Public)

Minutes of the third Policy Advisory Committee (Public)
(also the 83rd meeting of the Statutory Education Committee)
held on Thursday 9 March 2017 at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

Confirmed

Chair:	Dr Bill Gunnyeon
Present:	John Chaffey Jane Fox Bernardette Griffin Joan Martin Robert McCoy Kenneth McLean Manoj Mehta Liam Stapleton
Observers with speaking rights	Dawn Carnes, National Council for Osteopathic Research (NCOR) Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO) Graham Sharman (COEI) Nick Woodhead, Osteopathic Alliance (OA)
In attendance	Angela Albornoz, Professional Standard, Policy Officer Fiona Browne, Head of Professional Standards Emma Firbank, Regulation, Senior Regulation Officer (Item 8) David Gale, Quality Assurance Agency (QAA) (Item 5 onwards) Sheleen McCormack, Head of Regulation Matthew Redford, Head of Registration and Resources Marcia Scott, Council and Executive Support Officer Tim Walker, Chief Executive and Registrar
Observers	Maria Olivia, Registrant

Item 1: Welcome, introductions and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Maria Olivia, a registrant attending to observe proceedings.

2. Apologies were received from Alison White who submitted her comments to the Chair prior to the meeting. Apologies were also received from Charles Bruford, Chair of COEI, Steven Bettles, Policy Manager and Stacey Clift, Policy Officer.

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 and be recalled at the discussion's conclusion if there was a conflict. Where an item was for noting members and observers would also to declare their interest, although conflicts were less likely in this case.

Item 2: Minutes and matters arising from the meeting of the Policy Advisory Committee, 13 October 2016

4. The minutes of the second meeting of the Policy Advisory Committee, 13 October 2016, were agreed as a correct record subject to the following amendment:

   Item 14. British School of Osteopathy (BSO) – Renewal of Recognised Qualifications: Paragraph 40:….Manoj Mehta had been an External Examiner on this review and left the Committee for the duration of the item.

Matters arising

5. There were no matters arising

Item 3: Continuing Professional Development (CPD) – update

6. The Head of Professional Standards introduced the item which gave an update on the progress on implementation of the CPD Scheme. The Committee was also asked to consider the following:

   a. What were the key messages arising from the evaluation report?
   b. What were the implications for:
      i. roll out of the CPD scheme (for the GOsC and for other organisations);
      ii. communication with osteopaths;
   c. consider and comment on the legislation consultation.

7. In discussion the following points were raised and responded to:

   Evaluation Report

   a. It was explained that the evaluation report would provide the baseline for reporting on the CPD scheme. It was not the first in relation to CPD as during the revalidation pilot evaluation reports were produced to monitor the scheme's progress.

b. Members commented on the number of Early Adopters who had participated in the launch described as impressive and asked if the numbers represented a diverse demographic of participants. It was confirmed that in broad terms those involved in scheme as Early Adopters were a diverse representation of the community.

c. Attention was drawn to the summarised 'Emerging key messages' at paragraph 35 with the following comments:

   i. Most CPD undertaken is in Knowledge Skills and Performance and less in Communication and Patient Partnership.
   ii. A high proportion of Registrants (74%) are not collecting feedback about their practice from objective sources.
   iii. Consent and Communication was higher than expected demonstrating registrants concerns in this area. It was commented that CPD providers were now more open to providing courses relating to consent and communication.

d. A surprising finding was the high number of registrants (92%) who could identify a trusted colleague they felt able to discuss their CPD with. This statistic did not match the discussions that had been undertaken with groups. It was suggested that the discrepancy might be the difference between discussing 'my doing of CPD' and CPD 'action' learning which is more about 'what I am doing', 'what is going less well' and 'what I might do differently next time'. It was agreed that the evaluation demonstrated that being able to interact with others in a safe space worked.

e. It was also commented that in spite of the work undertaken by the GOsC and the iO difficulties were still being expressed by registrants about working in isolation and the lack of opportunities to discuss practice and CPD with colleagues. This was still an area of challenge.

f. Members asked if the trends from the survey mapped in terms of CPD Annual Summary form submissions. The Head of Professional Standards responded that it was quite difficult to interrogate and classify data from the CPD Annual Summary forms but that some thought could be given to this moving forward.

g. The Chief Executive stressed that it was important it was understood that CPD could be undertaken in numerous ways. It was agreed the message should be pressed that there were many different pathways to learning and that location was not a barrier.

h. It was agreed that difficulties with perception of access to resources needed to be resolved and improved. The Head of Professional Standards highlighted the work being done by the Communications team, the CPD connect aspect of the website and the access to the webinars which were

being accessed by people outside the UK was beginning to show that 'communities' were not necessarily geographically restricted. The microsite in particular was being widely promoted and demonstrated to the community.

Legislation Consultation

i. It was suggested that gender references should be amended so as to be gender neutral wherever possible. It was agreed this was a good point and had been noted by the Executive but the difficulty was in keeping the changes to the CPD Scheme minimal and the terminology appearing throughout our legislation. It was agreed that this would be considered.

j. It was confirmed that the Department of Health (DH) had given their approval and put together the timetable for the changes in legislation but it was not guaranteed that the way forward would not be entirely without some difficulty given current context. The Executive were fairly optimistic about the outcome.

k. Members asked for clarification relation to Question 3, and the reference to '…the anomaly of exempting new graduates from CPD…'. Was the word 'anomaly' describing the exemption of new graduates from CPD correct and were there any particular issues relating to new graduates in their first year? It was explained the use of 'anomaly' stemmed from the fact that we had not identified such an exemption in use by other healthcare regulators or bodies. It was shown in the preparedness to practise research conducted by Della Freeth and colleagues, and also through the Osteopathic Development Group (ODG), that networking/mentoring in terms of building and learning from experience should be encouraged at the point of graduation as students make the transition to autonomous clinicians. The Chief Executive informed the Committee that the ODG would be piloting a mentoring scheme from July 2017 for six months which could be described as 'CPD in the first year' encouraging graduates to seek out the assistance they might need. Graduates were also being encouraged to develop business skills and reach out to other areas of healthcare so as to avoid isolation and develop and maintain continuous learning from the beginning of their careers.

l. Members asked how the legislation would work for those returning to practise (paragraph 3, page 38) – that is those that returned to practise between the annual and three year cycle. It was explained that those who wished to return to 'practising' status after two years or more of being non-practising or those who were re-joining the register after more than two years out of UK practice would continue to be invited to meet with the GOsC to consider their CPD options in a structured way. Their CPD cycle would start on the date that they re-joined the register and would conclude before their registration date as now. Those who re-joined the register before the three year cycle was in force would continue on an annual cycle until their

next renewal date. Those who re-joined after the three year cycle came into force would continue on the three year cycle. As now, osteopaths were encouraged to remain up to date so that they were up to date at the point of joining the register, and as now they discuss their plan for doing this with the return to practise assessors.

Noted: the Committee noted the update on the implementation of the CPD Scheme.

Item 4: Review of the *Osteopathic Practice Standards*

8. The Chief Executive introduced the item which gave an update on the review of the Osteopathic Practice Standards (OPS).

9. The Committee were asked to consider the progress and development of the OPS review and the issues relating to the timetable as set out in the paper. It was explained that the consultation would need to commence and conclude earlier than outlined in the paper to allow sufficient time for analysis but that the remainder of the timetable was as set out.

10. The following areas were also highlighted:

    a. The meeting of the Stakeholder Reference Group, chaired by Jane Fox, had gone well with a high degree of engagement by stakeholders and good progress had been made.

    b. Jane Fox thanked Steven Bettles for his work with the stakeholders group, noting the extensive preparation, and was pleased with the engagement shown by the stakeholders. A further meeting is to be planned in due course.

11. In discussion the following points were raised and responded to:

    <u>Approach and Principles</u>

    a. Usability: members asked if there would be 'user testing' of the OPS. It was explained that it would be the responsibility of the Stakeholder Reference Group to ensure that the revised OPS was comprehensive and that the language made sense to users. The necessity for patient involvement was acknowledged as both patient representatives had been unable to attend the first meeting of the Stakeholder Reference Group. It was confirmed that this was being explored with the patient representatives who were unable to attend the meeting ahead of the next working group meeting.

    b. Balance of standards and guidance: members commented that the draft guidance document seemed like the 'right amount' capturing the areas of difficulty for osteopaths. The Chief Executive indicated that an area requiring consideration was the presentation of the Standards on mobile devices. Realistically more and more publications were being accessed online and the

challenge would be in considering the boundaries of the guidance, standards and learning resources in these terms.

c. Capacity: members asked why there was no reference to 'Gillick competencies'. It was explained that the area relating to the treatment of children under the age of 16 without parental consent was difficult and a matter of balance. It was for practitioners to understand the law and follow guidance relating to underage individuals recognising that the requirements were different in different parts of the UK. It was suggested that the paragraph at section A4, paragraph 14, might be reworded to say '….capacity or the ability to give capacity in different parts of the UK' stipulating that the practitioner should check what it means for them.' It was suggested that there was also a risk in overloading the OPS with information so losing engagement and interest. It was suggested the OEIs had an important role in discussing capacity and consent and this should be stressed through stakeholder communications. Further thought as to the level of detail around capacity and the relationship to the current supplementary guidance would be considered.

d. Osteopathic principles: the issue of the osteopathic principles moving from standards to guidance was raised along with discussion about the meaning. It was suggested that rather than focus on the meaning of a word it would be better to focus on what is intended. The Chief Executive explained that there had been in depth discussion at the Stakeholder Working Group meeting where a consensus had been reached agreeing that the principles although not forming part of the standards should be referenced in the guidance. However, it was clear that there were differing views. It was suggested that osteopathic principles were an important issue for consultation, reference to history, identity, understanding and options for moving forward should be considered in the consultation document and for the profession and other stakeholders to consider.

e. Standards and guidance: it was commented that in looking at areas discussed by the Committee issues relating to conditions and recognised qualifications were referenced to the OPS and therefore in legal terms a provider could say any reference to principles, for example, did not feature in the standards but were guidance. It was explained that the Guidance for Osteopathic Pre-Registration Education (GOPRE) could inform institutional matters as it translated the OPS into educational outcomes for the RQs. It was noted that the same issue applies to fitness to practise proceedings.

f. Knowledge and skills: it was commented that at B1/B2 the Standards mentions knowledge and skills but the guidance did not reflect this as it appeared more about 'knowing' than 'doing'. It was agreed a good point but this was now covered at C1. Members were advised that further feedback would be reviewed.

g. Public health: an issue was raised about the demonstrating a knowledge of public health. In response members were advised that the Stakeholder Reference Group had been comfortable with the frame of reference for public health. It was felt that as health professionals there was a role for osteopaths in relation to public health. However, it also noted that there was still a debate to be had within the profession about accepting wider healthcare duties. This was also about giving people access to enough information to make their own decisions – not about providing advice. These matters would feature in the consultation document.

h. A suggestion was made about duty of candour at D7 and linking this to C1.1.5: 'Recognise when errors have been made, and take appropriate action to remedy these, taking account of the patients best interest'. It was agreed a good point and would be considered.

i. A point was raised about D10 and the inclusion of guidance on communicable diseases. It was advised that there had been lengthy discussions relating to HIV and Hepatitis at previous committee meetings and advice from Public Health England on exposure prone and non-exposure prone procedures relating to osteopaths had been provided. The point would be taken on-board and considered.

j. Committee members were asked to provide any further comments or drafting points to the Executive.

Noted: the Committee noted the update of the O*steopathic Practice Standards* review.

Item 5: Quality Assurance Review

12. Graham Sharman and Manoj Mehta declared interests as Education Visitors in relation to this item but remained in the meeting.

13. The Head of Professional Standards introduced the item which considered the scope of the Quality Assurance review to inform the continuous improvement of the GOsC approach to the quality assurance of osteopathic education.

14. The following areas were highlighted by David Gale:

    The overall response to the evaluation had been good but there were a number of suggestions areas which could be improved including:

    a. the timing and flexibility of the RQ visits
    b. contribution of observations to the RQ process
    c. how to join up the elements of the process – monitoring, annual reporting and five yearly Visits.

15. In discussion the following points were made and responded to:

    a. It was clarified that 'A robust evidence base' listed at paragraph 15: GOsC Council feedback, should be read 'robust evidence based quality assurance decisions'.

    b. Clarification was sought about the Government's White Paper on the Teaching for Excellence Framework and also its impact on the OEIs in terms of annual reporting.

       Teaching Excellence Framework (TEF): there would be three levels of outcome, bronze, silver and gold. It would be a voluntary scheme and a useful indicator for the level of teaching and learning. It is believed that it would be widely adopted and would be rolled at subject level. It could provide some useful metrics for the GOsC QA and review of RQs on the same way that National Student Survey (NSS) scores do. The Bill is expected to go through during the spring 2017. Notable amendments include autonomy for institutions and degree awarding powers. The Office for Students would replace the Higher Education Funding Council (HEFCE) as the regulator to be set up during 2018. The shadow body will designate a quality body which may or may not be the Quality Assurance Agency (QAA). The processes for doing so are set out in the Bill. These changes would impact on the national arrangements for England and Northern Ireland and there may be further consultation on the QA framework. There remained considerable uncertainty at the present time.

       Impact of framework on the OEIs: the TEF's impact on the RQ will show of the level of teaching and learning, and whether graduates are meeting a profession's standards. At least one OEI has adopted the framework. TEF may be useful in terms of annual returns indicating how institutions manage their provision.

    c. Members asked about the length of time for Visits. It was explained that traditionally these are 2.5 days but there could be scope for shorter or longer visits. Feedback has been that 2.5 days is often too short a time to cover all that is required to meet the standards and allow the OEI to demonstrate good practice. A longer period of time would alleviate the pressure on visitors to meet requirements. The issue was that the Committee set the outcomes and the process for delivering those outcomes needn't be prescribed.

    d. It was confirmed that at the end of a Visit a verbal briefing of the broad outcomes is given to the institution. The challenge is the extent of the briefing in relation to the findings. Education providers want a complete view of the findings before a report is written and any conditions finalised. It is an area that is being looked into for improvement. It is agreed that there should be no untoward surprises when presenting a Visitor's Report but this

can be difficult to balance with the Visitors need to reflect on the evidence gathered and the findings.

e. It was confirmed that student feedback was included in the annual returns. However, student input to the process could be enhanced by perhaps including a student representative as part of the Visit Team. Members asked if the QAA speak with patients as part of the reporting process. Members were informed that the QAA did not speak with patients but do observe clinics. Patient feedback, provided by the clinic, is also reviewed. It was also confirmed that the opinion of institution staff is sought as well as that of management in the during the review process.

Agreed: the Committee agreed the scope of the Quality Assurance review and the next steps for the review.

Item 6: Registration Assessment Review and update

16. Rob McCoy and Graham Sharman declared interests as Registration Assessors.

17. The Head of Registration and Resources introduced the item which set out the planning and initial thinking associated with a review of elements of the registration assessment process including mutual recognition of qualifications/regulated professionals.

18. The following areas were highlighted for the Committee's consideration:

    a. The fees payable to assessors and by applicants (EU/Non-EU) have not been reviewed for some time and there was a proposal for a consultation on a new fee structure.
    b. The work relating to mutual recognition of qualifications as set out.

19. Thanks were noted for Stacey Clift, Policy Officer, for her work in organising the Registration Assessor training and registration policy and also to Jane Fox for her future work in conducting the assessor appraisals. The 2017 appraisals would be taking place in the summer.

20. In discussion the following points were raised and responded to:

    <u>Fees to Assessors and Applicants</u>

    a. It was commented Assessors had enjoyed and welcomed the process of appraisals and that a common area of concern was the fees paid which were seen as insufficiently matched to the work involved.

    b. It was commented that the Further Evidence of Practice Questionnaire was time consuming but it was difficult to say how much time was involved as this varied. It was confirmed that data was being collected to better understand aspects of the work undertaken by assessors including the range

in respect of the time taken for completing Further Evidence of Practise Questionnaires.

c. It was agreed the fees paid to assessors should be commensurate with the work being undertaken and the review was timely. It was commented that the fee should reflect the cost to the GOsC.

d. It was confirmed that there is currently no legal cap on fees charged but this was an area being explored further and would form part of a full consultation.

Mutual Recognition

e. Members were advised that a legal analysis to confirm that the GOsC would have the power to recognise non-UK qualifications was a potential option. There were also other options. There was more work to be completed on this and further advice would be sought.

f. Members asked if the recognition had to mutual. The Chief Executive advised that recognition did not have to be mutual but there were agreements in place with New Zealand and Australia for accelerated pathways for UK graduates.

Noted: The Committee noted the registration update.

Item 7: Hearings and Sanctions Guidance discussion paper

21. The Head of Regulation introduced the item which presented a draft discussion paper which would inform the consultation on a review of the current Indicative Sanctions Guidance.

22. The paper should be viewed in two parts:

    a. Inviting views on the proposed approach set out in the covering paper which differs from previous reviews of fitness to practise guidance in that we are exploring in advance a range of topics relevant to Unacceptable Professional Conduct and Sanctions through a public engagement exercise. The feedback we receive will help to inform our views on updating the draft guidance and assist us to reflect upon whether there are additional areas we need to consider;

    b. Inviting feedback on the issues raised in the discussion paper.

23. It was planned that feedback on the public engagement activity would be submitted to Council in May 2017 although it was acknowledged this was ambitious timetable it could be achieved.

24. In discussion the following points were raised and responded to:

    a. Members commented that the paper was forward looking and it was hoped the guidance could be incorporated into CPD to be an additional learning tool looking at 'when things go wrong', helping registrants to recognise issues that may arise and avoid future difficulties.

    b. Members asked if GOsC had powers to publish fitness to practise advice. The Head of Regulation informed members that this had been incorporated in the paper. It would be in the public interest to explore and what this would entail including publishing advice and sharing the advice issued to the registrant with the complainant.

    c. It was commented there would be a need to recognise cases where the nature of the allegations involved misconduct that of a type that was less amenable to remediation such as dishonesty.

    d. It was agreed that extensive training would be required for the members of fitness to practise committees if the changes were made. As part of the discussion, it was pointed out that currently if a committee finds UPC they have to impose a sanction where as other regulators have an impairment approach and the imposition of a sanction was not an inevitable consequence.

    e. It was asked at what stage mitigation takes place. It was confirmed that currently mitigation, apology and insight were relevant at the sanction stage but the discussion paper was inviting comments on whether this could be relevant at the UPC stage of a hearing.

    f. The paper demonstrated a 'right touch' regulatory approach that could encourage self-referral.

    g. It was commented that the diagram setting out the fitness to practise process required expansion to make it clearer, especially in the process at the IC stage.

Item 8: Draft Rule 8 Practice Note

25. The Senior Regulation Officer introduced the item which proposed an updated and modified draft Rule 8 Practice Note. The modified Practice Note would provide a framework for decision making which would focus on the GOsC's overarching objective to protect the public and would assist committees to dispose of appropriate cases proportionately.

26. The following areas were highlighted:

a. The PCC Chair alone would decide if a case would be appropriate to be dealt with under Rule 8. The case would then be submitted to the PCC as normal practice.
b. The suitability criteria would be removed and failure to practise without insurance could now be disposed of through this new stream lined approach.

27. The following points were raised and responded to:

a. Members asked if there had been any particular issues related to using Rule 8. It was explained that at present Rule 8 cases were exceptional. It was believed that with the updated Practice note where the PCC decision had been to issue an admonishment for a minor misdemeanour then Rule 8 could now be more effectively utilised.

b. Members asked if a complainant was not happy with a Rule 8 finding were there other avenues which could be taken. It was advised that this would be taken into account by the Committee but in most cases the complainant would be the Registrar or the police.

Agreed: the Committee agreed to recommend the draft Rule 8 Practice Note to Council for consultation.

Item 9: Fitness to practise data analysis

28. The Chief Executive introduced the item which presented details of recent analysis of data about individuals involved in fitness to practise proceedings and considered preliminary findings.

29. The following points were highlighted:

a. The sample group for data collection was very small therefore the results cannot be viewed as conclusive.

b. The key observations were:

i. A significant over-representation of male osteopaths at both investigation stage and PCC findings.
ii. The majority of those investigated or subject to sanction were middle to late career registrants.
iii. There was a slight over-representation of more mature graduates. It was suggested that this group might experience difficulties because they were less open to changes and new ways of thinking than younger graduates.

c. More research should be undertaken to learn whether the individuals are sole practitioners and the type of practise they operate from. Also more data should be collected on those who are subject to a complaint in the early stages of the ftp process.

30. In discussion the following points were raised and responded to:

    a. It was suggested that the over-representation of male osteopaths in the research findings might be due to having more patient contact as they were able to work longer hours than their female counterparts/colleagues. The Chief Executive responded that this information was not available but would be one of the areas to be explored along with part-time working and patient numbers.

    b. It was suggested that once the CPD Scheme had been introduced it would be interesting to see if this made a difference in the number of complaints referred. It was pointed out that CPD might not have a significant impact as a complaint would probably arise at the same point of a practitioner's career having been established for a number of years. The analysis relating to the detail of the complaints had not been done but it maybe something to consider for the future.

    c. It was suggested that some osteopaths might not be adept at dealing with complaints at an early stage but it was pointed out that the complaints being dealt with were very serious. Less serious issues would be ruled out under the threshold criteria or dealt with under Rule 8.

    d. Members asked if there was any insight as to where the complaints came from and the category of patient. It was confirmed that fitness to practise data was going to be submitted to NCOR for analysis and would include the sex of the registrant, the number of years qualified, and their age. The difficulty would lie in the small samples and the ability to anonymise the data. For data about where complaints came from it was pointed out to date the main areas were patients, osteopaths and the Good Thinking Society. Very few complaints related to criminal activity.

    e. There were no current plans for further data capture and a discussion with registrants and stakeholders would need to take place about the data to be gathered.

Item 10: University of St Mark and St John (MARJON) – Initial recognition of Recognised Qualification (RQ)

31. No interests were declared in relation to this statutory Education Committee item.

32. The Head of Professional Standards introduced the item concerned the University of St Mark and St John seeking initial recognition of qualifications for the:

    a. Master of Osteopathic Medicine (full-time)
    b. Master of Osteopathic Medicine (part-time)

33. The Committee were asked to note the following corrections:

    The title of the paper should read: Policy Advisory Committee (statutory Education Committee)

34. The following points relating to the paper were highlighted:

    a. This was a new initial recognition review. This was reflected in the review specification outlined by the Committee which focussed on the position at the stage of development of the course.

    b. Conditions two and five of the Action Plan might need some adjustments from MARJON

    c. There were six conditions in the context in terms of governance and management, the university resource of approval and development process and level of understanding of the professional and teaching staff relating to processes in taking the action plan forward.

35. The following points were raised and responded to:

    a. In relating to Visitors response to the Action Plan, condition 4 it was suggested that the word 'greater' be changed in the final paragraph so as to highlight consultation privacy. It was pointed out that in the QAA report this was reflected at paragraph 54 including what was required. There was also some concern about the lack of private areas separated by walls rather than curtains. In response the Committee was advised that the institution would not go into clinic until year three in 2019, the plans for the osteopathic clinic would be in place by then. The five year osteopathy clinic infrastructure development strategy had been considered by the Visitors. It was suggested that the privacy issue be reflected more fully in the Action Plan.

    b. Members raised some concerns about the risk planning and management relating to teaching/patients. This area did not appear to be entirely clear. It was agreed this was a challenge for the institution and the issue of risk had been raised at paragraph 73 of the QAA report. It was suggested that the Action Plan needed to be more granular and detailed in relation to the risk ratings, control measures and timescales.

    c. Members asked if twelve students was the baseline for student numbers in the first year of the programme. Clarification was sought relating to the staff to student ratio. It was explained that the university had set aside a budget for staff to be deployed as required for the programme as it developed.

    d. In setting out a number of issues related to the QAA report it was suggested that as a new programme the report should have been more detailed for assurance that what was being undertaken was wholly understood in relation to the areas for development. It was explained many of the issues

highlighted were areas for further development of the programme. The additional staff would be in place later in the year to continue with the programme's development. It had been specifically explored with the visiting team agreed that these areas should be areas for development and not conditions. The documentation considered by the Visitors had been attached at the back of the Report.

e. It was also explained that students and the University would have to adhere to the *Osteopathic Practice Standards* against which the curriculum was mapped. Although there was no dedicated osteopathic clinic at this stage of development based at the institution the university did have innovative plan of placements for the students with the osteopaths in the community.

f. It was highlighted that the numbers of hours to be completed by level 6 and 7 students in conjunction with an in-house clinic and might be a high-risk factor when considering the plan for clinical placements. On the one hand, such a strategy for obtaining clinic placements in osteopathic practices may be difficult to recruit and quality assure. On the other hand, it was noted that such a model was in place in other health professional courses. The concern was what if MARJON could not deliver. It was pointed out that the institution already had robust systems for its placements. It was recognised that the risk strategy should take account of this discussion (see point b. above).

g. It was agreed that the action plan required strengthening and that an understanding of the risks needed to be made clear. This would be feedback to MARJON. The Committee would continue to scrutinise but it was for the institution to manage its programme as long as the conditions were met.

h. The Committee were content to agree the conditions in relation to the MARJON report as agreed and the points made were about the granularity of the Action Plan to meet the conditions. The conditions supported regular dialogue and monitoring with MARJON.

Agreed: the Committee agreed the following:

a. To approve the record of the decision of the Committee to appoint Visitors in accordance with s12 of the Osteopaths Act 1993.

b. To recommend that the Council recognises the Master of Osteopathic Medicine (full time) and Master of Osteopathic Medicine (part time) awarded by the University of St Mark and St John subject to the conditions outlined in paragraph 26 from 1 September 2017 to 31 January 2021 and subject the approval of the Privy Council.

c. To agree the attached action plan attached at Annex D (subject to the strengthening of the plan as discussed).

Item 11: Surrey Institute of Osteopathic Medicine (SIOM) – RQ Review appointment of visitors

36. The Chair informed the Committee that the Executive were not in a position to name the proposed visitors. The appointments would be completed and circulated by email for agreement by the current Committee.

Item 12: British College of Osteopathic Medicine (BCOM) – RQ Review of appointment of visitors

37. The Chair informed the Committee that the Executive were not in a position to name the proposed visitors. The appointments would be completed and circulated by email for agreement by the current Committee.

Item 13: Policy Advisory Committee (PAC) – First year evaluation (oral item)

38. The Chair presented this item explaining that the PAC, which incorporated the statutory Education Committee, had now been established for one year. The Committee had been a new innovation in its operation. Members' comments, feedback and reflection on the Policy Advisory Committee would be welcomed and could be sent to either himself or to the Chief Executive. The Chief Executive would be sending a specific request to members for feedback. The feedback would form the basis of a report to be presented to Council in May.

Item 14: Any other business

39. This was the final meeting which the following members would attend as their terms of office would end on 31 March 2017:

- Jane Fox
- Bernardette Griffin
- Kenneth McLean
- Rob McCoy
- Manoj Mehta
- Liam Stapleton

40. The Chair, on behalf of the Committee, thanked the members for their expertise, insights and contributions to discussion while serving on the Committee for which he, the Executive and Council were extremely grateful.

Item 15: Date of the next meeting: Thursday 8 June 2017 at 10.00.