



## Policy Advisory Committee

Minutes of the Policy Advisory Committee (Public) held on 13 October 2016 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 Alison White
Observers with speaking rights	Dawn Carnes, National Council for Osteopathic Research (NCOR) Fiona Hamilton, Council of Osteopathic Educational Institutions (COEI) Nick Woodhead, Osteopathic Alliance (OA) (to item 14)
In attendance	Steven Bettles, Professional Standards, Policy Manager Fiona Browne, Head of Professional Standards Stacey Clift, Professional Standards, Policy Officer David Gale, Quality Assurance Agency (QAA) Priya Lakhani, Regulation Officer, Regulation (Item 8) Sheleen McCormack, Head of Regulation Matthew Redford, Head of Registration and Resources Marcia Scott, Council and Executive Support Officer Brigid Tucker, Head of Policy and Communications Tim Walker, Chief Executive and Registrar
Observers	Angela Grant Elizabeth Huzzey

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

1. The Chair welcomed all to the meeting, particularly observers Elizabeth Huzzey, osteopath, and Angela Grant, an osteopathy student.
2. Apologies were received from Maurice Cheng, Chief Executive of the Institute of Osteopathy (iO) and Charles Hunt, Chair of COEI.

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.
4. The Chair took time to particularly stress the importance of ensuring sufficient time was allowed for all participants to contribute meaningfully to the discussion. The purpose of the Committee is to ensure that when matters of policy are considered by Council that they had the benefit of robust development and consideration by this Committee.

### **Item 2: Minutes and Matters arising from the meeting of the Policy Advisory Committee, 16 June 2016**

5. The minutes of the first meeting of the Policy Advisory Committee, 16 June 2016, were agreed as a correct record.

#### **Matters Arising**

6. There were no matters arising.

### **Item 3: Review of the Osteopathic Practice Standards**

7. The Professional Standards Policy Manager introduced the item which gave an update on the review of the *Osteopathic Practice Standards*.
8. The Committee was asked to consider the following three key areas:
  - a. The feedback analysis and development of the *Osteopathic Practice Standards* review
  - b. The distinction between 'Guidance' and 'Resources'
  - c. The options for development of the *Osteopathic Practice Standards* and impact on timelines.
9. In considering the analysis from the call for evidence relating to the standards the following were highlighted:
  - a. The osteopaths role in public health
  - b. Inclusion of Osteopathic principles and philosophy in the standards
  - c. The contribution of other healthcare professionals
  - d. The requirement for the production of high quality material and data and being capable of retrieving, processing and analysing data.
10. The Committee thanked the Professional Standards Policy Manager for a very thorough paper. They indicated that the paper outlined a number of issues requiring detailed discussion.

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

Feedback analysis and development of the *Osteopathic Practice Standards (OPS)*

- a. Members considered whether the progression of the review was in accordance with the Principles agreed by Council – and in particular whether the progress of the review indicated a ‘minor change’ or a ‘major change’. It was felt that although the project was important it should not be regarded as a ‘new’ initiative.
- b. Some members felt that the changes illustrated and discussed were broader than those envisaged in the Council principles and might be considered ‘major’ changes. These members felt that if the revised version of the OPS could be viewed as ‘new’ by the wider profession there may be potential for confusion and misunderstanding about what was being presented. The concern was that if changes to the guidance could appear significant to the user, this could impact (and impede) effective implementation of change in skills and behaviour.
- c. Other members felt that what was proposed was entirely consistent with the Principles outlined by Council, and that the suggestions proposed were consistent as ‘minor changes’. Also that the informal consultation undertaken with osteopaths – who had taken the time to provide this feedback – and others, had been well analysed and the suggestions for change had come from the osteopaths themselves to aid and enhance the clarity and applicability of the OPS in practice and remove potential ambiguity. Responding to this feedback was an important part of the genuine ownership of the standards by the profession ensuring that the standards were meaningful and well understood.
- d. During this part of the discussion, the Committee specifically considered the moving of ‘recording consent’ from the theme ‘safety and quality’ to the theme ‘communication and patient partnership’ so that all requirements about consent would be in one place – aiding reference to the standards and clarity. The Committee also considered the duty of candour – how it fits under existing standards and whether significant separate guidance in relation to this area would be needed. It was felt that further analysis on this issue should be considered.
- e. It was emphasised that clearly, if changes to the standards were required, this should be undertaken as a matter of urgency outwith the review timetable. On the other hand, if contemporary context required that additional guidance on particular issues would be necessary, any issues around content and format should be considered in the context of accessibility of the guidance to users and the other relevant issues about implementation of something that may be perceived as a ‘major change’. If necessary, these issues would be something to test out with the osteopathic

profession and other stakeholders to inform future Committee and subsequently Council discussion.

- f. Some members were also concerned about organisational 'overstretch' stressing the importance of ensuring there was adequate capacity in time and resources.
- g. It was suggested that the message to communicate to the profession was that the standards had been simplified or revised rather than being 'new'. It was pointed out that the profession had given their feedback/comments and had requested the changes reflected in the analysis.
- h. The Committee suggested that the detailed questions should be referred to the stakeholders' reference group for consideration, rather than discussed in advance by the Policy Advisory Committee. All members agreed that the Committee and Council needed to be comfortable with the proposals and the developments going forward.

#### The distinction between Guidance and Resources

- i. The distinction between 'guidance' and 'learning resources' for the purposes of the OPS was clarified. It was explained that the term 'guidance' referred to the official guidance which supports the implementation of the Standards and which would require consultation and approval by Council. 'Learning resources' refers to information which might appear in the *'Osteopath'* or be based on case studies and assist in the implementation of the Standards – there would normally not be a requirement for consultation. In this case, 'guidance' may be incorporated within the 'OPS' or may be separate to it.
- j. It was suggested that some practitioners might find the concepts of guidance and standards difficult and that it would be important that support be provided through case studies and other means to help address this and encourage engagement.
- k. It was advised that there would need to be awareness of the purpose of each separate area of guidance, clarifying scope and boundaries, if this format was used moving forward. It was suggested that if supplementary guidance was to be added the reasons for doing so should be clear.
- l. It was also suggested that the resources should be evidence-based so as to make their purpose clear.
- m. It was felt that the McGivern research showed that both Guidance and Resources were essential in order to aid understanding and clarity in relation to the OPS.
- n. It was suggested the starting point should be the standards as everything is measured against them. A user would not distinguish between guidance or standard therefore whatever is in the document has to be critical/essential.

### Options for development of the OPS and timeline

- o. Members asked about the impact of the delay in the implementation of standards in relation to fitness to practise proceedings. Would there be any challenge for osteopaths working on the new standards between publication and implementation dates? It was felt that this would not be a challenge. Revised standards would have changes to language, presentation and clarity, but their content would remain largely consistent with the current standards.
  - p. Members asked about the relationship between the implementation of the new CPD scheme and the OPS timetable options. It was explained that the paper proposed that the revised OPS and Guidance would be published in March 2018. It was hoped that the new CPD scheme would come into effect in September 2018, and then the revised OPS and Guidance would become effective from September 2019. The timetable would provide an opportunity for osteopaths in the first year of the scheme to review the revised OPS as part of their CPD. The Committee were reminded that Council had agreed that the OPS themes should remain in place and the CPD scheme mapped to the themes not to the individual standards. Members agreed that it would be important to try and present as one 'change' process rather than two and in this respect they felt that the longer timetable presented supported the notion of one 'change' process and mitigated the risk of non-compliance.
12. The Chair thanked Committee and the Executive for a very useful discussion. Members were invited to submit further feedback and comments to the Professional Standards team.

### **Item 4: Continuing Professional Development**

13. The Professional Standards Policy Officer introduced the item which gave a report on progress for the implementation of the CPD scheme.
14. There were four areas of the paper for the Committee to note:
- a. CPD Guidance and resources: the guidance had been updated and a range of resources would be available as a web based resource which is under development. The guidance for the Peer Discussion Review has taken a different development process and some groups of the early adopters are assisting in developing more detailed guidance and resources for the Peer Discussion Review in particular around areas of trust, setting expectations and resources. The Committee was invited to consider the Guidance and resources.
  - b. Specification for the early adopters scheme: in relation to the early adopters, launch session events were being scheduled including five webinars for individuals who may be unable to attend a launch event. The purpose of the

events is to introduce features of the new CPD scheme and enable the early adopters to get an idea of what is to come. Roll-out would be undertaken with stakeholder participation. The specification for the early adopters scheme was outlined in paragraph 30 of the paper and the Committee was invited to comment on this.

- c. Equality impact assessment: the Committee was asked to note the progress on this. The early adopters were currently completing characteristic forms to help us to ensure that the implementation of the scheme was informed by a diverse population of osteopaths.
- d. Update of the CPD evaluation: an evaluation tool for all registrants to complete asking registrants to reflect on their learning has been developed. The tool is in the shape of a questionnaire and will look at how this changes with the introduction of the new CPD. It is hoped that the CPD evaluation will support all osteopaths to reflect on their CPD – reflection being a crucial component of the new CPD scheme.

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

- a. CPD Guidance and resources: members asked to what extent plans have been updated to ensure resources allocated are robust enough – particularly in relation to the Peer Discussion Review. Members were informed that much of the costs related to staff time. Workshops and visits had been undertaken to develop Peer Discussion Review resources. Resources involving a number of media including animations had been suggested by these groups to respond to some of the consultation feedback. Such resources may add to costs but were not expected to be considerably more than what had already been allocated. Costs will be explored over the course of the next few months and Council informed accordingly. Members suggested gentler language in the CPD Guidelines – for example, instead of saying 'The GOsC will confirm' CPD, perhaps consider 'Well done on completing x so far.'
- b. Early adopters scheme: It was confirmed that to date there were currently 240 early adopters who had expressed interest in participating in the scheme. The Committee commended all those who had expressed interest in participating as early adopters – 240 was a good number of the population. It was suggested that early adopters could act as ambassadors, giving a leadership element to their role in taking the new scheme forward.
- c. To get an idea of the demographic characteristics forms are being completed by the early adopters but to date the take up for the scheme is across the UK and also outside the UK. Members asked that it should be ensured that if there are elements of the demographic which appear to be missing following the analysis of the characteristics form assurances need to be made to ensure those groups can be recruited/included. Members were advised that the deadline for the receipt of the characteristics forms is 28 October.

- d. Members were informed that an e-portfolio is being developed with Premier IT and a trial is scheduled to begin in November. The purpose of e-portfolio would be to plan and report on CPD and the benefits of the system would be explored.
- e. Update on CPD evaluation: concerns about risks to the project and risks to the scheme were raised. Members noted the workshop that had been undertaken by the CPD Partnership Group. Members felt that the risk log presented previously, still needed to be explored in terms of the risks to the project and the risks with the introduction of the scheme and the scheme itself. It was advised there needed to be robust scrutiny and analysis of these areas and asked also who would oversee this, the PAC or the CPD Group. The Committee was advised that the governance framework sets this out; the SMT Task Group and the PAC would scrutinise and review risks with overall ownership by Council.
- f. Members were advised that success would be measured through the evaluation questionnaire. It was explained that the scheme was geared towards early adopters and over time would expand to all registrants. The evaluation itself, though, was geared to the whole population of osteopaths. Data was anonymous – but respondents could identify themselves as early adopters or not so that the impact of the scheme on all could be explored. It was suggested that currently, the impact of the scheme was being looked at by using participation in the scheme as a proxy for development of practice. However, wider discussion was welcomed about how success would be measured in relation to the wider profession and how we might identify there might be gaps.

**Noted:** the Committee noted the plans to update the equality impact assessment following the data collection from the early adopter cohort.

### **Item 5: Values Standards and Regulation in context**

- 16. The Head of Professional Standards introduced the item which asked the Committee to consider the approach being taken by the GOSc in exploring the relationship between values and the implementation of standards.
- 17. Members were informed of the continuing work being undertaken in partnership with the General Dental Council (GDC) and that the General Pharmaceutical Council was also interested in this work. Members were invited to comment on the project outline as shown in the Annex. It was added that the expected outcomes of the project would contribute to understanding the impact of the development of learning resources – in particular helping to support osteopaths to find out what is important to individual patients - on registrant behaviour and on patient feedback/outcomes.
- 18. In discussion the following points were raised and responded to:

- a. Members supported the initiative which was seen as important especially for patients as well as the profession.
  - b. Some members expressed some concern that the direction was not entirely clear and that along with a number of other key projects being undertaken might be overstretching the team. The Chief Executive commented that it was a logical progression on the GOsC's values work and there were no time constraints linked to the project in terms of priorities.
  - c. Members were informed that that the poster presentation was given at the Altogether Better Health Conference during September 2016, and was well received. A joint presentation was also planned at the Scottish Regulatory Conference in partnership with the General Dental Council 2016 in October 2016. The paper was still in the scoping stage and member's feedback would be welcome.
  - d. It was suggested that NCOR could assist with the project as they were interested in updating standardised data collection.
19. In summary the Chair encouraged the Committee to submit any feedback on the proposal to the Head of Professional Standards and that she should also explore with NCOR any assistance they could provide.

#### **Item 6: Research into boundaries**

20. The Head of Professional Standards introduced the item which outlined the proposed collaborative approach to the development of research into boundaries. The paper set out the challenges the profession faces within an environment which uses touch.
21. To the aim of the project is to try and understand factors relevant to miscommunication in the context of touch, to clarify identify research objectives in the context of relevance to different professions, to work with other regulators to commission the research and develop an understanding of policy options and recommendations in this area. The Committee was invited to give feedback on the research objectives which would later be refined into research questions by the successful research team.
22. In discussion the following points were raised and responded to:
- a. Members asked if there had been any investigations into the differentiations where there had been alleged sexual impropriety. It was explained that the research would focus on communications and how patient and practitioner understanding could be better supported.
  - b. The GOsC hypothesis was clarified as 'when there is touch is involved it may give rise to greater misunderstandings in the areas of communication'.



Members were asked for their view on what the points given paragraph 22 of the paper should convey.

- c. It was suggested that care should be taken that, as therapeutic touch is fundamental to osteopathy, it should not automatically be associated with abuse. It was important to keep an open mind while conducting the research. It was emphasised that the research was not about changing osteopathy or even suggesting that touch equalled abuse on any level. The aim of the research was to explore and recognise that touch – therapeutic touch – could give rise to miscommunication because of the way that messages are sent and received and differences in interpretation. In this context, what guidance, resources, or other interventions could the regulator and others put into place to reduce potential miscommunications and any negative impact of these on patients and practitioners.
  - d. It was advised that to protect the integrity of the research it should be detached from fitness to practice. It would be helpful to include the Health and Care Professions Council (HCPC) and the General Chiropractic Council (GCC) and other relevant bodies in the research on a cross-disciplinary level.
23. In summary the Chair acknowledged that this was an important area of work. It was noted that the research question and objectives required some refinement to ensure that they are sound. In order to produce the best outcome it was reiterated the research should be undertaken on a cross-disciplinary basis.

**Agreed:** the Committee agreed there would be discussion on the research into boundaries with other regulators and interested parties to explore opportunities for collaboration.

### **Item 7: Fitness to practice data analysis**

24. Following discussion, and with the agreement of the Executive, the Chair informed the Committee that the discussion on the fitness to practice data analysis should be deferred to the next meeting of the PAC.

### **Item 8: Complaints and Hearings Guidance for Registrants**

25. The Head of Regulation introduced the item which invited the Committee to consider the draft complaints and hearings guidance leaflets. The leaflets have been developed as part of a range of support tools the GOsC is planning to put in place to assist osteopaths under investigation in fitness to practise procedures.
26. Members were advised two leaflets had been drafted; the first setting out the fitness to practise procedures generally and the second on what an osteopath needs to do if a complaint is made against them. Feedback on the proposed guidance had been received from several external stakeholders including the Institute of Osteopathy and involvement would also be sought from osteopaths

who had been involved in the fitness to practise process prior to a public consultation.

27. In discussion the following points were raised and responded to:
- a. Members agreed the draft guidance was good and helpful. The Executive were commended for the work so far. Members wondered if the guidance could be more user friendly to show sensitivity and objectivity with no pre-judgement by the GOsC. It was also asked at what point is the osteopath is communicated with about an alleged complaint.
  - b. Suggestions included the following:
    - i. The second question should be 'when does GOsC not investigate'.
    - ii. The flowchart should include a reference to Rule 8.
    - iii. Include in the guidance on hearings that sanctions are not intended to be punitive.
    - iv. Mention that the hearing panel are checked for conflicts of interest.
    - v. Include an explanation of the term 'skeleton argument'.
    - vi. Make clear that outcomes that will appear on the GOsC website.
    - vii. "Leaflet" wasn't an accurate term for both documents.
  - c. It was confirmed that recordings of hearings are digital and are not on tape. It was also confirmed that the allegations were not posted on the GOsC website only the notice of a forthcoming hearing. Publication of decisions is based on the GOsC Fitness to Practise publications policy.
  - d. The Head of Regulation informed members that the guidance documents would go to Council in 2017 and there would be a public consultation. A crystal mark for plain English would also be sought for both documents which would improve the accessibility of the leaflets.

### **Item 9: Indicative Sanctions Guidance**

28. The Head of Regulation introduced the item which set out the GOsC's approach, rationale and timeframe for updating and modifying the Indicative Sanctions Guidance.
29. The guidance is an essential document used by fitness to practise committees when making decisions on what sanctions to impose. It has been sometime since it has been updated and there have been significant developments in the regulatory landscape in the interim period. It is planned to have several pre consultation engagement with a number of stakeholders including the Professional Conduct Committee and Health Committee at the annual training day in November, and garnering the views of the Fitness to Practise Forum, the composition of which includes experienced lawyers.
30. In discussion the following points were raised and responded to:

- a. It was confirmed that the work on values would be included in the guidance.
- b. It was also confirmed that the timescale set for the guidance was realistic and would be met given the work that has been undertaken so far.

**Noted:** the Committee noted the approach outlined in the paper and the proposed timetable for the production of a draft Sanctions Guidance for Professional Conduct and Health Committees.

**Item 10: Student Fitness to Practise guidance and  
Item 11: Health and Disability Guidance**

31. The Professional Standards Policy Manager introduced the items which gave an update on student fitness to practise guidance and the review of guidance on health and disability.
32. Both documents had been consulted on. The feedback on the Health and Disability Guidance was given by a stakeholder focus group which had been very useful. There had been less feedback on the student fitness to practice although some useful comments had been received from the PSA. Further comment would be sought from the osteopathic educational institutions (OEIs) at a meeting in January.
33. In discussion the following points were raised and responded to:
  - a. It was confirmed that the Student Fitness to Practise Guidance contained a section on fitness to study and that minor issues would be supported. Indications of thresholds were also included in the guidance. It was pointed out that the guidance was for all institutions and could not take into account individual practises relating to the OEIs.
  - b. Members raised concerns about the implications for students who might get into difficulties legally and how this would be paid for. The Chief Executive cautioned that the document was guidance only setting out principles for the OEIs and their students. Members were reminded that it the GOsC did not regulate students.
  - c. It was suggested that the OEI guidance might include guidance on fitness to practise. It was pointed out that OEIs are often linked to universities which have their own fitness to practise legal processes.
  - d. It was suggested that both Student Fitness to Practise Guidance and the Health and Disability Guidance should contain assurances that students are able to meet the statutory requirements on completion of their course. It was commented a student's ability to meet requirements would only come to light on their journey through the education process but to manage this there were checks and support in place.

**Agreed:** the Committee agreed to publish the Guidance on Student Fitness to Practise subject to any further comments received from the osteopathic educational institutions.

**Agreed:** the Committee agreed to publish the Guidance on Health and Disability.

**Item 12: Recognised Qualification review specification – The British College of Osteopathic Medicine (BCOM)**

34. Manoj Mehta declared an interest in the British College of Osteopathic Medicine and left the meeting for the duration of the item.

35. The Head of Professional Standards introduced the item which sought the Committee's agreement of the Review Specification for the renewal of the Recognised Qualifications review at the BCOM commencing in autumn 2017.

36. The specification took into account previous discussions by the Committee about the robustness of the BCOM's financial situation and the impact of the BCOM's new assessment strategy.

**Agreed:** the Committee agreed the review specification for the British College of Osteopathic Medicine renewal of the Recognised Qualification review.

**Item 13: Recognised Qualification review specification – Surrey Institute of Osteopathic Medicine (SIOM)**

37. There were no interests declared for the Surrey Institute of Osteopathic Medicine.

38. The Head of Professional Standards introduced the item which sought the Committee's agreement of the Review Specification for the renewal of the Recognised Qualifications review at the SIOM commencing autumn 2017.

39. The draft review specification took into account matters considered previously by the Committee and the quality assurance activity had been reviewed with the SIOM as outlined in the review specification.

**Agreed:** the Committee agreed the review specification for the Surrey Institute of Osteopathic Medicine renewal of Recognised Qualification review.

**Item 14: British School of Osteopathy (BSO) – Renewal of Recognised Qualifications**

40. John Chaffey and Rob McCoy declared interests in the British School of Osteopathy and left the meeting for the duration of the item. Manoj Mehta had been an External Examiner on this review and therefore left the meeting for the duration of the item.

41. The Head of Professional Standards introduced the item which outlined the findings of the final GOsC/QAA BSO recognised qualification report and asked the Committee to make a statutory recommendation to Council to renew the recognised qualifications listed below for a further period from 1 May 2017 until 30 April 2022 subject to the general conditions only.
- a. Bachelor of Osteopathy
  - b. Master of Osteopathy
  - c. Master of Science in Osteopathy (pre-registration).
42. There were no specific conditions attached to the RQ.
43. David Gale added that the BSO had been awarded its taught degree awarding powers so the review was also looking at its external validation. It was reiterated there were no conditions attached to the RQ and the Committee could be reassured and confident that the BSO will manage its processes with robustness.
44. In discussion the following points were raised and responded to:
- a. Members asked if there had been any comment or feedback from students on the separation from the University of Bedfordshire and if they considered that they might be losing out in terms of facilities and resources. There was no specific response to the question but it the Committee was advised there would have been meetings between students and the QAA Visitors and students given options on how they would transfer.
  - b. At the conclusion of the visit and in light of the BSO's concerns the feedback received was that the visiting team had been well prepared and the process had been fair.
  - c. Members wondered if there were any risks the Committee should be aware of with the BSO's taught degree status and how robust the internal validation processes might be. David responded that the area of risk he would be conscious of would be in the BSO's instruction of the revised curriculum but in going forward it was thought that the GOsC could be sufficiently confident in the BSO processes.

**Agreed:** the Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Bachelor of Osteopathy, the Master of Osteopathy and the Master of Science in Osteopathy (pre-registration) subject to the conditions outlined in paragraph 13 from 1 May 2017 until 30 April 2022.

### **Item 15: College of Osteopaths – Renewal of Recognised Qualifications**

45. Rob McCoy and Manoj Mehta declared interests in the College of Osteopaths and left the meeting for the duration of the item.

46. The Head of Professional Standards introduced the item which sought the Committee's agreement for the renewal of the College of Osteopaths current Recognised Qualifications subject to general and specific conditions:
  - a. Bachelor of Osteopathy (5 years part-time)
  - b. Master of Osteopathy (5.5 years part-time).
47. The Committee were also asked to agree the action submitted by the College at annex E.
48. David Gale gave an overview of the review process as set out. The comments given by the Visitors had been taken on board by the institution.
49. In discussion the following points were raised and responded to:
  - a. A concern was raised about articulating patient consent at paragraphs 9, 21 and 37 of the report and the use of the word reinforced in the conditions. Clarification of procedures was sought. David understood and took on-board the concerns and explained that the visitor had been challenged on whether the wording was appropriate and had been tested and had reiterated that it was. The issue was around the level of implementation on this particular occasion observed by the Visitors. The Committee was reminded that the whole course had been mapped against the Osteopathic Practice Standards and that this had also been reviewed as part of the review and Visit.
  - b. Members queried the difficulties for part-time students providing continuous care to patients and wondered how the institution was providing evidence of this. Should it be a condition that students see continuing cases? It was explained that students did see follow up cases as this was an expectations set out in the *Guidance for Osteopathic Pre-registration Education (GOPRE)* to deliver the breadth and depth of experience necessary to demonstrate the *Osteopathic Practice Standards*. However, the issue was one of quantity – but 'quantity' standards were not set in this area. Nevertheless, the College itself had identified that this was an area that it wished to enhance and it could be asked to report on this as part of the Annual Report due in December 2016. This would be followed up in the Annual Report.
  - c. It was confirmed that there were target dates set out for the conditions and also included in the action plan and that these would be picked up as part of the Annual Report due in December 2016.
  - d. It was suggested that OEIs demonstrate that students who graduate are able to demonstrate management of good patient care by assessing a care plan or use other means to ensure standards are being met.

**Agreed:** the Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Master of Osteopathy and the Bachelor of

Osteopathy awarded by the College of Osteopaths subject to the conditions outlined in paragraph 20 from 1 May 2017 until 30 April 2022.

**Agreed:** the Committee agreed the action plan as set at Annex E of the paper.

**Agreed:** the College of Osteopaths should provide an update about a particular area of development 'Develop further the management of new patients to provide students with the opportunity for providing continued treatment (paragraphs 34 and 60) as part of the Annual Report on 22 December 2016.

**Item 16: Leeds Beckett University (LBU) course closure report and feedback on course closure process.**

50. Declarations of interest were noted for John Chaffey and Rob McCoy. They remained in the meeting as the item was for noting and did not require a decision by the Committee.

51. The Head of Professional Standards introduced the item which gave an update on LBU's course closure plans. The Committee was also informed about the telephone interview undertaken with Oxford Brookes University (OBU) to the institution's feedback on the GOsC course closure framework and processes before the last graduates completed the course.

52. The Committee's gratitude for the commitment of staff at Leeds Beckett University was noted.

**Noted:** the Committee noted the course closure plan update from Leeds Beckett University.

**Noted:** the Committee noted the feedback from Oxford Brookes University about the course closure process.

**Item 17: Registration Assessment (including appraisal, training, recruitment and evaluation)**

53. Declarations of interest were noted for Rob McCoy and Manoj Mehta who are Registration Assessors. They remained in the meeting as the item was for noting and did not require a decision by the Committee.

54. The Professional Standards Policy Officer introduced the item which gave an update on training and appraisal, recruitment and evaluation and other mechanisms to ensure that the GOsC maintain and enhance the effectiveness of its registration process.

55. The following areas of the report were highlighted:

- a. Since April 2016 a total of 26 assessments have taken place and with further ACPs scheduled between October and November.

- b. The focus of the registration assessment was on communications and feedback with Registration Assessors and how this could be improved. Key themes from the analysis undertaken of the registration assessors' appraisals were on legislation, best practice initiatives, the need to review processes at the GOsC to make more effective, and developing networking and engagement opportunities.
- c. One of the outcomes from the analysis was the introduction of a quarterly registration assessor newsletter in September 2016, which would respond to and communicate some of the issues raised by registration assessors. Also introduced was a feedback and evaluation form to help monitor and evaluate the assessment process throughout the year.
- d. A case bank of best practice is also being introduced to maintain a repository of best practice and as well as for training purposes.
- e. Interviews are to be conducted for 6 new assessors who would also act as Education Visitors. Training is being planned for all assessors beginning in January 2017 and will include topics on EU directives, registration criteria and standards setting.

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

- a. It was confirmed that the six new assessors would be an addition to the current compliment of 19 Registration Assessors. It was also confirmed that the length of appointment for an assessor is four years with current maximum of two-terms in service.
- b. It was suggested that the training could also include registration appeals.

**Noted:** the Committee noted the update on registration assessor appraisal, training and evaluation and the joint recruitment process for Education Visitors and Registration Assessors.

### **Item 18: Any other business**

60. The Chair invited members to give their feedback on any aspects the Policy Advisory Committee so as to ensure its continuing development and effectiveness.

**Item 19: Date of the next meeting:** Thursday 9 March 2017 at 10.00