



Policy Advisory Committee

Minutes of the Policy Advisory Committee (Public) held on 16 June 2016 at
Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

Unconfirmed

- Chair: Dr Bill Gunnyeon
- Present: John Chaffey
Jane Fox
Bernardette Griffin
Robert McCoy
Kenneth McLean
Manoj Mehta
Liam Stapleton
Alison White
- Observers
with speaking rights: Carol Fawkes, National Council for Osteopathic Research (NCOR)
Matthew Rogers, Institute of Osteopathy (iO)
Kerstin Rolfe, Council for Osteopathic Education Institutions (COEI)
Nicholas Woodhead, Osteopathic Alliance (OA)
- In attendance: Steven Bettles, Professional Standards, Policy Manager (Item 9)
Stacey Clift, Professional Standards, Policy Officer (Item 10)
Fiona Browne, Head of Professional Standards
Sheleen McCormack, Head of Regulation
Michael Parr, Quality Assurance Agency (QAA)
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: Sarah Botterill, Council Member
Deborah Smith, Council Member
Nina Schuller, Professional Standards, Policy Officer

Item 1: Welcome, introductions and apologies

1. The Chair welcomed all to the first meeting of the Policy Advisory Committee (PAC). In his welcome comments he set out his vision of how this and future meetings would develop and proceed as the Committee settled into its role.
2. A special welcome was extended to the external observers with speaking rights (OSR), Kerstin Rolfe, COEI, Matthew Rogers, iO, Carol Fawkes, NCOR, and Nick Woodhead, Osteopathic Alliance. The invitation to the Observers to participate in the PAC was a development demonstrating the GOsC's continuing commitment to partnership working. Welcomes were also extended to Council Members Sarah Botterill and Deborah Smith, who were observing proceedings, and Michael Parr, Quality Assurance Agency and Nina Schuller who has recently started in post as a Policy Officer and who will be managing the quality assurance function and review moving forward.
3. Apologies were received from PAC member Joan Martin, and also Charles Hunt, Chair of COEI.
4. 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 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.
5. Nick Woodhead informed the Committee that he was also a member of the GOsC Professional Conduct Committee (PCC). The Chief Executive confirmed there had been discussion about Nick's participation as an OSR with the Chair of the PCC and it had been concluded that his participation was not a matter for undue concern but the matter would be kept under review and considered in relation to relevant items – as is our usual practice.

Item 2: Terms of Reference of the Policy Advisory Committee

6. The Chair introduced the item concerning the Terms of Reference (ToR) for the Policy Advisory Committee which had been agreed by Council at its meeting 5 May 2016, and set out the terms and guidelines for the administration and proceedings of the Policy Advisory Committee including the functions of the statutory Education Committee.

Noted: the Committee noted the Terms of Reference for the Policy Advisory Committee.

Item 3: Minutes and Matters arising from the Education and Registration Standards Committee (ERSC), 3 March 2016

7. The Chair asked whether members of the former ERSC who had attended the March 2016 meeting had any comments relating to the minutes. There were no comments.
8. The minutes of the 9th meeting of the Education and Registration Standards Committee, 3 March 2016, were agreed as a correct record.

Item 4: Minutes and Matters arising from the Osteopathic Practice Committee (OPC), 3 March 2016

9. The Chair asked whether members of the former OPC who had attended the March 2016 meeting had any comments relating to the minutes.
10. The minutes of the 9th meeting of the Osteopathic Practice Committee, 3 March 2016, were agreed as a correct record.

Matters Arising

11. Osteopathic Practice Standards Review: Members asked about the references made relating to the McGivern Report referred to at paragraph 28b. The Head of Professional Standards gave a brief outline of the report, its purpose and the research findings. It was confirmed that the executive summary of the report would be circulated to members.

Item 5: Annual Reports of the ERSC and the OPC 2015-16

12. The Chief Executive introduced the item which concerned the Annual Reports 2015-16 of the Education and Registration Standards Committee and the Osteopathic Practice Committee. The Committee was asked to approve the reports for presentation to Council at its meeting to take place on 12 July 2016.
13. In discussion the following points were raised and responded to in relation to the Annual Report of the ERSC and the OPC:

Education and Registration Standards

- a. Members asked for clarification of the statistics at paragraph 12 relating to the Education Visitor Training. It was explained that the statistics represented a range in participants' feedback.
- b. It was noted that paragraph 21 should be amended to read as follows:

'It was noted that the numbers given in the report were too small to detect trends in complaints against osteopaths.....'

Osteopathic Practice

- c. Members asked for an update and clarification on the proposal to introduce legally qualified chairs for fitness to practise hearings. The Chief Executive

explained that exploration of the issues in introducing legally qualified chairs was continuing and considering whether this was a feasible undertaking for the GOsC.

- d. It was suggested that thanks to the both committees and their Chairs could be more detailed.

Noted: the Committee noted the Annual Report of the Education and Registration Standards Committee 2015-16 and the Osteopathic Standards Committee 2015-16.

Item 6: Common Classification System for recording and monitoring concerns about osteopathic practice

14. The Head of Policy and Communications introduced the item which concerned the analysis of data collected annually between 2013 and 2015 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths and a review of the collaborative action undertaken by the GOsC, the Institute of Osteopathy and the principal providers of osteopathic indemnity insurance.
15. In addition it was highlighted:
 - a. The collaboration between the GOsC and the providers of professional indemnity insurances to map the prevalence of patient concerns was unparalleled. The aim of the collaboration was educational and to share understanding within the profession of where weaknesses might exist and form key messages to osteopaths and patients.
 - b. The volume of data was small and therefore the findings were indicative and captured concerns which are made on initial contact. The question was what makes an individual make initial contact to make a complaint.
 - c. After three years of collecting data trends were becoming apparent and, in the areas identified, improvements were being made for both osteopaths and patients.
 - d. There had been a sharp rise in the number of complaints relating to false and misleading advertising and this data has been reviewed separately.
 - e. The Committee and participant observers were asked to consider how the GOsC could develop consistent strategies in areas concerning appropriate and adequate communications with patients, maintaining boundaries and advertising.
16. The Chief Executive added that a project had been commissioned in early 2016 to look at demographic data covering a five year period using a small sample of individuals who had been subject to an investigation by the GOsC. The purpose of the project was to look at the type of data the GOsC held about them. The draft data analysis report which had been planned for presentation to the

Committee required some further refinement and would be brought to the Committee at its meeting in October 2016. The report complements the Common Classification Report confirming some areas that are of concern and in others presenting areas requiring further consideration.

17. In discussion the following points were raised and responded to:
- a. Members asked if there was any data which had been reclassified on further investigation. The Head of Policy and Communications advised that the data could be triangulated with fitness to practice complaints data but the primary purpose of the exercise was to find out the reasons why patients make complaints, and to improve areas of poor practice by osteopaths.
 - b. Members asked if, as a secondary position, whether patient notes retained by osteopaths were included as part of the analysis. It was explained that quality of note taking was not a primary concern for this exercise with the focus being on areas of poor practice and making improvements on those areas.
 - c. It was acknowledged that there was a need to ensure appropriate communications to get the message about good communications to osteopaths. Members were advised that NCOR had published work on expectations for both osteopaths and patients.
 - d. It was asked if it would be worth considering discussions about the research with the OEIs. Members were advised these discussions had already taken place and had been found useful although it was agreed the some of the difficulties lay with those osteopaths who were already in practice and that more data was to be collected to learn more about the demographics of concerns relating to osteopaths.
 - e. Members pointed out that it appeared that many of the complaints raised related to soft skills and whether age differentials reflected this. It was agreed that older practitioners may not see soft-skills as relevant and training in this area might be a worthwhile approach.
 - f. Members asked if the OEIs had completed any research around clinics and students who do not perform well in soft skills in comparison with what happens in practice. Kerstin Rolfe, COEI, responded that it was an issue worth exploring. The Head of Professional Standards assured the Committee that all the OEIs have their courses mapped to *the Osteopathic Practice Standards* which included the extensive section on Communication and Patient Partnership which came into force in September 2012. She also highlighted the publication of the *Guidance for Osteopathic Pre-registration Education* (GOPRE), which included specific findings from research undertaken by Della Freeth, about Preparedness to Practice, aimed to ensure the highest standards were maintained for all students. It would be helpful to explore the soft-skill discussion to ensure all registrants meet the

standard and it was hoped the new CPD Scheme would support all osteopaths in this area as communication and consent would be a mandatory component. It was added that research also showed that rapport building was key for both patient and practitioner.

- g. It was confirmed that the data from the insurers was sub-threshold and had not gone to law. Also included in the data was information on osteopaths calling their insurer advising they may have a complaint against them. It was noted this was a helpful development showing a willingness to take action. It was explained there was some duplication in statistics as the iO also receive similar calls as well as the insurers.
 - h. Members suggested that when the research was revisited it might include the impact on the general public's expectations and their acceptance of osteopathy as a profession. Messages to underpin this could be developed from the data.
 - i. Members asked if it would benefit the research to know the average numbers of registrants registered during the years used for the analysis linking to any trends. It was explained that the register increases at approximately 2-2.5% per year and if there was an increase/decrease in the number of complaints then there might be a trend but it was thought these numbers would be too small to be of significance for this research.
 - j. It was agreed the report was very useful in going some way to improving both osteopaths and patient expectations/experiences. The fundamental questions to be asked were:
 - i. Where is more research required?
 - ii. Does more need to be done with the OPS?
 - iii. Does more need to be done via policy?
18. In summary the Chair emphasised the importance of gathering and analysing data to implement change. Members were invited to share any further thoughts and comments on the Common Classification System analysis and review with the Executive.

Item 7: Draft Removal Policy

19. The Head of Regulation introduced the item which invited members of the Committee to consider the draft voluntary removal policy which formalises the decision making process the Registrar undertakes when an osteopath makes a request to be removed from the Register. The draft policy set out how the process differs depending on whether the osteopath has current fitness to practise proceedings at the point when they make an application for removal.
20. It was highlighted that:

- a. The policy formalised what the Registrar would take into account when removing an individual from the Register.
 - b. All applications for voluntary removal would have to be completed in writing.
21. The Chief Executive added that the Registrar's decision usually related to individuals who requested removal from the Registrar and that there was no formal decision making framework therefore the policy would assist in establishing and making clear the rules. The draft policy clarified the principles that the Registrar already takes into account in making those decisions.
22. In discussion the following points were raised and responded to:
- a. Members agreed that this was a good policy but there were areas where it could be more robust and it would be helpful to cross-reference arrangements.
 - b. Members were advised that if an osteopath made an application for removal while involved with the fitness to practise process the application would usually be denied. It would also be the same if a registrant had not paid their fee, an osteopath would remain on the register while going through the process for an Interim Suspension Order.
 - c. Members raised the issue of dual registration, where an individual was registered with more than one regulator and information sharing. It was agreed this was a good point and would be reviewed.
 - d. The Head of Registration and Resources assured Members that the Registration Team use a checklist to verify applications for removal and was confident that there was no risk of wrongly removing someone subject to fitness to practise proceedings. He also advised Members that the policy could be linked to the current alerts system.

Agreed: Subject to the suggested amendments the Committee agreed the draft Voluntary Removal Policy which would seek Council's approval to go to consultation.

Item 8: Removal of Recognised Qualification (RQ) expiry dates

23. John Chaffey, Rob McCoy, Manoj Mehta, Kerstin Rolfe, and Nick Woodhead declared interests in relation to their association with osteopathic education institutions.
24. The Head of Professional Standards introduced the item which was an early stage exploration of the issues arising from a proposal to remove Recognised Qualification (RQ) expiry dates.
25. It was explained that the issue was that currently RQ's expire after five years and before the expiry date another RQ has to be approved by Privy Council which

requires the renewal process to begin at least 18 months in advance. This means that Visits to educational institutions take place within a narrow window rather than when they were most useful.

26. It was also explained that there is legislation which, it appears, does not require the GOSC to have expiry dates on RQ's but instead provides a power to insert expiry dates on RQs. There is dialogue between the GOSC and the OEIs which revolves around requirements which are set in a number of ways. When an RQ is initially awarded this is done with either general or specific conditions which are published either publically or privately along with other quality assurance mechanisms. Any discussion about removal of expiry dates would need to go hand in hand with a discussion about the publication of requirements of osteopathic education.
27. In discussion the following points were raised and responded to:
 - a. Members supported the idea as an early stage proposal. It was suggested that there appeared to be no real advantage in having RQ expiry dates. It was considered that the current process which the GOSC undertakes with its monitoring processes work well.
 - b. Although the framework seemed clear it was suggested that there may need some elaboration to provide assurance that change has taken place.
 - c. It was suggested that in the case of a new provider, who might be less experienced in the processes of quality assurance, it would be helpful to have precautionary monitoring built into to the process to maintain standards.
 - d. Members commented that an advantage to have set RQ dates was that the idea reinforced the process of reflection at regular stages. Visits were to enhance provision and the course which is RQ'd. It was suggested that the issue was about timing rather than the length of the RQ.
 - e. Members were assured that not having an expiry date for an RQ did not mean an end to visits but instead, allowed for flexibility on the timings of the visits. The ongoing cycle of reviews and visits would continue. It was added that it was a challenge for students, the sector and institutions where courses could not be guaranteed.
 - f. There were Members who expressed some discomfort with the proposal. It was suggested that the proposed change could be interpreted as the GOSC 'taking its eye off the ball' even though this would not be the case. In considering the idea of RQ expiry dates, work on quality and risk was also considered. It was suggested that energy and resources might be focused on the risk related to those qualifications at high-end of the spectrum. What were the explicit factors which led to an institution to being higher risk? It

was also suggested that there were situations where reviews might be brought forward, for example, major changes or course closure.

- g. Another concern was the impact a review had on the leadership of a course. Currently when a review is imminent action is taken to put the organisation in an optimal position for when the review is scheduled to take place and can be positive for the institution. If, under the proposal, the institution was presented at short notice with a review date there would be a risk of over reaction and a possible challenge.
 - h. It was suggested that there was an opportunity to negotiate when a review might take place taking into account the needs of the GOsC and of the OEIs. It was agreed that negotiation would be positive step and would allow flexibility in the timespan of the reviews.
28. In summary the Chair thanked members for their input and suggested that if Members had any further thoughts or comments about the idea put forward they should contact the Head of Professional Standards directly.

Item 9: *Osteopathic Practice Standards (OPS) review*

29. The Policy Manager introduced the item which gave an update on the review of the 2012 *Osteopathic Practice Standards*.
30. The Committee was informed that after implementation four years ago in 2012, it was now a good time to review the standards and guidelines to see how they could be clarified and improved.
31. The following areas from the report were highlighted:
- a. The engagement and response to the initial consultation which concluded at the end of May had been good with a broad range of feedback from stakeholders.
 - b. Looking at how other regulators manage their own practice standards had also been a useful benchmark.
 - c. The work being undertaken on the standards are on the premise that the existing themes will remain in accordance with the key principles for the review that were outlined in the Council's agreement to the review. It was noted that the initial consultation has suggested a need for clarity.
 - d. The feedback has shown that there is some incongruence between the guidance accompanying some the standards which has potentially led to some confusion and misunderstanding of some areas of the OPS.

- e. It is the aim to publish the revised OPS in September 2017 with enforcement from autumn 2018. Some guidance may be developed separately to allow flexibility in revising.

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

- a. Members suggested that the timetable might be ambitious but it was thought feasible at this stage.
- b. Members congratulated the team on comprehensive and robust engagement strategy.
- c. Although happy with the idea of developing the guidance there was some concern about the extent to which the OPS was being re-written with a number of potentially consequent wide reaching implications for many of the GOsC's stakeholders. If there was to be significant change to the principles of the review agreed by Council in February 2016, it was important that there should be further discussion at Council. Members were advised and assured that the purpose of the revision was to make the standards and guidance clear and that they match so as to eliminate confusion with the guidance being the focus for changes in accordance with the principles of the review agreed by Council. Engagement with the profession had shown where changes were suggested. The analysis was still being undertaken. The Committee was assured that the extent of the proposed changes would be clearer following the completion of the analysis of the initial information and that both Committee and Council would consider this in more detail in October and November ahead of Council being asked to agree a revised draft for consultation in February 2017.
- d. Members asked how would osteopaths be encouraged to acquire the 'soft-skills' expected of them. It was explained that the standards were in place, however, the McGivern research highlighted some of the difficulties with understanding and interpreting the standards. This issue would be explored through development of guidance but also learning resources. Supplying and providing access to the right resources and tools would help alleviate some of the difficulties.

Noted: The Committee noted the update on the *Osteopathic Practice Standards* review.

Item 10: CPD Scheme development – governance, finance and risk

33. The Head of Professional Standards welcomed Stacey Clift, Professional Standards Policy Officer, and also introduced the item which gave an update of the CPD Scheme incorporating consideration of finance, risk and governance implications of the implementation of the CPD Scheme.

34. The following areas were highlighted for the Committees consideration:

- a. The budget for the scheme,
- b. The high-level risk matrix,
- c. The evaluation.

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

CPD Scheme

- a. Members asked if there was capacity in the scheme for osteopaths who do not treat patients such as those in research. It was confirmed that education and research were important parts of osteopathic practice and CPD. Osteopaths involved in teaching, research and similar areas would be included as Early Adopters supporting the development of additional case studies and resources for these aspects. As an example it was suggested that an educator's CPD could be demonstrated by teaching about legislation and how the individual conveyed this to students.
- b. The CPD Partnership Group also includes members of COEI, the teaching faculty and the research group.
- c. It was stressed that if an individual chooses to practise it is their choice as the GOsC gives in effect a licence to practise. This meant that CPD in osteopathic professional practice was required. However, osteopathic professional practice included research, education and clinical practice. It was added that even if not practising continuing CPD and maintaining skills were transferable.

Budget

- d. The Chief Executive informed members the budget presented was the basic plan and did not contain any specifics as yet. It was difficult to say what the totals would be but the sum in question was reasonable.
- e. Members asked about the cost of training of peer reviewers as this did not appear in the budget. Members were informed that there would be no face to face training for all of the peer discussion reviewers. There were online resources to support constructive feedback and these skills were supported in osteopathic organisations. However, the risk of poor feedback and the consequences of this was a risk identified. It was highlighted that the scheme was designed around themes of engagement, support and community and these were important focusses in relation to the peer review – it was about engagement not pass / fail. It was also highlighted that selecting the GOsC was an option for osteopaths should they wish to do so. GOsC would need to make its own arrangements for training its own reviewers. There would be a range of options, however, for the peer discussion review, and it would be up to the individual to choose what would be the most appropriate support, the local/regional group, the OEIs or other stakeholder groups.

- f. The Chief Executive explained that during the consultation process there were questions about training and this was addressed by demonstrating how review could be done in partnership. Success in this area would develop over time and was a learning process. In response it was pointed out that some osteopaths, including some in education, felt uncomfortable in what they perceive as assessing others. It would be important to ensure that there would be enough peer reviewers for the CPD implementation. But more importantly, the focus on the peer discussion review should be about engagement and not pass / fail.

Risk

- g. In recruiting a number of Early Adopters some risks were already being mitigated around implementation further down the line of the new CPD scheme. It was suggested that the biggest risk in relation to the scheme was failing to develop the community of osteopaths. It was for the community to come together and develop the skills already in existence as clinicians and develop these skills in a different way.
- h. It was suggested that the risk statement needed a little more work. Some further thought about the risks to the scheme and the risks to the project would be beneficial. Perhaps a workshop with stakeholders might be helpful to capture what might be missing from the risk statement. There should be more clarity of risks to both the project and the scheme as well as the proposed mitigating actions.

Evaluation

- i. The Policy Officer gave an overview of the evaluation highlighting:
- i. How much data could be collated with the current scheme;
 - ii. The development of a questionnaire for early adopters and the new CPD scheme to give a clear picture and map of how the CPD scheme was evolving for data that we did not already hold.
- j. It was suggested that there might be a risk of osteopaths choosing a 'soft option' when undertaking peer discussion review. Perhaps the evaluation could explore how osteopaths selected peer reviewers – their criteria for doing so. The Chief Executive agreed this was an area that would require some consideration. Currently it was important for the building of community and to achieve our goals that osteopaths were able to select a peer discussion reviewer that they could feel comfortable with in order to benefit fully from the reflective process and discuss practice in a 'safe space'. Our audit strategy had been proposed as a risk based strategy and decisions would need to be made about the implementation of this.

Noted: The Committee noted:

- a. the progress of the implementation of the CPD scheme;
- b. the progress of the planned evaluation of the implementation of the CPD scheme.

Item 11: Leeds Beckett University – course closure update

- 36. John Chaffey and Rob McCoy declared interests in Leeds Beckett University.
- 37. The Head of Professional Standards introduced the item which gave an update on the Leeds Beckett University osteopathy course closure plans submitted for the statutory Education Committee.

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

Item 12: Oxford Brookes University – course closure update

- 38. There were no declarations of interest relating to Oxford Brookes University (OBU).
- 39. The Head of Professional Standards introduced the item which gave an update on the OBU osteopathy course closure plans submitted for the statutory Education Committee.
- 40. It was noted that this was the final update report from OBU and the last cohort of students would graduate this summer. The Committee thanked the staff and students at OBU for their continued commitment to the provision of high quality patient care and osteopathic education throughout the period of the course closure.

Noted: The Committee noted the course closure plan update from Oxford Brookes University.

Item 13: Work Plan

- 41. The Chief Executive introduced the item which outlined the current draft future work plan for the Policy Advisory Committee.
- 42. Members were advised that a more detailed work plan and regular reports would be brought to meetings as the Committee developed. Members were also advised that the Risk Register would also be presented to members for review and discussion at the next meeting.
- 43. The Chair added that Members and Observers thoughts and comments would be welcome on how the Committee could work effectively and develop a way forward.

Noted: The Committee noted the draft forward work plan.

Item 14: Any other business

44. There was no other business

Item 15: Date of the next meeting: Thursday 13 October 2016 at 10.00