

GENERAL OSTEOPATHIC COUNCIL
Minutes of Part I of the 70th meeting of the Education Committee which
took place on Tuesday 27 November 2012 at
The London School of Osteopathy,
12 Grange Road (Off Tower Bridge Road), London SE1 3BE

Unconfirmed

Chair: Professor Ian Hughes

Present: Dr Jorge Esteves
 Dr Jane Fox
 Professor Bernadette Griffin
 Mr Jonathan Hearsey
 Mr Robert McCoy
 Mr Brian McKenna
 Mr Liam Stapleton
 Ms Alison White

In Attendance: Mr Tim Walker, Chief Executive and Registrar
 Mr Marcus Dye, Professional Standards Manager
 Ms Joy Bolt, Senior Professional Standards Officer

PART I (*items which will be reported to the Public Session of Council at its next meeting*)

ITEM 1: APOLOGIES AND INTERESTS

1. Apologies were received from Julie Stone and Fiona Browne. Ms Stone had provided comments for several items to be discussed and these were read out by the Chair at the appropriate times.
2. Members were requested to advise of any conflicts of interest held at the time when the item was to be discussed.

ITEM 2: MINUTES

3. It was confirmed that Jane Fox had attended the meeting and the minutes will be amended to reflect this.

ITEM 3: MATTERS ARISING

4. There were no matters arising not already covered on the agenda.

ITEM 4: CHAIR AND PROFESSIONAL STANDARDS DEPARTMENT ACTION AND REPORT

5. The Chief Executive and Registrar introduced the paper and provided an update on the meeting that took place on 7 November 2012, with representatives from GOSc, the Council of Osteopathic Educational Institutions (COEI), the Osteopathic Alliance (OA) and the British Osteopathic Association (BOA) to discuss taking forward the debate about development of the profession. The Committee discussed the merits of involving the OA in such discussions as it is a comparatively new organisation. It was agreed that whilst the OA is a relatively young organisation, and an umbrella group, it represents a large number of osteopaths. It was thought important to capture the views of all the various interests and activities across the profession and by including the OA with the GOSc, OEIs and the BOA this could be achieved.
6. The Professional Standards Manager gave a brief update on the Quality Assurance Agency for Higher Education (QAA) training session for GOSc review Visitors held the previous weekend. It was reported that as the skills required of QAA assessors become more generic, it wishes to involve all assessors in different types of reviews. A conference will be held next year, to which the GOSc review Visitors have been invited. This was an excellent opportunity for the current GOSc Visitors to expand their knowledge and experience of quality assurance in Higher Education.
7. The Professional Standards Manager also updated on the recent meeting on the MacMillan Values Based Standards project to hear about the results of a pilot to implement the new standards based on patient narratives. It was reported that although the pilot was successful in rolling out standards to three varying sized patient-care facilities, it could prove challenging to roll out as a whole unless there was the same level of support from management and commitment of resources that was present in the Pilot. Macmillan was keen to emphasise that buy-in was required at the lower levels rather than a top-down management approach. The Professional Standards Manager agreed to circulate further information about this to the Committee. This is something that we would need to feed into the next cycle of reviewing standards which will commence around 2014.
8. It was agreed that the patient involvement from the earliest stage of the Guidance for Osteopathic Pre-registration Education Working Group, was an example of good practice for Public and Patient Involvement.
9. The Committee commented on the meeting on 26 September 2012, attended by the GOSc, Steve Vogel, author of the Clinical Risk in Osteopathy Management research, the National Council for Osteopathic Research and British Osteopathic Association. It was suggested that if the participants feel it helpful to develop specific standards guidance on informing about risk, the

Fitness to Practise Policy Committee could be a useful sounding board for any early drafts.

Noted: the Committee noted the report.

ITEM 5: WORKPLAN UPDATE

10. The Chief Executive and Registrar presented the item noting that all projects were on track with the exception of the guidance on pre-registration osteopathic education, but the Committee should note the establishment of a working group whose first meeting is discussed at Item 10. The initial meeting had been delayed, however it had now taken place and this project would hopefully be back on track soon. The use of the term 'core curriculum' was discussed, as there had been some disquiet at the use of this term. It was agreed that there had been discussion about this in previous meetings and it had been agreed to use other terminology. The Chief Executive confirmed that the reference in the Work Plan would be corrected.

Noted: the Committee noted the progress of projects in the Education Committee work plan.

Action: amend Work Plan to remove reference to core-curriculum.

ITEM 6A: QUALITY ASSURANCE – PROPOSED CHANGES TO QUALITY ASSURANCE HANDBOOK

11. The Professional Standards Manager introduced the item explaining that following the successful completion of two GOsC reviews using the new Quality Assurance process, the QAA had proposed two changes to the Quality Assurance Handbook to assist in the administration of the process.
12. The first change proposed was to introduce a deadline of two weeks before the start of a visit for the submission of unsolicited information. The protocol currently states that unsolicited information can be received at any time. The visit team found it difficult to deal with late submissions as they found that it impacted on the operation of the visit, taking time away from both the team and the staff at the institution. It was also difficult to plan to address the feedback.
13. It was reported that the GOsC was not in favour of a 'cut-off date' as it does not sit well with the transparency of the process. In a recent meeting with the Osteopathic Educational Institutions (OEIs) it was found that they too were not in favour as it was felt that it would discourage input which they would rather have in the open and deal with.
14. It was suggested that a compromise might be to add that there would usually be an expectation that this would be provided no later than two weeks before

the review, so that people don't leave it until the very last minute if they feel they have relevant information.

15. The Committee discussed whether it would be appropriate to advertise an expectation for when information should be received, however it agreed that this would send out the wrong message. The OEIs had also agreed that any timescale might dissuade feedback.

Agreed: the Committee agreed that there should be no change in the Protocol for Unsolicited Information, based on consideration of feedback from the OEIs.

16. The Professional Standards Manager then explained that the second change proposed by the QAA was to amend the Review Handbook to allow all Visitors to participate in the observation of learning and teaching. The Handbook currently only allowed those with current teaching experience in an OEI running a recognised course to observe teaching and learning, both clinical and academic.
17. The Visitors had found this to be extremely limiting. It was also suggested that the process became very insular if only those within the osteopathy education sector commented on teaching and learning. There would be no external perspective from others. The OEIs had agreed that there was no problem in all members of the Visit team in observing the teaching and learning.
18. The Committee had a brief discussion on the role of the lay visitor. Some Committee members were uncomfortable with the notion that a lay member could possibly be present in a clinic room observing a patient being treated. It was agreed that all Visitors present in a clinic room should only be there if the patient had consented to this whether osteopath or lay. It was suggested that some Visitors could bring clinical teaching experience from other professions into the review as the methodology would be similar, but it would probably be a better use of resources for the osteopath Visitors to observe the clinical teaching and learning. This was something that the QAA review co-ordinator should manage to get the best from the team.

Agreed: the Committee agreed that the Review Handbook should be amended to allow all Visitors to participate in the observation of learning and teaching.

ITEM 6B: QUALITY ASSURANCE – QUALITY ASSURANCE REVIEW

19. The Professional Standards Manager presented the paper which looks at the areas the GOsC might consider in its Quality Assurance Review. The previous discussion paper from the March and June Education Committees, which focused on various areas of the proposed QA Review had been developed into a consultation document presented at Annex A to the paper.

20. In previous Education Committee meetings, it has been agreed that stakeholders must be involved in any consultation process and it was suggested that this should be undertaken at the earliest opportunity. In order to achieve this, the paper recommends a pre-consultation to a few key groups for feedback on whether the GOsC is focusing on the right areas, before launching a full public consultation.
21. It was suggested that the pre-consultation meetings should be referred to as engagement meetings rather than a formal 'pre-consultation' which might give the impression that some stakeholders are getting two bites of the cherry.
22. The Committee felt that the consultation document at Annex A was overly complex and that clearer explanations would be required for those who were not immersed in the quality assurance area, including staff at OEIs. It was suggested that at the initial meetings, rather than providing questions for response, the responders could be asked which questions they would like to be included.
23. The Committee agreed that whilst it was felt that the document needed more work before it was fit for purpose as a public consultation, it was content for the initial meetings to take place taking into account the discussion above.

Agreed: the Committee agreed to embark on a round of pre-consultation meetings with the key expert stakeholders based on the draft consultation document presented at Annex A (subject to amendments) and the questions outlined in paragraph 9.

Agreed: the Committee agreed the revised timescales proposed for this work outlined in paragraph 12.

ITEM 7A: OSTEOPATHIC PRACTICE STANDARDS IMPLEMENTATION UPDATE

24. The Professional Standards Manager provided an update on the progress of this project. It was also reported that videos of presentations from the Regional conferences have now been uploaded on to the Osteopathic Practice Standards (OPS) support pages.

Noted: the Committee noted the progress made with the OPS Implementation Strategy.

ITEM 7B: OSTEOPATHIC PRACTICE STANDARDS IMPLEMENTATION EVALUATION

25. The Professional Standards Manager presented this paper on the process of evaluating how well the implementation programme has worked in terms of raising awareness of the OPS, improving the quality of patient care through

greater understanding of OPS and delivering accessible resources to support the OPS.

26. It was reported that the evaluation process is a new concept for the GOsC, as with many other healthcare regulators. The General Medical Council are currently undergoing an evaluation of their publication *Tomorrow's Doctors* (2009) and it is hoped the GOsC can work closely with them.
27. It was suggested that a further aim could be: *'Are osteopaths/OEIs etc clear on how the new OPS differ from GOsC's previous guidance?'* It was agreed that this would focus the mind on where thinking has changed and developed and could be fed in as part of the first aim outlined in the paper
28. The Committee discussed whether the GOsC had sufficient resources to analyse and use the data, and that it should not simply collect data which would then be difficult or too resource intensive to analyse. The Professional Standards Manager said that a lot of the data was already collected, such as information from the websites which was pre-analysed through existing software. Initial comments from this meeting will be fed into the framework and further investigation of the usefulness of the data proposed will take place.
29. Two additional areas for data collection were suggested. The first was a review of CPD returns from 2012-13 to see if there was increased reference to OPS in the submissions being made. The second was a review of the fitness to practise cases over a period of time to see if the focus and content of the cases had changed as a result of the introduction of OPS.
30. The Professional Standards Manager thanked the Committee for its useful feedback which will help shape the evaluation.

Noted: the Committee noted the initial outline for an evaluation plan for the effectiveness of the OPS Implementation Strategy.

ITEM 8: CONTINUING FITNESS TO PRACTISE UPDATE

31. The Chief Executive and Registrar presented the paper which gave an update on progress with the revalidation pilot and the responses to the Continuing Professional Development (CPD) Discussion Document.
32. It was reported that:
 - 264 Revalidation portfolios were received by the end of the pilot
 - This represents 1 in 18 osteopaths participating in the pilot
 - All the portfolios have been assessed and been through a moderation process
 - The assessor feedback is currently being send out to all the participants
 - KMPG is due to submit its final report in the first week of January 2013
 - This will be presented to Council in March

- Approximately 450 responses were received to the CPD Discussion document
 - This includes individual osteopaths, OEIs and other healthcare regulators
 - Analysis is currently being undertaken.
33. There is a likelihood of introducing one complementary scheme for continuing fitness to practise rather than separate CPD and revalidation schemes. It was not a certainty that the future proposals will be the same as the revalidation scheme piloted. After the KPMG report is received, there will be a series of meetings with stakeholders in the spring of 2013, after which a further proposal will go back to Council for agreement prior to a public consultation in late 2013. It was important to note that no decision on a future scheme for either revalidation or CPD would be developed until the outcomes of the Revalidation Pilot and CPD Discussion were known and taken into account.
34. It was suggested that while the GOsC does not have the resources to have an extensive presence at a local level, anything it can do to promote local quality related activity will be immensely helpful and appropriate. It was also suggested that if a strategic decision was taken to modify our original plans for revalidation, we would want to be clear that this was in part as a result of listening to the profession and introducing something proportionate and responsive.
35. The Chief Executive and Registrar confirmed that amending the current scheme in light of the consultation results and other processes should not be seen as a negative or backward step.

AGREED: the Committee noted the continuing fitness to practise update and the discussion points.

ITEM 9: STUDENT FITNESS TO PRACTISE

36. The Chief Executive and Registrar introduced the item giving an update about the progress of the Professionalism in Osteopathy Research Group Pilot.
37. As Chair of the FTP Committee, Ms Julie Stone offered her assistance in building the scenario-based e-learning. The Professional Standards Manager had accepted this offer of assistance.

Noted: the Committee noted the progress of the Professionalism in Osteopathy Research Project Pilot.

ITEM 10: GUIDANCE ON PRE-REGISTRATION OSTEOPATHIC EDUCATION

38. The Chief Executive and Registrar presented the note of the first meeting of this working group. It was noted that the group includes students, patients and representatives from OEIs.

39. The tensions in the 'leadership' area were highlighted, as there had been a huge emphasis in medicine on leadership skills, and there is probably now a huge literature on both how to teach and assess this subject. As enthusiasm for 'leadership' skills is unlikely to wane, it was suggested that there was an important discussion to be had about how teaching and learning at a pre-registration level can begin to equip students for more in-depth learning about this subject post-registration. Reference was made to an article in the British Medical Journal on 'followership' as a necessary accompaniment to 'leadership', suggesting that both are important. It was suggested that this area needs to be explored more fully.

NOTED: the Committee noted the progress of the Guidance about osteopathic pre-registration education working group and the suggestions for further exploratory work on the relationship between 'leadership' and 'followership'.

ITEM 11: GOSC GOVERNANCE REVIEW – EDUCATION COMMITTEE CHANGES

40. The Chief Executive and Registrar gave an oral report on the changes to the governance arrangements agreed by Council at its meeting on 10 October 2012 to take effect from 1 April 2013.
41. The work of the existing Education Committee will be divided between two committees. The Education and Registration Standards Committee will consider issues relating to osteopathic pre-registration education together with other registration matters. The Osteopathic Practice Committee will consider issues relating to post-registration education and standards, including CPD and revalidation.
42. It was also reported that Professor Ian Hughes will stand down as Chair of the Education Committee after the 27 February 2013 meeting and that the process of recruiting a new Chair was already underway with a good field of applicants.

ITEM 12: ANY OTHER BUSINESS

43. It was reported that the Senior Professional Standards Officer had accepted the post of Education and Training Officer at the General Optical Council and will be leaving the GOSC at the end of December 2012. This was a great achievement and a good reflection on both her and the GOSC. The Committee thanked her for her assistance, dedication and commitment in organising the Education Committee meetings and wished her well in her future role.

ITEM 13: DATE OF NEXT MEETING

44. The next meeting would be held on 27 February 2013.