



## Education and Registration Standards Committee

Minutes of the Education and Registration Standards Committee Part I held on  
Thursday 18 June 2015 at 09.30

### *Unconfirmed*

Chair: Professor Colin Coulson-Thomas

Present: John Chaffey  
Dr Jorge Esteves  
Dr Jane Fox  
Professor Bernardette Griffin  
Robert McCoy  
Dr Joan Martin  
Alison J White

In attendance: Kit Holmes, Professional Standards Manager  
Matthew Redford, Head of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Tim Walker, Chief Executive and Registrar

Observer: Haidar Ramadan

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

1. The Chair welcomed attendees to the meeting and special welcome was extended to Haidar Ramadan, a member of Council, attending the meeting as an observer.
2. Apologies were received from Liam Stapleton who was unable to attend this meeting and had submitted comments on the items for discussion prior to the meeting. Apologies were also given by the Chief Executive on behalf of Fiona Browne who was unable to attend the meeting due to illness. Kit Holmes, Professional Standards Manager, was thanked for her hard work in preparing a number of the papers for this meeting.
3. The Chair reminded members that any interests must be declared and that when a conflict is determined that the member would be requested to leave the meeting for the duration of that item.

### **Item 2: Minutes and matters arising**

4. The minutes of the public meeting of the Education and Registration Standards Committee of 12 March 2015, were agreed as a correct record.

## Matters Arising

5. There were none.

### **Item 3: Quality Assurance – Surrey Institute of Osteopathic Medicine (SIOM) notification of change: new satellite student clinic**

6. The Chair asked if there were any members with interests relating to SIOM. There were none.
7. The Professional Standards Manager introduced the item concerning the notification of change to the SIOM RQ provision of a new satellite student clinic within Kingston University. She added that there appeared to be no risks associated with the proposal and it formed part of SIOM meeting its RQ condition for a more diverse patient base for students.
8. Members welcomed the proposal but queried the lack of detailed information such as how many clinical rooms would be available and how many additional tutors might be required.
9. The Professional Standards Manager informed members that there was already an existing wellbeing clinic at Kingston University that would be utilised, by four students under the supervision of a SIOM clinic tutor one morning per week.
10. Members asked if there was any risk of the information not being shared between the clinics. The Professional Standards Manager responded that the same tutors would be supervising so there would be consistency.
11. Members agreed that it was a small but positive development and would help in improving patient diversity. The Chief Executive suggested that in response to SIOM we would say that the expansion is welcomed and the Committee looks forward to hearing more about any further plans for expansion.

**Noted:** the Committee noted the change to SIOM's RQ provision through the introduction of a satellite clinic.

### **Item 4: Clinical responsibility in registration assessments**

12. The Professional Standards Manager introduced the item concerning the update of the review of clinical responsibility at the Assessments of Clinical Performance (ACPs). As a result of the Registration Assessment Review a lack of clarity had been identified regarding clinical responsibility in ACPs which had been classified as a high risk on the GOsC Risk Register.
13. The Chief Executive stressed that the revisions were to address a gap in the current process and the proposed amendments were important to address this.
14. Members suggested that patients should give written consent when participating as part of the ACP process. The Chief Executive advised against this as written consent was not always valid and could undermine the assessment being

undertaken. The Professional Standards Manager advised that patients are made aware of the process in advance when booking and are provided with a detailed information sheet on the day of the assessment session. Furthermore, the proposed changes include 'check in' points for the assessment team to ensure that the patient is content throughout the session. Members were content with this position.

15. Members asked for clarification about the description of shared responsibility between members of the assessment team. The Professional Standards Manager advised that, due to the nature of the process, the responsibility was shared by the assessors and the moderator as not one individual is present to observe throughout.
16. Members raised a concern about to what extent the assessor/moderator has responsibility for the quality of care. Could there be an issue if an assessor/moderator does not intervene if treatment is not of the highest standard? The Chief Executive informed the Committee that the assessor/moderator role in this instance would be to mark down the candidate but not to remediate care. The assessor/moderator would be responsible to intervene if a patient's safety was at risk.
17. It was suggested that in the table of clarifications under 'Clinical responsibility role holders' the second paragraph could read:
 

'One member of the assessment team must be present to observe the applicant with the patients at all times in order to hold clinical responsibility *and that responsibility must be clear to all parties.*'
18. In reviewing the fact sheet members queried the use of the word 'osteopath' in relation to applicants in paragraph 1 of the fact sheet. It was agreed the description was correct as in their country of origin they are recognised as such.
19. The Chair raised a query submitted by Liam Stapleton asking whether the information leaflet should say that the treatment is carried out under the supervision of the assessor or overseen by the assessor. The Chief Executive advised that the patient is unlikely to appreciate this specific difference and it was for the GOsC to ensure the information about responsibilities was clear.
20. The Chief Executive pointed out that it was important to take the perspective of the patient and manage their expectations accordingly. It was suggested that the final sentence of the paragraph should be amended to read:
 

'They may intervene if necessary and have responsibility for your *wellbeing.*'
21. Members were advised that insurers had been informed of the proposed changes and were happy with the approach.

**Noted:** the Committee noted the review of clinical responsibility at ACPs

**Agreed:** the Committee agreed the proposed clarifications of ACP clinical responsibility subject to the suggested amendments.

### **Item 5: Education and Registration Standards Annual Report**

22. The Chief Executive introduced the item which concerned the ERSC Annual Report 2014-15 to Council.
23. Members made no additional comments on the report.

**Agreed:** the Committee agreed the ERSC Annual Report to Council 2014-2015.

### **Item 6: Risk Register**

24. The Chief Executive introduced the item which requested the Education and Registration Standards Committee consider the Risk Register so that members could judge their effectiveness of scrutiny of the activities contained within it.
25. The Chief Executive highlighted *1.2: Confidence in the Register – Clinical Responsibility*, advising members that this would be removed in the next iteration of the Risk Register.
26. Members were concerned about how those outside of the osteopathic profession were made aware of the advances in the management of risk. The Chief Executive agreed this was important and a challenge pointing out the pace of change was slower in osteopathy than in some other professions.
27. Members queried *1.1: Pre-registration education and training – Initial education does not reflect current healthcare practice and expectations*. The Chief Executive cautioned that it was not for GOsC to educate students but it could encourage best practice and this was a matter for the OEIs to consider.
28. Members also suggested that it would be advisable to identify as a mitigating action the checks that took place on the financial stability of the OEIs.

### **Item 7: Quality Assurance: *Subject Benchmark Statement for Osteopathy – Update***

29. The Professional Standards Manager introduced the item which gave an update about the review of the Quality Assurance Agency for Higher Education (QAA) *Subject Benchmark Statement for Osteopathy*.
30. The Professional Standards Manager informed members that there had been a good meeting of the QAA Subject Benchmark Statement Working Group on 17 June and that the Benchmark Statement was strongly supported. There were some small revisions suggested and it was expected that the statement would be published in July 2015.

**Noted:** the Committee noted the development of the revision of the QAA Subject Benchmark Statement for osteopathy.

### **Item 8: Registration Assessor Training**

31. The Professional Standards Manager introduced the item which gave a summary of the activities and outcomes from the recent Registration Assessor and Registration Reviewer training which took place in April 2015. She informed members that the next training day would take place in in December 2015.
32. Members were advised that of the pool of 21 assessors 13 attended the day. The sessions were well-received. For those who were unable to attend the information has been circulated.
33. Members asked if feedback from the assessor appraisals had been incorporated into the training day programme. The Professional Standards Manager confirmed that the feedback had been analysed and used to inform the training.

**Noted:** the Committee noted the summary of the April 2015 registration assessor/review training day.

### **Item 9: Leeds Beckett University (LBU) and Oxford Brookes University (OBU) Course Closure updates**

34. The Chair advised that as the item did not require a decision those members who might have an interest in LBU and/or OBU would not be required to leave the meeting during the discussion.
35. The Professional Standards Manager introduced this item concerning Leeds Beckett University and Oxford Brookes University who had submitted updates on their course closure plans.
36. It was confirmed that LBU had included peer interaction in their update, as requested by the Committee. This shows LBU's measures to enable student peer interaction and that this would be continue to be monitored through staff and student feedback.
37. It had been noted that there were potentially conflicting statements in the update given by OBU in reducing clinic hours and maintaining numbers of new patients. OBU would be asked for clarification in the next course closure update.

**Noted:** the Committee noted the course closure plan updates from Leeds Beckett University and Oxford Brookes University.

### **Item 10: AOB**

38. There was no other business.

**Item 11: Date of next meeting:** 14.00 on Tuesday 13 October 2015.