



## Policy Advisory Committee

Minutes of the Policy Advisory Committee – Public (and also the statutory Education Committee) held on Thursday 8 June 2017 at the General Osteopathic Council, 176 Tower Bridge Road, London SE1 2JP

### *Unconfirmed*

- Chair: Dr Bill Gunnyeon
- Present: Dr Marvelle Brown  
Dr Joan Martin  
Professor Raymond Playford  
Alison White  
Nick Woodhead  
Bob Davies
- Observers Dr Dawn Carnes, National Council for Osteopathic Research (NCOR)  
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Fiona Hamilton, Council for Osteopathic Education Institutions (COEI)
- In attendance: Angela Albornoz, Professional Standards, Policy Officer  
Steven Bettles, Professional Standards, Policy Manager  
Fiona Browne, Head of Professional Standards  
Dr Stacey Clift, Professional Standards, Policy Officer  
Dr David Gale, Quality Assurance Agency (QAA)  
Sheleen McCormack, Head of Regulation  
Matthew Redford, Head of Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Tim Walker, Chief Executive and Registrar

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

1. The Chair welcomed all to the meeting. A special welcome was extended to the five new members of the Committee, external lay members Marvelle Brown and Ray Playford, external registrant members, Bob Davies and Nick Woodhead, and in absentia Council registrant member Elizabeth Elander. Also welcomed were the observers with speaking rights, Maurice Cheng, Dawn Carnes and Fiona Hamilton.

### **Apologies**

2. Apologies were received from Elizabeth Elander, who had submitted comments prior to the meeting, John Chaffey, and the Osteopathic Alliance (OA).

3. For the benefit of the new members of the Committee the Chair briefly set out the purpose and role of the Policy Advisory Committee within the GOsC to contribute to the development of policy through discussion, and an appropriate degree of scrutiny and constructive challenge in the areas of education, professional standards, registration and fitness to practice to inform executive submission of papers to Council. It was also explained that the Committee performs the role of the statutory Education Committee as required by the Osteopaths Act 1993, ensuring the promotion of high standards of education and training in osteopathy.
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 normally be asked to leave proceedings for the duration of the discussion to be recalled at the discussion's conclusion if there was a conflict. Where an item was for noting members and observers would also need to declare their interest, although conflicts were less likely in this case.
5. Observers were asked to note that where items relating to the osteopathic education institutions (OEIs) were to be discussed or noted these items were reserved and observers would not take part in the discussion.

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

6. The minutes of the third meeting of the Policy Advisory Committee, 9 March 2017, were agreed as a correct record of the meeting.

## **Matters arising**

7. The Committee was informed that the initial recognition of Recognised Qualifications for University of St Mark and St John (MARJON), Master of Osteopathic Medicine (full-time), and Master of Osteopathic Medicine (part-time), had been approved by Council at its meeting 3 May 2017, and was now waiting for Privy Council approval.

## **Item 3: Osteopathic Standards Review**

8. The Policy Manager introduced the item which gave an update on the review of the *Osteopathic Practice Standards* (OPS). A brief explanation of the review process to date was given including how the review was based on the consultation feedback of the *Osteopathic Practice Standards* (2012), and the work of the Stakeholder Reference Group (SRG) to develop the draft OPS. The SRG comprises the iO, NCOR, COEI, the OA and patient representatives.
9. It was noted that when Council approved the review it had not been looking for major changes and the four main themes remained:
  - a. Communication and patient partnership
  - b. Knowledge, skills and performance
  - c. Safety and quality in practice

d. Professionalism.

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

- a. Members who had attended the meetings of the SRG commented that the participation of the patient representatives had been invaluable in informing the updated standards and guidance.
- b. It was noted that Council's agreement had been to 'refresh' the OPS. The draft before the Committee contained some substantive issues but it was considered that these were an acceptable part of the review. It had been clear from the work of the SRG and the informal consultation that there were areas of the standards and guidance which were subject to misinterpretation and therefore required clarification and/or simplification.
- c. It was asked how the work relating to values and the OPS work together. The Head of Professional Standards responded that the work related to values and that being undertaken jointly with the General Dental Council potentially would complement the implementation and interpretation of the OPS at the point of consultation between patient and osteopath. The outcomes from the values work were still ongoing but would provide part of the context during consultation on the OPS.

#### Reference to personal lives

- d. Members highlighted that there was a degree of hesitation to standard D7 which was open to interpretation. Standard D7 states:

*D7: You must uphold the reputation of the profession at all times through your conduct, in and out of the workplace.*

It was suggested that users of the OPS would require assurances and clarity in defining D7. It was commented that personal and professional conduct were inextricably linked and that conduct cases arising from D7 would have to be reviewed in context and, from the view of the Professional Conduct and Investigating Committees, with a common sense approach. Many members of the Committee felt that public and professional lives were inextricably linked in other health professions and that professionalism wasn't something that was switched off outside of the working environment. Members were also reminded of the recent change to the Osteopaths Act 1993 in 2016 which explicitly inserted the same clause into all health professional regulator's legislation which stated that the GOsC was required to pursue objectives including maintaining public confidence in the profession.

It was pointed out that reference to personal conduct was already reflected in the current standard D17, paragraphs 1 and 2 which state:

1. *The public's trust and confidence in the profession, and the reputation of the profession generally, can be undermined by an osteopath's professional or personal conduct. You should have regard to your standing, even when you are not acting as an osteopath."*

and:

2 *upholding the reputation of the profession may include:*

2.1 *Acting within the law at all times (criminal convictions could be evidence that an osteopath is unfit to practise).*

2.2 *Not abusing alcohol or drugs.*

2.3 *Not behaving in an aggressive or violent way in your personal or professional life.'*

On balance, having considered the report of the discussion at the SRG and the PAC, the Committee felt that the text should remain for consultation.

#### Values and equality issues

e. Concerns were raised relating to paragraph 14.2:

*If carrying out a particular procedure or giving advice conflicts with your personal, religious or moral beliefs, and this conflict might affect the treatment or advice you provide, you must explain this to the patient and advise them they have the right to see or be referred to another osteopath.*

In considering the guidance supporting revised standard A7: *You must make sure your beliefs and values do not prejudice your patients' care*, a question was raised asking if this was consistent with equality law. It was advised that there must not only be consistency with the standards and guidance but also reflect consistency in reflecting the law. It was agreed that this would be reviewed.

#### Philosophy

f. The inclusion of the philosophy of osteopathy had been discussed comprehensively and at some length in previous meetings. The diversity of views remained the same but it was agreed that patients should always be central to the profession. Osteopath members and observers suggested it would be helpful to include the philosophy and principles rather than just principles of osteopathy in the OPS especially for overseas practitioners. The issue was whether it was explicitly mentioned in standards or guidance.

g. In order that Council could make an informed final decision on the OPS with clear insight into the views about the place of osteopathic philosophy and principles, it was suggested a specific question should be put to osteopaths in consultation on whether the standards require the philosophy of osteopathy to be included in the OPS.

## OPS consultation document

- h. There was some concern that the length of the consultation document would not encourage individual registrants to respond although a collective response would encourage discussion. To encourage feedback the consultation should be more accessible with key elements highlighted and an option/invitation to complete the longer version. Members also advised that there should be consistency with the statements in the consultation document.
- i. It was agreed that the consultation narrative would be critical for successful engagement with the profession and it was important for Council to get the consultation right as the OPS was integral to the GOsC. An extensive communications strategy would be essential in ensuring the widest reach possible.
- j. It was pointed out that similar issues relating to engagement with constituents existed across the health sector when considering the consultation process but the GOsC had identified issues relating to engagement with own constituents and was addressing these to increase response rates.

## Communications Plan

- 11. There were no specific comments on the communications plan aside from those mentioned above in relation to the consultation document. Members and observers were invited to submit any further comments on the OPS and communications plan to the Policy Manager.

**Noted:** the Committee noted the progress and development of the updated Osteopathic Practice Standards and associated consultation.

## **Item 4: Hearings and Sanctions Guidance**

- 12. The Head of Regulation introduced the item which invited the Policy Advisory Committee to consider the draft Hearings and Sanctions Guidance. The changes proposed will further enhance transparency and consistency in decision making of the Professional Conduct Committee (PCC) whilst ensuring any sanction imposed by a Committee is both targeted and proportionate.
- 13. The pre-consultation engagement included input from the GOsC Fitness to Practise forum which includes the PCC Chairs and members, and the GOsC legal assessors. It was added that following the six week consultation the feedback provided had been carefully considered and used to inform the guidance.
- 14. In discussion the following points were made and responded to:
  - a. Members commented that they were reassured by the documents transparency and accessibility and welcomed the issuing of advice where

alleged conduct falls short of the threshold for unacceptable professional conduct.

- b. Members were informed that osteopaths had not been consulted on the Hearings and Sanctions Guidance as it would only be relevant to a registrant if subject to an investigation. Two guidance booklets had been written specifically for registrants about the complaints and hearings process and the drafts were currently being reviewed by the Plain English Society. The booklets would then be formatted for publication. The Hearings and Sanctions Guidance was a more technical document to be accessed by fitness to practice committees, press and relevant stakeholders.
- c. There was some concern that some of the language in the new guidance appeared to be giving direction to the Professional Conduct Committee. It was commented that assurances on the independence and separation of the PCC should be clear for Council. Members were advised that the guidance would provide greater clarity for the PCC and there would be no impact on their independence.
- d. Members also advised that the guidance had been discussed with the Professional Standards team and was consistent with the current *Osteopathic Practice Standards*. The guidance would come into effect at the point of hearing where the matter had been reviewed by the Investigating Committee prior to being heard by the Professional Conduct Committee.
- e. Members also discussed the audience for the document and the importance of ensuring clarity.

**Agreed:** the Committee considered the draft Hearings and Sanctions Guidance and recommended it to Council for consultation.

#### **Item 5: CPD Update – presentation**

- 15. The Head of Professional Standards presented an overview and update on the CPD scheme. The presentation highlighted key areas of the scheme and its progress to date.
- 16. Members were informed that there would be some minor changes to legislation and that the evaluation of the scheme would continue throughout its implementation to measure changes against the baseline of osteopaths complying with CPD standards.
- 17. The next significant input by the Policy Advisory Committee would be on the development of an audit strategy and process towards the later part of 2017.
- 18. As a point of clarification it was confirmed that CPD would be mandatory over a period of three years.

**Noted:** the Committee noted the update of the CPD Scheme.

## **Item 6: Policy Advisory Committee Annual Report**

19. The Chief Executive introduced the Annual Report of the Policy Advisory Committee to be presented to Council at its meeting in July 2017. It was noted that paragraph 36, Fitness to Practise Data Analysis, required some rewording to be completed prior to the report being submitted to Council.

**Agreed:** the Committee agreed the Annual Report to Council 2016-17 subject to amendments being made.

## **Item 7: Quality Assurance – Annual Report Template and update on Thematic Review (reserved)**

20. The Head of Professional Standards introduced the item which outlined the Annual Reporting process for 2016-17 and the progress of the Thematic Review process for 2016-17.
21. Members were advised that the reporting template remains the same as the previous three years.
22. Members were also advised that Julie Stone, author of the Thematic Review report on Boundaries, and presented to the PAC at the meeting in March 2017, would present the review at the next OEI meeting in June.
23. In discussion the following points were made and responded to:
  - a. Members commented on the use of the word 'substantial' at point 2, RQ General Conditions. Members were advised that the references were about impact on the delivery of the *Osteopathic Practice Standards*. The 'RQ Change Notification Form' asked osteopathic educational institutions (OEIs) to assess the impact of any change, if any, on the delivery of the *Osteopathic Practice Standards* and any mitigating actions taken.
  - b. Members asked if the Thematic Review returns had indicated any significant changes by OEIs in their review of professional boundaries. It was confirmed the some OEIs had reported some changes made to policies as a result of providing information and reflecting on their own provision when providing information for the boundaries report in their returns but not all. The collective report would be discussed at the next OEI meeting. It was expected that in OEIs would be asked to report any changes made to their provision as a result of the Thematic Review report in the next Annual Report (due in December 2017) which would help to better assess the utility of the Thematic Review.

## **Item 8: British College of Osteopathic Medicine (BCOM) – note of decision (reserved)**

24. The Policy Officer introduced the item which provided a record of the decision to approve the Visitors for the British College of Osteopathic Medicine Recognised Qualifications review.

25. For clarification it was confirmed that 'Visitors' were the same as a 'reviewers' in other regulators. 'Visitor' was the term used in the Osteopaths Act 1993.

**Agreed:** the Committee agreed the record of the Visitors' appointment for the British College of Osteopathic Medicine renewal of recognised qualifications review.

**Item 9: Surrey Institute of Osteopathic Medicine (SIOM) – note of decision (reserved)**

26. The Policy Officer introduced the item which provided a record of the decision to approve the Visitors for the Surrey Institute of Osteopathic Medicine Recognised Qualifications review.

27. The Committee had no comments.

**Agreed:** the Committee agreed the record of Visitors' appointment for the Surrey Institute of Osteopathic Medicine renewal of recognised qualifications review

**Item 10: Any other business**

28. There was no other business.

**Date of the next meeting:** Tuesday 10 October 2017 at 10.00.