



Policy Advisory Committee

Minutes of the 11th Policy Advisory Committee – Public (and also the 91st statutory Education Committee) held on Wednesday 12 June 2019 at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

Unconfirmed

- Chair: Dr Bill Gunnyeon
- Present: Dr Marvelle Brown
John Chaffey
Bob Davies
Elizabeth Elander
Professor Raymond Playford
Alison White
Nick Woodhead
- Observers with speaking rights: Professor Dawn Carnes, Director, National Council for Osteopathic Research (NCOR) (to Item 7)
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
- In attendance: Steven Bettles, Policy Manager, Professional Standards,
Christine Bevan, the Quality Assurance Agency (QAA)
Fiona Browne, Director of Education, Standards and Development
Hannah Doherty, Regulation Manager
Dr Julian Ellis, the Quality Assurance Agency (QAA)
Kabir Kareem, Quality Assurance Liaison Officer (QALO)
Leonie Milliner, Chief Executive and Registrar
Liz Niman, Head of Communications and Engagement
Matthew Redford, Director of Registration and Resources
Marcia Scott, Council and Executive Support Officer
- Observer: Denis Shaughnessy, Lay member of Council

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to Maurice Cheng, Chief Executive of the Institute of Osteopathy; Dawn Carnes, Director of the National Council for Osteopathic Research (NCOR); and Council member Dr Denis Shaughnessy.
2. Apologies were received from Joan Martin, Council and Committee member; Stacey Clift, Policy Officer, Professional Standards; and Sheleen McCormack, Director of Fitness to Practise. Apologies were also received from Nadine

Hobson, the Osteopathic Alliance (OA) and Dr Kerstin Rolfe, the Council for Osteopathic Education Institutions (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 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.
4. Observers were asked to note that where items relating to the statutory duties of the Committee, usually relating to osteopathic education institutions (OEIs), were to be discussed or noted these items were reserved and observers would not take part.
5. The Chair informed the Committee and Observers that following discussion with the executive it was the decision of the Chair, due to the potentially sensitive nature of the issues relating to the institution, public Item 9: London College of Osteopathic Medicine (LCOM) would be considered in private session.

Item 2: Minutes and matters arising

6. The minutes of the tenth meeting of the Policy Advisory Committee, 13 March 2019, were agreed as a correct record of the meeting.

Matters arising

7. There were no matters arising

Item 3: Quality Assurance – Annual Report template 2018-19

8. The Quality Assurance Liaison Officer (QALO) introduced the item which set out the background to the Annual Report and asked that the Committee note the timetable for the annual reports due in December 2019. The paper also provided background for the request of further information in the following areas:
 - a. Areas for development
 - b. Implementation of the new Osteopathic Practice Standards
 - c. Data on Educators
 - d. Information on equality and diversity
 - e. Information on the student protection plan.
 - f. Checklist to ensure completeness of data submitted.
9. The Annual Report was considered by the osteopathic educational institutions (OEIs) at the GOsC / OEI meeting on 29 April 2019 and no objections were raised to the proposals in the paper.
10. In discussion the following points were made and responded to:

- a. It was confirmed that with regards to the role of the Educators the form requests details of their roles and responsibilities. This information would make clear what is understood by the term 'Educator' across the institutions. The Executive would investigate the question on the percentage of Educators who have formal training in teaching.
- b. It was confirmed that the OEIs would be informed of any further amendments to the Annual Report template requested by the Committee.
- c. It was suggested that two additional sections should be inserted into the Annual Report template requesting information and highlighting two distinct areas for reporting on education quality control and governance processes:
 - What the institution's quality control processes are and does the institution reference external quality indicators?
 - What are the institution's governance process, how does assurance on academic standards fit into the governance process and how does the board assure itself on the quality of provision?

The information would provide some oversight into the governance of the institutions and what the organisation is doing in terms of its education remit.

- d. It was suggested and agreed that more structure was required as the picture in terms of the governance processes were not always complete. A stronger and more specific Annual Report would strengthen the RQ process.
- e. The view of the Christine Bevan, QAA, was that the quality assurance processes are impressive, allowing the Visitors to forensically investigate and report on the institutions as part of the RQ Visit. All but one of the OEIs have awarding bodies and their quality assurance processes are public and are evidenced, she could therefore be confident that the information required is made available.
- f. It was agreed that the Visit reports do provide in-depth information but with the removal of RQ Expiry Dates the role of the Annual Report would become more significant.
- g. It was noted that it is not the role of GOsC to request evidence directly from External Examiners on behalf of the PAC, as External Examiners are appointed by, and are accountable to the academic institution, and not GOsC.

Agreed: The Committee agreed the 2018-19 Annual Report template (due December 2019)

Item 4: Quality Assurance: levels of assurance and risk

11. The Professional Standards Policy Manager introduced the item which set out the approach to strengthening the quality assurance process, scrutinising the

levels of assurance that the current method provides and seeking feedback from the Committee to inform the approach to risk moving forward.

12. The following points were highlighted:

- a. The paper sets out the range of activities undertaken relating to quality assurance in line with the draft Business Plan 2019-20 including the removal of expiry dates, the publication of conditions and action plans for osteopathic education institutions (OEIs). A draft action plan for osteopathic educational institutions has been developed for which the Executive are seeking the Committees feedback.
- b. The results of the review into the role of External Examiners had been presented in an interim report to the Committee at its meeting of March 2019. The report for this meeting included further commentary and analysis of the review. The findings had been discussed with the osteopathic educational institutions at a joint meeting in April and comments on the role of the External Examiners and delivery of the Osteopathic Practice Standards (OPS) were included in the report.
- c. The initial thoughts on the review of the Guidance for Osteopathic Pre-registration Education (GOPRE); an update on the review of patient involvement in osteopathic and chiropractic education; and the development of quality manual setting out the internal processes for quality assurance and the development of standard for delivery of RQs were also included for the Committees review and consideration.

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

External Examiners Thematic Analysis:

- a. It was explained that the NSS scores did not appear in the report as they are included in the Annual Reports of the institutions.
- b. It was noted that the analysis of the External Examiner review highlighted variations in the appointment, responsibility and duties of External Examiners engaged by osteopathic educational institutions. It was suggested that more clarity is required to make a clear the difference between an External Examiner, with a remit covering quality assurance and commenting upon student attainment in relation to external benchmarks, such as the OPS, and an External Assessor, who may carry assessment responsibilities. It was noted the External Examiners engaged by UK universities had to adhere to QAA UK Quality Code, and given the majority of External Examiners are appointed by OEIs follow this code, variations occur due to differences between institutions and validating bodies. It was added that when External Examiner reports are received it should be clear from the context of the report the responsibilities of the External Examiner to the institution to provide an independent report on academic standards and adherence to assessment regulations.

- c. It was suggested that there was an uncomfortable mismatch of requirements in terms of assuring professional capability and the academic role of the External Examiner to assure the academic quality of a programme. The Committee noted that whilst university-appointed External Examiners' do not have a responsibility to assure GOsC directly that the requirements of the OPS are being met, members recognised that their reports provide an important evidence regarding assessment standards.

Quality Assurance and next steps

- d. It was pointed out that it was not the role of the Committee to specify what an institution should be doing in terms of quality control; the critical issue was that the process associated with the provision of education for an osteopathic educational institution was not clear. It was suggested that a way to begin resolving the issue would be to establish for each osteopathic educational institution what their quality control processes are and how they ensure educational provision assures the decision makers of the institutions that the OPS is being delivered. This requires a combination of an academic assurance process and a governance process which provides oversight and overall assurance. A clear understanding of the quality control process of an institution would provide the Committee with a more assured position to establish the quality assurance process for the recognition of Recognised Qualifications.
- e. It was added that the quality control process and the governance process of the osteopathic educational institutions should form part of the of the Annual Reporting process. It was stressed that it was for the individual osteopathic educational institutions to define their quality control processes and for the Committee to scrutinise the process to ensure that it is effective and set out how institutions are examined to ensure they deliver students who meet the Osteopathic Practice Standards.

Guidance for Osteopathic Pre-registration Education (GOPRE):

- f. It was suggested that not only should there be emphasis on ensuring good osteopathic graduates who meet the Osteopathic Practice Standards but also ensuring osteopaths are prepared to be part of the national health workforce. It was acknowledged that consideration was required on where the profession fits within the Allied Health Professionals (AHPs) and other health care providers in the review of GOPRE, and also how to make the best of the opportunities being presented in the work being undertaken by NHS England.
- g. It was suggested that the lack of standardisation lead to inconsistencies in outcomes, but it was difficult to identify where the inconsistencies lay. The OPS and GOPRE did not specify areas to be taught or competence required, unlike other professions, and standardisation which might lead to

consistency of approach had been resisted by the institutions. It was pointed out that the institutions are all very different in approaches but all work to the set benchmarks and to GOPRE therefore there is a level of standardisation which is delivering the standards set by the OPS.

- h. It was stressed that for the profession to be considered as part of the national health workforce parity with established frameworks including the MSK, First Contact Practitioner and ACP frameworks, must be achieved. It was also pointed out that there were other external reference points beyond the OPS which Visitors could consider including the UK Quality Code which sets out a list of core practices which institutions are required to adhere to. The Committee and stakeholders were given the assurance that when the GOPRE is updated a multi-stakeholder approach will be taken and will include, for example, the National Council of Osteopathic Research (NCOR) and the iO.
- i. The Chair summarised that the discussion had highlighted that a number of areas in the approach to quality assurance remained unclear and challenging. It was suggested there should be further in-depth examination of the issues raised clarifying the process for each OEI, how this varies between institutions and how a degree of standardisation might be introduced.

Removal of Recognised Qualification (RQ) Expiry Dates

- j. It was highlighted that the General Conditions should remain as part of the Action Plan to support consistency and that what should comprise General Conditions would require the Committee's consideration in due course. It was also highlighted that the Action Plan had been shared with the osteopathic educational institutions at the meeting with the GOsC in April. There had been no suggestions for any changes. The timescales remained to be determined.
- k. It was suggested that the General Conditions do need to be reviewed in due course as they do not reference governance of the osteopathic educational institutions.
- l. The Committee was advised that the level of sophistication required for a 'traffic light system' to be incorporated into the Expiry Date Action Plan was not available as there was no clear criteria to define the measurements. The options were to implement quickly, be transparent and continue development or delay implementation until the ideal action plan was agreed. It was suggested that the 'traffic light system' and similar ideas were aspirational but could assist in making the Action Plan more user friendly and possibly introduced and implemented over time.

RQ Process

- m. A question was raised about the RQ process asking whether it was working in the way the Committee could be entirely satisfied. It was agreed that this was a valid question considering the earlier discussions. The Chief Executive responded informing the Committee that the strategic planning process was nearing conclusion setting out the priorities for the next three to five years. The priorities include a review of the GOsC risk-based quality assurance which echo issues and concerns raised by the Committee.

14. The Chair summarised the Committee's deliberations.

The Committee:

- a. Considered and provided feedback on the example Action Plan shown at Annex A;
- b. Considered the outcomes of the review of the role of external examiners within osteopathic education shown at Annex B;
- c. Considered the approach to making standards and processes more explicit;
- d. Provided feedback on the contents of the paper.

Item 5: Quality assurance and registration assessment: update, training and appraisal

- 15. The Director of Education, Standards and Development introduced the item which provided an update on the training and appraisal of Education Visitors and Registration Assessors.
- 16. Christine Bevan gave an update on the contract evaluation report which is presented to the Committee every two years. All deliverables had been met and the following were highlighted:
 - a. There had been six RQ visits in the past twelve months.
 - b. The QAA had contributed to the development and implementation of the new Quality Assurance Framework.
 - c. The recruitment of three new members to the Visitor pool had been successfully undertaken.
 - d. Liaison with the Office for Students (OfS) regarding the GOsC method.
 - e. An action plan has been developed based on the feedback given by the Review Co-ordinators, Visitors and education providers. The feedback has been positive and valuable in highlighting gaps in knowledge and the developmental needs of the Visitors and are to be addressed.
- 17. In discussion the following points were made and responded to:
 - a. It was agreed that an issue for Visitors was the time allocated for the visit process and had been included in the action plan for review. Visits currently can take up to 2.5 days but the process allows for up to 3 days. It was added that there is some flexibility in the length of time required for a

visit dependent on the complexities relating to an institution. If a longer visit was necessary the Executive would discuss with the QAA the feasibility for a longer visit to take place. It was suggested that the Committee would consider requesting, as part of the RQ process, more interaction with students and teaching staff by Visitors.

- b. The Committee was advised that the issue of Student Reviewers had been raised and discussed. Students are not precluded from roles as Reviewers but the take up for the roles is minimal. The Executive have explored the issue with the QAA who have their own student review pool and recruit students at particular times of the year, so it is being planned to target osteopathic students at the same time to try to encourage participation.
- c. It was suggested there should be more consideration given to the structure of the Visits. There should be a balance between the desktop review (inspection of documents) and observation with observation forming the majority of the work. The Committee were given assurances that the Visit team do select the areas which they will observe at a preliminary meeting, held with the QAA and the Visit facilitator, prior the visit being undertaken.
- d. It was pointed out to members that unplanned visits can take place at the Committees request if that is the appropriate response to the information presented to the Committee. It was also pointed out the removal of Expiry Dates did not equate to the removal of visits as outlined in the QA Handbook.

Agreed: The Committee noted the update on quality assurance and registration assessment and the update on the training and appraisal of Education Visitors and Registration Assessors.

Item 6: Draft Practice Note on Professional Indemnity Insurance (PII) and Public Liability Insurance (PLI) Requirements (B1/03 1.32)

- 18. The Regulation Manager introduced the item which proposed the introduction of a Practice Note on the requirements of professional indemnity insurance and public liability insurance for registrants.
- 19. The following points were highlighted:
 - a. Learning points were received from the Professional Standards Authority (PSA) in 2017 relating to PCC decisions on cases involving a failure to maintain PII. In response to the learning points the Determinations Review Group (DRG) was invited to review the decisions considered by the PSA. One of the outcomes following the review was the recommendation that there should be separate guidance on PII to assist the fitness to practise committees.
 - b. In summary the learning points were:

- Practising without indemnity insurance calls into question an osteopath's commitment to patient safety.
 - It is important that patients can recover any compensation they might be entitled to in the event of a successful claim.
 - An osteopath's failure to have insurance is not an 'administrative' failure and can potentially have wider consequences i.e. for the public interest.
 - An osteopath practising without any/adequate indemnity insurance should be taken seriously as it is a statutory requirement.
 - A failure to have appropriate PII will not be regarded as less serious by a Professional Conduct Committee simply because an osteopath has not seen patients.
 - Where an osteopath has knowingly practised without insurance that dishonesty is taken into consideration in the ftp process.
- c. Actions taken to raise awareness have been to incorporate the learning points into PCC training days, publishing articles in the 'Osteopath' magazine, the inclusion in the updated OPS specifically addressing indemnity insurance, and the development of standard wording for drafting allegations relating to insurance failures.
- d. The Executive is confident that the process which has been developed fully takes into account the learning points from the PSA, is robust and it is believed that the paper encapsulates the work undertaken to date to support the ftp committees.

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

- a. It was explained and emphasised that under the PII rules 2015, if an individual is on the Register regardless of whether they are practising or non-practising they must have insurance cover. If a registrant is non-practising they must have run-off cover and demonstrate this when making the application for non-practising status. It was questioned whether it was the Regulator's role to remind registrants about when their insurance was due to expire.
- b. There was some concern that the wording in the final key point of the Practice Note could be misinterpreted:
- A failure to have appropriate indemnity insurance will not be regarded as less serious by a Professional Conduct Committee simply because an osteopath has not seen patients.

It was suggested that the point should be checked and clarified to ensure there could be no ambiguity or misinterpretation and that the offence is taken seriously by those who might deliberately practice without insurance.

- c. The iO stressed that the raising awareness of PII and PLI was an issue which needed to be emphasised to registrants and welcomed the work being undertaken by the Executive.
- d. It was suggested that the Practice Note was not sufficiently developed to be approved for the recommendation of Council. It was felt that the learning points needed to be properly addressed beyond the definition as described in the practice note. The key points were:
 - The concern that there is a disparity in the way in which PII cases are being prosecuted;
 - How consistency in cases can be ensured in respect of how the prosecution is taken forward;
 - Clarity in the approach to be taken where registrants state that not having PII is an administrative failure or where it can be viewed as being due to dishonesty.

It was suggested that the guidance could include a list of the factors to be considered when considering a PII case to assist the decision-making process and ensure consistency with other practice notes.

- e. It was suggested that the Practice Note should be further developed taking into account the considerations of the Committee and that there should be a pulling together of the key points from the PSA's learning points in order for Council to make a decision on the consultation.

Agreed: The Committee agreed, that subject amendments, the Practice Note would be circulated by email to the PAC for approval prior to submission Council for approval of the Practice Note's publication for consultation.

Item 7: Swansea University Renewal of Recognised Qualification (RQ)

- 21. Bob Davies declared an interest and left the meeting for the duration of the discussion.
- 22. The QALO introduced the item which concerned Swansea University which is seeking to renew its current recognised qualification for the Master of Osteopathy programme.
- 23. The following points were highlighted:
 - a. The Visit took place in February 2019. Swansea University responded to the report in April 2019 and the report was finalised in May 2019.
 - b. The overall report is positive with the Visitors highlighting a number of strengths and but a number of areas for development were noted.

Areas of Strength:

- the embedding of research and evidence-based learning which is applied and contextualised for students in practice and in the classroom setting;
- the extensive support provided by the Programme Team, the College and the University which enables students to achieve;
- the use of various methods of communication, which effectively engage the clinic and academic staff team;
- the effectiveness of the academic mentors, their ability to deal with students in a timely manner and liaise among staff and University support systems, is well embedded within the department;
- the Listening Forum, which provides students with the opportunity to express their views directly enables actions to be dealt with promptly.

Areas for development:

- demonstrate that account is taken of all reference points for the professional aspects of osteopathic pre-registration education (paragraphs
- develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently collated, actioned and reviewed;
- develop additional assessment guidance, which is consistent and appropriately detailed across all modules;
- integrate progression and performance data within the annual reporting cycle to enable trends in achievement to be identified and acted upon;
- develop and implement guidelines for effective assessment feedback, which facilitates student achievement and progression.

Areas of Good Practice:

- the peer mentoring process in the clinic which is used as an evaluative and supportive mechanism for new and existing tutors that facilitates the sharing of good practice.
- the clinical provision which provides students with a diverse range of patient interactions within NHS settings and enhances the student learning experience.

- c. The programme continues to meet the requirements of the Osteopathic Practice Standards. The areas for the development will continue to be monitored as part of the Annual Report and feedback will be provided to the Committee.

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

- a. In relation to the areas for development the QAA said that they were 'astounded' that the institution did not appear to align its programme to GOPRE. It appeared the thinking was that GOPRE had little relevance to them as they were a high performing institution and exceeded aspects of the guidance. The issue had been pursued in a number of meetings but as it is implicit in the work of the institution there was no question of not meeting

GOPRE, but the advice was to map it across and make GOPRE explicit although it would not be listed as a Condition.

- b. The Committee was advised that primary legislation refers to the OPS for which the institution has met the requirements and GOPRE which through demonstration has also been implicitly met. It was agreed that this highlighted a wider issue in reviewing the guidance and ensuring it maps across to the updated OPS.
- c. Members raised the issue of quality control as it appeared that there were areas if the report where the institution did not appear to be adhering to its own quality control processes appropriately. It was suggested that a Condition should be imposed to ensure compliance. The QAA responded that Swansea University operates with a centralised Quality Control and Standards team which acknowledge that some processes have not been followed up due to the autonomy of the colleges. Assurances had been given by the University that in the next academic year the management of the process would change.

23. In Chair summarised the decision of the Committee:

Subject to the approval of Privy Council, Council recognises the Master of Osteopathy awarded by Swansea University from 15 December 2019 until 14 December 2024 subject to the general conditions and to the specific condition that Swansea University must develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently actioned and reviewed.

It was agreed that progress on this Condition would be reported in the institutions next Annual Report.

Agreed: The Committee agreed that, subject to the approval of Privy Council, Council recognises the Master of Osteopathy awarded by Swansea University from 15 December 2019 until 14 December 2024 subject to the general conditions and to the specific condition that they develop and implement a mechanism to ensure that actions arising from all quality assurance processes, both internal and external, are consistently actioned and reviewed.

Item 8: Plymouth Marjon University – Approval of Visitors for renewal of recognition of qualification.

- 25. Dr Marvelle Brown and John Chaffey declared interests and left the meeting for the duration of the discussion.
- 26. The QALO introduced the item which concerned the appointment of the Visitors for the Plymouth Marjon University Recognised Qualification Review.

- a. The individuals recommended for appointment as Visitors are, Dr Marvelle Brown, Hertford University; Robert Thomas, the European School of Osteopathy; and Ceira Kinch, the European School of Osteopathy.
- b. It was confirmed that there were no conflicts of interests and that Robert Thomas and Ceira Kinch are on the Register of Osteopaths.
- c. The specification for the visit was approved at the PAC meeting of March 2019.

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

- a. It was confirmed that the Lead Visitor/Co-ordinator would be appointed by the Quality Assurance Agency.

Agreed: The Committee agreed to appoint Dr Marvelle Brown, Robert Thomas, and Ceira Kinch as Visitors for the Master of Osteopathic Medicine offered by Plymouth Marjon University.

Item 9: London College of Osteopathic Medicine (LCOM) – Renewal of Recognised Qualification

28. This item was deferred to private session by the Chair due to the potential sensitivities of the discussion as outlined in the Governance Handbook.

Item 10: Annual Report of the Policy Advisory Committee 2018-19

- 29. The Director of Education, Standards and Development introduced the item which concerned the Annual Report of the Policy Advisory Committee (also the statutory Education Committee) providing a summary of the work of the Committee for the year 2018-19 which will be presented to Council at its meeting, July 2019.
- 30. Members sought an explanation for the rise in cost for the year, and specifically in relation to expenses claims. It was agreed a breakdown of the cost would be prepared for the Committee.
- 30. The Chair thanked the members for their time, commitment and work undertaken in what had been a very busy year for Committee.

Agreed: The Committee agreed the Policy Advisory Committee Annual Report to Council for 2018-19.

Item 11: Primary Source Verification

- 31. The Director of Registration and Resources introduced the item which described the work which the GOsC is jointly undertaking with DataFlow to introduce an online portal for use by the osteopathic education institutions (OEIs) to verify

the credentials of the qualification/s of individuals wanting to join an osteopathic course.

32. The portals are ready for circulation to the OEIs and a demonstration of the portal and further information would be provided by Dataflow at the next meeting of the PAC in October.
33. In discussion the following points were made and responded to:
 - a. It was confirmed that the portal would deal with issues relating to proof of qualifications.
 - b. The cost of £200 would be borne by the applicant and would be in addition to the cost of registration.
 - c. It was confirmed that the use of primary source verification would relate to osteopathic qualifications.

Noted: The Committee noted the work on primary source verification completed to date and that there would be a demonstration of the online portal at the October meeting.

Item 12: Association of Educators in Osteopathy (AEO) - Update

34. The Director of Education, Standards and Development introduced the item which gave an update on the development of the Association of Educators in Osteopathy (AEO) led by the Council of Osteopathic Educational Institutions (COEI).
35. In discussion the following points were made and responded to:
 - a. The iO commented that the idea of the AEO was welcomed. It was asked if the group would benefit from a broadening beyond being limited to COEI colleges and given the common interests would the involvement of the iO be considered. In response it was explained that the AEO was in the process of development and starting from a small standpoint without any foundation. Over time the scope would broaden to encompass the wider profession. It was confirmed there were timelines for the group but challenging due to capacity.
 - b. A point was made that the AEO as a forum for the teaching faculty of the osteopathic educational institutions should be separate from the institution management to allow freedom of discussion on common issues amongst peers. In response it was explained this was a COEI initiative being supported by the GOsC and was about building community from small beginnings. The Committee would be kept informed of developments.

Noted: The Committee noted the update about the development of the Association of Educators in Osteopathy.

Item 13: Feedback on the Policy Advisory Committee

36. This item deferred to a later meeting.

Item 14: Any other business

37. It was noted that this was the last meeting which would be attended by Christine Bevan, QAA. On behalf of the Committee the Chair thanked Christine for her work over the past year. Joanne Green will replace Christine as the liaison officer for the QAA and will attend the next PAC meeting in October.

Date of the next meeting: Wednesday 9 October 2019 at 10.00