



## Policy and Education Committee

### Minutes of the Policy and Education Committee held in public on Thursday 6 June 2024, at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU and via Go-to-Meeting video conference

*Unconfirmed*

- Chair:** Professor Patricia McClure (Council, Lay)
- Present:** Gabrielle Anderson, Council Associate  
Dr Daniel Bailey (Council, Registrant)  
Dr Marvelle Brown (Independent, Lay)  
Bob Davies (Independent, Registrant)  
Gill Edelman (Council, Lay)  
Caroline Guy (Council, Registrant: co-opted and in attendance for Item 12 only)(online,)  
Simeon London (Council, Registrant)  
Professor Raymond Playford (Independent, Lay)  
Laura Turner, Council Associate  
Nick Woodhead (Independent, Registrant)
- Observers with Speaking rights (PEC only):** Santosh Jassal, Secretary, the Osteopathic Alliance (OA)(online)  
Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR)
- In attendance:** Steven Bettles, Head of Policy and Education  
Fiona Browne, Director, Education, Standards and Development  
Jo Clift, Chair of Council  
Dr Stacey Clift, Senior Policy Officer  
Leeann Greer, Mott MacDonald (QA provider)  
Banye Kanon, Senior Quality Assurance Officer  
Liz Niman, Head of Communications, Engagement and Insight  
Darren Pullinger, Head of Resources and Assurance  
Paul Stern, Senior Policy Officer  
Hannah Warwick, Mott MacDonald (QA provider)

#### Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to new Council and Committee member, Gill Edelman whose appointment with the GOsC commenced 1 April 2024.
2. Apologies were received from:

- Maurice Cheng, Chief Executive, the Institute of Osteopathy
- Glynis Fox, President, the Institute of Osteopathy
- Sharon Potter, Vice Chancellor, University College of Osteopathy and Chair of Council of Osteopathic Education Institutions.

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

3. The minutes of the meeting, March 2024 were agreed as a correct record subject to the following amendment:

### Paragraph 36b. Osteopathic Alliance update:

A number of institutions will be holding conferences in the coming months including the Sutherland Cranial College of Osteopathy (SCCO), the Molinari Institute of Health (MIH), and the Institute of Classical Osteopathy (ICO). There will also be a number of anniversaries, the SCCO will be celebrating its 30<sup>th</sup> anniversary and the ICO its 70<sup>th</sup>. Celebrations will also include the 150<sup>th</sup> anniversary of osteopathy.

## **Matters arising**

4. Clarification was sought concerning North East Surrey College of Technology (NESCOT) Recognition of Qualification (RQ) without conditions (paragraph 20a). It was explained RQs without conditions are published as RQs with the 'General Conditions' now included as part of an institution's Action Plan and not the RQ decision for approval by Privy Council. This approach significantly reduces the need to seek the approval of Privy Council each time the General Conditions need to be updated e.g. if Standards are updated.

**Agreed: The Committee agreed the minutes of the meeting, March 2024, subject to the amendment and noted the matters arising.**

## **Item 3: Transition into Practice**

5. The Senior Policy Officer, Dr Stacey Clift, introduced the item which considered the GOsC approach in supporting new registrants to make an effective and supported transition into practice.
6. The key messages and following points were highlighted:
  - a. Transition into practice is important for osteopaths and patients in terms of quality of care and also recruitment and retention. A successful transition into the workplace with good support networks and communities are more likely to be conducive to high quality osteopathic care, resilience and good health and wellbeing reducing professional isolation.
  - b. GOsC research shows that there are enablers that are predictive of a positive transition into practice and barriers predictive of a less successful transition into practice and ongoing professional development.

- c. There are potential actions that GOsC might take to support enablers of a positive transition to practice outlined in the paper.
  - d. The paper was brought to PEC to enable members to reflect on the findings of the transition into practice research, to consider what current provision is, where there are gaps and to consider the implications of the proposed approach and next steps.
7. In discussion the following points were made and responded to:
- a. It was understood that business studies are integrated into the curriculum but members noted graduates' concerns about how to run a business, so was this a concern for the GOsC?
  - b. It was commented the report identifies the issue that undergraduate students are more focused on the practicalities of working as opposed to the practicalities of running a business and maybe there is a gap with the weight that is placed on the outcome to succeed as an undergraduate to pass the degree.
  - c. It was suggested that the business studies aspect of courses are too broad and not always specific or easily applicable to osteopathy. Was there scope for guidance to support students in this area?
  - d. It was suggested that there are issues around student expectations and there is a need to be realistic about what OEIs can provide in the curriculum in terms of how to operate and run a successful business. Graduates may reflect and appreciate that being a qualified osteopath is not sufficient to build and establish a viable business and may lack the skills to do so. It was pointed out that the skills required are catered for in the post-graduate market.
  - e. It was explained that typically the curriculum involves a module on setting up and running a business but to cover all the nuances would be a challenge. Student expectations need to be managed and there are opportunities beyond private practice including working within the NHS but the issue is that graduates do not know how to make a successful application. Application skills might need to have equal weighing with setting up a business.
  - f. In response to a comment about the regional distribution of the survey, it was agreed that a wider reach of the survey would add value in considering practitioners in more remote areas of the UK. It was acknowledged the regional differences were lacking but the invitation had been circulated to practitioners who had been on the register for under two years and this would be considered by the Executive.

- g. It was noted that students of Physiotherapy receive training in interview skills during their course studies. It was suggested that perhaps something similar could be considered for osteopathic students.
- h. It was asked if in considering graduates' transition into practice whether the processes of professions with similar characteristics had been considered and learned from.
- i. The OA representative listed a number of points including:
- the focus of the survey on the larger osteopathic practices conveys a different experience to those which are smaller.
  - the survey sample was not representative of the wider student community.
  - there is a need to consider at what point the business module should be placed within the curriculum.
- j. With the review of the Osteopathic Practice Standards due to take place, it was suggested that the Executive could consider including guidance to manage expectations from either end of the spectrum:
- for employers – to help structure and support new graduates entering into practise
  - for new graduates – to manage expectations so that they can feel supported, nurtured and positive about their experience as they enter into practice
- k. In response to points raised, the Executive commented:
- The GOsC does not currently, nor is it expected, to have powers that regulate clinical supervision or anything similar.
  - Like a number of other regulators, the GOsC does not have powers to regulate business concerns and there are no standards in place to educate, nurture and support graduates and colleagues/employers as graduates transition in to practice. The paper is proposing to explore with stakeholders the appetite for potential additional guidance around specific CPD guidance for new graduates in terms of content, building relationships and networking and guidance on features of a supportive practice environment, alongside further work on additional communications to students and new graduates to ensure that they have the information they need when they need it. Also, the paper explores potential guidance or resources for osteopaths about supporting the development of colleagues, and the necessary skills to support this.
  - The Health and Care Professions Council (HCPC) is currently looking at Preceptorship principles, which offer a period of support and transition post-graduation for allied health professions. These principles work in the

NHS environment because the traction and the support structure are in place but are a challenge for the regulators to apply the principles as current standards do not cover this.

- The paper demonstrates the consensus of what good looks like and the enablers to build and support the future development of guidance and the Osteopathic Practice Standards.
  - The comment suggesting focus group bias was addressed. It was made clear the survey responses were solely the views of the focus groups and had not been influenced by the GOsC.
  - The suggestion that the GOsC can act as a convenor is relevant and working in collaboration with parties, recognises the influence of the GOsC and is in keeping with the organisation's Values. It is recognised there are limits to the GOsC's statutory powers, but there is work which can be undertaken to make a positive difference.
  - It was agreed that developing the application skills of graduates was an area for improvement, in particular when applying for roles within the NHS. It was important to focus on commonalities of the survey, what works well for graduates and addressing potential barriers.
  - It was explained that the approach to larger osteopathic practices was to look at innovative ways in which practices are involving graduates and what is being put in place for training/development of graduates.
  - In response to the issue of graduates taking on additional modalities such as acupuncture, it was suggested that if there is a lack of confidence in their osteopathic skill set, rather than continuing to develop, they look to add an additional skill to bolster opportunities.
- l. It was confirmed that provisional registration does exist but would require Privy Council approving a change in the GOsC's Statutory Rules and would also require the structure and resources to support.
  - m. Members were advised that there was a consensus amongst stakeholders in what works for a successful transition into practice. The paper set out what can be done with the data collected, and how to create the best environment for a successful transition. Once the structure and support begin to develop, thinking on changes to the Rules could be considered at some point in the future.
  - n. It was suggested that there is room in the curriculum for more clinical support and this should not be lost within the business support discussion as both contribute to graduate confidence in transitioning into practice.

- o. It was commented that there might be potential barriers to the types of support which can be made available/offered to graduates if the rule/standard changes were introduced and this needs to be explored and given careful consideration.

8. In summary the Chair:

- a. Welcomed the paper and the Committee's in-depth discussion on the issues highlighted.
- b. Noted that graduates' transitioning into practice could be developed for a more positive experience and recognising the importance of support and nurturing in order to build confidence during transition.
- c. Recognised the work being done with other regulators to explore and develop approaches to support graduates into practice.
- d. Recognised that expectations are not only an issue for graduates but also potential managers and employers.
- e. Recognised the geographical issues which need to be addressed.
- f. Considered the NHS pathways that are available to graduates.

**Noted: The Committee considered and provided feedback on the updated findings of the qualitative research.**

**Agreed: The Committee agreed the next steps to explore with the key stakeholders:- the appetite for potential guidance enhancement activities; workshop activities; and any others in which to work in collaboration.**

**Item 4: CPD Evaluation Survey 2024: findings and impact**

- 9. The Senior Policy Officer, Dr Stacey Clift, introduced the item concerning the findings of the CPD Evaluation Survey 2024, exploring to what extent the intended benefits of the CPD scheme have been realised and the enhancements required to the CPD guidance as a result of these findings.
- 10. The key messages and following points were highlighted:
  - a. The paper examined the impact of the continuing professional development (CPD) scheme, in terms of extent to which the three<sup>1</sup> strategic objectives of the scheme have been achieved and the benefits realised.
  - b. The research is groundbreaking for the GOsC, moving from assessing engagement with the scheme (in previous iterations of the survey) towards assessing impact (or perceived impact) of the scheme in terms of what it set out to do for osteopaths.

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<sup>1</sup> The three strategic objectives of the CPD scheme are: 1) Engage with the CPD scheme and the OPS, 2) Getting support from colleagues as part of the CPD scheme and 3) creating professional networks.

- c. Osteopaths have engaged with the CPD scheme and the OPS and in most cases have found doing so to be beneficial.
  - d. Osteopaths' engagement with the OPS and in particular, professionalism tends not to focus on professional boundaries, honesty and integrity.
  - e. The scheme has allowed osteopaths to obtain support from colleagues, which has helped them gain different perspectives on practice, and increased the number of discussions they have had with others about their CPD and practice.
  - f. For a small proportion of the profession the scheme has been more successful in creating networks, but this hasn't necessarily translated into a sense of community or lessened ideas of risk of professional isolation.
  - g. It is clear what a good peer discussion review (PDR) experience looks like, and most osteopaths have experienced that.
  - h. It is proposed to make further enhancements to the CPD guidance, so as to further enable the CPD scheme to deliver its aims, based on the results of the survey. This will include a review of the accessibility of the paperwork in partnership with the Communications, Engagement and Insight team to try to make it easier to use.
  - i. The Committee was asked to consider the implications from the CPD evaluation survey findings and to agree the approach to updating the CPD guidance and paperwork as outlined in the paper.
  - j. Steps will be taken to continue to promote supporting resources on the CPD GOsC website, which osteopaths found helpful, to complete the scheme through the GOsC's verification and assurance process.
11. In discussion, the following points were made and responded to:
- a. Members welcomed the report and acknowledged the work undertaken.
  - b. It was suggested that there was now a need to establish what the positive impacts of the scheme have been, differentiating between personal impact and clinical impact, and to consider next steps.
  - c. It was commented that there are elements of the profession that have suggested that the CPD scheme is burdensome and complicated and needs to be simplified/streamlined. It was suggested the negative elements of the report should be explored in more depth. It was also suggested there should be more focus and analysis on the risk-based elements of the scheme and mitigate for the risks.

- d. In analysing the detail, the question to consider is not whether the scheme benefitted the registrant, making their life easier, but how it benefitted and improved patient care.
- e. The issue of expectations and reflective practice in CPD and how these are considered and set pre-qualification. The lack of structure to enable access to professional development opportunities was also highlighted. Separating these elements would be useful in the continuing development of the scheme.
- f. It was suggested that additional support with prompts and guidance might be required to help registrants on how best to approach reflection during CPD.
- g. It was suggested that the use of Artificial Intelligence (AI) in the reflective process should not be permitted and that the skill is one to be developed over time by practitioners.
- h. It was explained that the results of the survey would be incorporated into the guidance which will go to consultation. Further research would be undertaken to further explore the more fundamental issues highlighted by the Committee and the continuing development of the guidance.

12. The Committee was thanked for its comments and points acknowledged.

**Noted: The Committee considered the implications from the CPD evaluation survey findings.**

**Agreed: The Committee agreed the approach to updating the CPD and associated guidance.**

### **Item 5: Artificial Intelligence (AI) and implications for osteopathic regulation**

- 13. The Senior Policy Officer, Paul Stern, introduced the item which considered the issues presented by AI (Artificial Intelligence) in relation to the GOSc's regulatory approach.
- 14. The key issues and following points were made and responded to:
  - a. The purpose of the paper was to inform the Committee how the use of AI is being dealt with centrally and by other healthcare regulators, to begin to consider how AI might affect the regulation of osteopathy and the next steps.
  - b. The human aspect of healthcare (the interpersonal nature of care and importance of building relationships) means that the uptake of AI



technologies may be different for the GOsC than in other regulated healthcare professions.

- c. However, given the fast pace of the technology and that some regulators are already doing work in this area, the potential for AI to be used in osteopathy should not be discounted, therefore there is a need to develop a regulatory response.
- d. The paper sought members' views on the information as outlined, the risks and benefits that this technology brings and the proposed next steps over the short and medium term.

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

- a. It was believed that the biggest threat to education was AI. It was suggested that the use of AI in the education environment and exploration of how, in particular the smaller OEIs, have planned or are planning their approach to this advance in technology takes place at an earlier stage than the timescale suggested in the report.
- b. It was also suggested that AI is a risk to diversity in education noting the different ways that students can be assessed. There were concerns that smaller institutions might move away from reflective essays, or essay type studies/reports citing bias towards face-to-face assessment. Consideration should be given to the standards of education, so that elements can be adjusted to ensure changes to the approaches in OEI methodologies work in line with regulatory requirements and institutions are not penalised.
- c. It was noted that there is a broader area of risk for regulators including student applications for placements, the appointment to teaching positions, fitness to practise, and governance recruitment. The issue is to what extent is AI to be tolerated and the development and implementation of policy.
- d. It was noted that the impact of AI was a concern for educators and the continuing development of the technologies would impact educational assessments and the wider education environment.
- e. It was noted that AI can be of benefit to students, especially for those who might be at a disadvantage culturally (language) or through health issues (physical and neuro-diverse). The issue is how the technology can be used ethically and safely. Recent international research has shown that the main concern was the impact of AI in education. It was suggested that in the future, guidance for use in a clinical setting would mitigate the risk provided by clinicians using AI as a support tool.

- f. It was acknowledged that AI is being used widely and therefore suggested that a webinar to provide guidance and information on the use of AI in line with the Standards of Education would be useful.

**Noted: The Committee considered and provided feedback on the contents of the paper and responded to the questions as outlined.**

**Agreed: The Committee agreed the approach to further engagement with the osteopathic and the wider health sectors.**

### **Item 6: Guidance about Professional Behaviours and Student Fitness to Practise**

16. The Head of Policy and Education introduced the item concerning guidance about professional behaviours and student fitness to practise in osteopathic education and the consultation on the reviewed guidance.
17. The key messages and following points were highlighted:
  - a. The paper presented an analysis of the consultation feedback received in relation to the draft updated Guidance about professional behaviours and student fitness to practise in osteopathic education.
  - b. This outlined proposed areas for consideration as a result and a proposal to convene a stakeholder reference group to consider collaboratively further changes to the draft guidance to reflect feedback received.
18. The following points were made and responded to:
  - a. The Committee welcomed the report commenting the responses to the feedback were appropriate and it was good that there is a framework providing guidance on professional behaviours and student fitness to practise.

**Noted: The Committee noted the update on the outcome of the consultation on Guidance about professional behaviours and student fitness to practise in osteopathic education.**

**Noted: The Committee noted the proposal to convene a stakeholder working group to consider the GOsC response to the feedback and further updates to the draft guidance as a result.**

**Items 7 – 11 were presented by the Senior Quality Assurance Officer**

### **Item 7: Quality Assurance: Annual Report approach to 2024-25**

19. The Senior Quality Assurance Officer introduced the item which sought the Committee's agreement to the approach to annual reporting and mechanisms for taking forward key issues this year, 2024-25.

20. The key messages and following points were highlighted:

- a. The Committee was asked to agree an updated version of the annual report template for 2023-2024. The format of the annual report requirement should be prescribed in accordance with the 'general conditions' attached to the recognised qualification approvals or the agreed action plans (for OEIs without an expiry date) and in accordance with s18 of the Osteopaths Act 1993. The report will be sent out in September and returned in December for analysis. The analysis reports will be presented to the Committee in March 2025.
- b. The annual report template enables OEIs to update the previous year's response as appropriate, and includes more guidance on how to respond to recommendations and how they are tracked, more guidance to support a more reflective account and clearer guidance about the provision of educator data which were areas of improvement identified by the Committee in March 2024 to add value to the process both for OEIs and GOsC.
- c. The GOsC Executive team discussed the annual report template with the OEIs at the RELM (Regulator Education Liaison Meeting - GOsC / OEI) in May 2024.
- d. Mott MacDonald informed the Committee that the discussions had been very helpful in getting a clearer understanding of the OEIs approach to the annual reporting and redressing where gaps might exist in the process, including an understanding on recommendations and actions.
- e. It was added that the GOsC had found the discussions beneficial and there was a notable change in the confidence shown by the OEIs in discussing issues and the impact of the Annual Reporting processes.
- f. The next steps will be to:
  - Implement the agreed definition of recommendations
  - The recording and monitoring of recommendations to be implemented
  - Box 1 was agreed as a calculation and will be used going forward:

$$\text{Non-Clinical (FT +PT) + Clinical tutors (FT +PT) + Multiple educators = Total number of educators}$$

21. The following points were made and responded to:

- a. Members were happy with the approach recommended and also liked the ongoing development of the Annual Reporting template.
- b. In response to a question as to whether there would be further forum/workshop type meetings of RELM to address the type of issues raised in the report, it was explained that this meeting had been a COEI meeting (a

meeting of the OEIs with GOsC in attendance) specifically to address issues relating to the Annual Report Template and process. Future meetings to consider recommendations and outcomes as result of PEC decisions would continue to take place with individual institutions.

**Agreed: The Committee agreed the annual report template for the 2023-2024 academic year, including the updated educator data collection proposals.**

**Item 8: London School of Osteopathy (LSO) – Visitor Approval**

22. This item sought the Committee's approval for the appointment of the Visitors for the London School of Osteopathy Recognised Qualification (RQ) Review. No interests were declared.

23. The key messages and following points were highlighted:

- a. The London School of Osteopathy (LSO) currently provides qualifications in Master of Osteopathy (MOst) and Bachelor of Osteopathy (BOst) the recognition period of which is 1 September 2019 with no fixed expiry.
- b. The paper sought the approval of the Visitors from the Policy and Education Committee.

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

- a. In response to a comment on the composition of the Visitor team including only one osteopath it was explained that there are no restrictions on the numbers and composition of the Visitor team. As there are a number of Visits taking place between October 2024 – March 2024, and the pool of Visitors is small, there is significant planning required to ensure availability and that there were no conflicts of interest.
- b. It was stressed that all proposed Visitors have an education / quality assurance background and each Visit team will include at least one osteopath.
- c. Committee members wondered about the high level of responsibility placed on the osteopath member of the Visitor team. It was suggested that the number of osteopaths included on Visit teams should be reviewed to relieve any burden on members of the team.
- d. It was explained that the timeline from Visit to reporting is 12-13 weeks which would mitigate for any overlap for Visit pool members.
- e. In response to concerns raised, the Committee was asked to be mindful of the evidence:

- Visitors have agreed to undertake the Visit
- The institution has agreed the Visitor teams are competent and that there are no conflicts of interest.
- The Graduate Outcomes and Standards of Education and Training is clear about what is required from the Visit process and this was to be based on the evidence provided by the institution rather than on experience of the osteopaths on the team.

It was noted that at the RELM meeting the topic of what makes a good visitor was considered. The view of the institutions was that the Visitors brought in personal views on approaches reducing the context and evidence provided by the institutions.

- f. It was agreed that the topic of Visitors and Visitor Teams would be considered at a future meeting.

**Agreed: The Committee agreed the appointment of Ceira Kinch, Sandra Stephenson and Sue Kendall-Seatter as Visitors for review of the London School of Osteopathy's following programmes:**

- **Master of Osteopathy (MOst)**
- **Bachelor of Osteopathy (BOst)**

**Item 9: The British College of Naturopathy and Osteopathy (BCNO) Group – Recognition of Qualification (RQ) Specification**

25. Ray Playford declared an interest and left the meeting for the duration of the discussion.
26. This item sought the Committee's approval of the Review Specification for the renewal of the Recognised Qualification (RQ) review of the BCNO Group.
27. The key messages and following points were highlighted:
- a. The paper asks the Committee to approve the updated review specification for the next BCNO RQ visit to take place during the 2024/25 academic year previously agreed in March 2024.
  - b. The specification has been updated to include an application for a new course.
  - c. Visitors are to be appointed in due course.
28. In discussion, the following points were made and responded to:
- a. In response to the comment relating to implications of the BSc v BOst. It was explained that osteopathy degrees could be either.
  - b. In relation to the commercial sensitivities of a 3-year course and implications for the sector, it was explained that there had been discussions with the

sector in scenarios about changes to delivery of education. Our role is to assure that the Graduate Outcomes and Standards for Education and Training are met by all courses.

- c. It was added that there was another College which also had a RQ which has 360 credits.
- d. It was confirmed that the Standards of Education and Training listed at paragraph 9 of the annex were listed in relation to the new qualification. It was added if there were specific areas which members would like considered, clinical hours and teaching, this could be taken into account.

**Agreed: The Committee agreed the updated draft review specification for the BCNO Group Recognised Qualification Review.**

#### **Item 10: Plymouth Marjon University – Visitor approval**

29. This item sought the Committee's approval for the appointment of the Visitors for Plymouth Marjon University's Recognised Qualification (RQ) Review.
30. The key messages and following points were highlighted:
  - a. Plymouth Marjon University currently provides a qualification in Master of Osteopathy (MOst) the recognition period of which is 1 February 2021 until 31 January 2026.
  - b. This paper seeks the approval of the visitors from the Policy and Education Committee.
31. The Committee had no additional comments and agreed the recommendation as set out.

**Agreed: The Committee agreed the appointment of Brian McKenna, Melanie Coutinho and Mark Foster as Visitors for review of Plymouth Marjon University's following programme:**

- **Master of Osteopathy (MOst)**

#### **Item 11: Swansea University – Review Specification and Visitor Approval**

32. This item sought the Committee's agreement of the Review Specification and appointment of the Visitors for Swansea University's Recognised Qualification review.
33. The key messages and following points were highlighted:
  - a. Swansea University currently provides a qualification in Master of Osteopathy (MOst) the recognition period of which is 1 December 2019 with no fixed expiry.

- b. The Committee was asked to note that the Visit period scheduled is to be revised and discussions are taking place between Mott MacDonald and Swansea University. It was noted that there was an addition to the RQ specification as agreed related to Student fitness to practise and health and disability.
- c. The Committee was advised that the change to the planned Visit date might impact on the recommended appointments and if this was the case, the Committee would be asked to agree new recommendations in advance of the next meeting.
- d. The paper seeks the approval of the visitors from the Policy and Education Committee.

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

- a. It was confirmed that Swansea University had agreed to the Visitors but this would be subject to change due to the revised dates.
- b. It was noted that the Committee's approval would be sought if, due to the new Visit dates, new Visitors were appointed.

**a. Agreed: The Committee agreed the updated review specification as shown.**

**b. Agreed: The Committee agreed the appointment of Ceira Kinch, Sharon Potter and Ana Molaes-Bargiela as Visitors (subject to the amendment of the Visit dates) for review of Swansea University's following programme:**

- **Master of Osteopathy (MOst)**

### **Item 12: University College of Osteopathy (UCO) – Recognised Qualification Specification**

- 35. Dr Marvelle Brown, Simeon London, Dr Jerry Draper-Rodi, and Nick Woodhead declared interests and left the meeting for the duration of the discussion.
- 36. The Head of Policy and Education introduced the item which sought the Committee's approval of the Review Specification for the change of delivery to existing Recognised Qualification programmes.
- 37. The key messages and following points were highlighted:
  - a. UCO are in the process of merging with AECC University College, with the intention that this be completed on 1 August 2024. It is intended that the UCO's existing RQ programmes will be offered for delivery from the AECC Campus in Bournemouth from September 2025 as well as continuing to be delivered at its London sites.

- b. The programmes already have RQ status, and delivering these from an additional location is a significant change.
- c. The Committee was asked to approve the review specification for the review of changes to delivery of existing UCO Recognised Qualification (RQ) programmes.
- d. Visitors are to be appointed in due course.

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

- a. The concerns raised about the consistency of osteopathic standards over two sites were noted.
- b. It was noted that a Chiropratic Clinic already existed at the UCO/ACEE Bournemouth site and the concerns about how this might impact on the teaching of the osteopathic elements of the course were noted.

**Agreed: The Committee agreed the draft review specification for the UCO proposed Recognised Qualification programmes at Bournemouth.**

#### **Item 13: Policy and Education Committee Annual Report**

- 39. The Director of Education, Standards and Development introduced the item which presented the Annual Report of the Policy and Education Committee to be presented to Council in July 2024.
- 40. The typographical errors were noted and will be corrected for reporting to Council.
- 41. The Committee had no additional comments and approved the Policy and Education Committee Annual Report 2023-24 (subject to corrections).

**Agreed: The Committee agreed and approved the Policy and Education Committee Annual Report 2023-24 to be presented to Council in July 2024.**

#### **Item 14: Updates from Observers**

##### **42. National Council for Osteopathic Research**

Key messages were:

- a. The Research Network launched in February 2024 has successfully recruited 570 members.
- b. The PROMs (Patient Recorded Outcome Measurement) Project has been very successful and is now running internationally. It is planned that once the App has been re-established patients and practitioners will be able to register directly and permit osteopaths to access reports.



- c. The meeting between the GOsC and Insurers considered the use of data for the NCOR complaints report. The insurers have been supportive and a new matrix has been established to include patients from autumn 2024.

#### 43. **Osteopathic Alliance**

Key messages were:

- a. The Committee should be assured that the OA is operating as an organisation and fulfilling its remit.
- b. The OA, as an organisation run by volunteers, is in the process of reviewing its role, including consideration of those members who represent the Alliance and the time constraints within which they work in fulfilling a number of divergent criteria including clinical practice, work in education, committee representation.
- c. The pressures on the OA have increased due to the impact of the profession's moves towards AHP status.
- d. There has been a reduction in membership with the AAO and SCCO leaving the alliance. The OA will also be reviewing its membership criteria as members move away from the education remit.
- e. The OA are currently looking for a new Chair and Secretary.
- f. It was confirmed that the current OA membership and associate membership includes:
  - Osteopathic Centre for Children (OCC),
  - Institute of Classical Osteopathic (ICO),
  - Roland Becker Institute,
  - Osteopaths for Progress in Headaches and Migraines (OPHM),
  - Core Clapton.

**Noted: The Committee noted the updates of the Observers with Speaking Rights.**

#### **Item15: Any other business**

44. There was no other business.

**Date of the next meeting: Thursday 10 October 2024 at 10.00**