

**Policy and Education Committee****Minutes of the 21<sup>st</sup> meeting of the Policy and Education Committee (PEC)  
held in public on Monday 4 April 2022, and hosted via Go-to-Meeting video  
conference**

Unconfirmed

**Acting Chair:** Sarah Botterill

**Present:** Daniel Bailey  
Dr Marvelle Brown  
Bob Davies  
Elizabeth Elander  
Professor Raymond Playford  
Nick Woodhead

**Observers with speaking rights:**

Dr Jerry Draper-Rodi (Director, NCOR)  
Fiona Hamilton (COEI)

**In attendance:** Steven Bettles, Policy Manager, Professional Standards  
Fiona Browne, Director of Education, Standards and Development  
(ESD)  
Kabir Kareem, Quality Assurance Liaison Officer (QALO)  
Michelle McDaid, Quality Assurance, Project Director, Mott  
McDonald  
Matthew Redford, Chief Executive and Registrar  
Marcia Scott, Council and Executive Support Officer  
Holly Sheppard, Mott McDonald

**Item 1: Welcome and apologies**

1. The Director of Education, Standards and Development welcomed all to the meeting.
2. Due to unforeseen circumstances the Chair of the PEC, Professor Deborah Bowman, was unable to attend the meeting. Members were advised that, under the provisions of the GOSC Governance Handbook and the PEC Terms of Reference, in the absence of the Chair the Committee must nominate a Chair. It was noted that the terms of reference required a lay Council member of the Committee to Chair.

3. The Committee was informed that Sarah Botterill, lay member of Council, had agreed to be nominated and the recommendation was that Sarah should be nominated as Chair for this meeting. There were no other nominations and the recommendation to nominate Sarah Botterill as Chair of the meeting was agreed.
4. The Chair welcomed all to the meeting. A special welcome was extended to Fiona Hamilton attending as the representative for the Council of Osteopathic Education Institutions (COEI).
5. Apologies were received from Professor Deborah Bowman, Maurice Cheng, Chief Executive of the Institute of Osteopathy (iO), and Ian Fraser, Chair of the Council of Osteopathic Educational Institutions (COEI) and Michael Mehta (OA).

## **Item 2: Guidance for Osteopathic Pre-registration Education and Standards for Education and Training**

6. The Policy Manager introduced the item which concerned the review of Guidance for Pre-registration Osteopathic Education (GOPRE) and Standards for Education and Training (SET): consultation analysis and final draft for consideration.
7. The key messages and following points were highlighted:
  - a. This paper provides an analysis of the outcomes of the consultation on the Guidance for Pre-registration Education and Standards for Education and Training.
  - b. The outcomes were considered with the Stakeholder Reference Group on 28 February 2022, and participants were thanked for their input.
  - c. The updated draft GOPRE and SET reflects the points raised in the consultation as considered in the report and by the Stakeholder Reference Group.
  - d. It is suggested that the document be renamed Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training.
  - e. The Committee are asked to consider agreeing the Standards for Education and Training as its statement under Rule 3 of the General Osteopathic Council (Recognition of Qualifications) Rules 2000.
8. In discussion the following points were made and responded to:
  - a. Members commended the work and progress which had been made in developing GOPRE which has been thorough and as shown in the quality of the draft document. Members supported the recommendation of the name change.
  - b. The changes to a number of areas were welcomed including:

- The inclusion of first aid training
  - Inclusion of reference to social media
  - The changes to research
  - The changes to the wording relating to 1,000 hours.
- c. It was suggested that to contend with the level of detail in some areas of the draft document, including issues concerning EDI, a wider and more consistent use of footnotes could be made or in the case of EDI a separate section be added. It was explained EDI references had been threaded through the document and that following feedback it was acknowledged this did not work well and the specificity appeared to detract from the usefulness of some references. The use of footnotes will be a compromise and a separate resource will be developed to provide links and signposts to examples of EDI.
- a. It was suggested changes for the purpose of clarity be made to paragraph 73b: a range of direct and indirect manual techniques aimed at improving mobility and physiological function in tissues to enhance health and well-being and reduce pain.
- b. The reference to the 'range of direct and indirect manual techniques' may require clarification for osteopaths. It was also suggested that the reference 'aimed at improving mobility' be replaced by the less specific and top level 'aimed at reducing pain and improving physiological function'.
- c. It was agreed that the references at 73b are not wholly clear, but it was considered a reasonable compromise to reflect the concerns of some of the osteopathic stakeholders and maintains an osteopathic flavour.
- d. It was suggested there was a potential gap in the content relating to NHS careers, pathways, and roles and currently not implicit in undergraduate training. It was confirmed that there had been a conversation with Health Education England (HEE) about the guidance and their comments were taken onboard. The HEE perspective is that they do want to include more osteopaths in the NHS and to do this it is necessary to demonstrate how osteopathy is similar to other professions. The approach is to navigate the tensions making osteopathy more outward facing while maintaining the osteopathic individuality.
- e. It was noted that maintaining the acronym GOPRE while changing the name of the guidance might cause some confusion. As the acronym was already widely used and understood it had been considered the best approach. It was not considered that there had been a fundamental shift by changing the name from 'Guidance' to 'Graduate outcomes' as the expectations remained and would have to be met pre-registration. It was believed the education sector was in a good place to be able to take the updated outcomes and

standards onboard. The GOsC would continue to work and support the OEIs as the organisations move through the implementation phase.

- f. A concern was raised regarding the wording included at paragraph 62 stating 'In order to support this, pre-registration osteopathic education should typically include 1,000 hours of clinical practice'. It was strongly suggested that the number of hours should be mandated as a minimum. In response it was explained that the number of hours was about the quality not quantity and GOPRE reflected this. The feedback on remote learning demonstrates this has been helpful and placements with other healthcare providers and other osteopaths is a legitimate way of gaining experience and counts towards clinical hours. It was acknowledged that hands-on supervised clinical practice will take place within the institutions and 1,000 hours is a flexible approach.
- g. It was explained that there are a number of resources in place to monitor and ensure standards are being delivered. If an OEI were to reduce the number of clinical practice hours it would have to demonstrate it was still meeting the standards as set out. It is within the Committee remit to intervene by way of requesting monitoring visits or the provision of evidence if there are reasons for concern be it not meeting delivering against the requirements of an RQ or any other requirements. GOPRE is about the delivery of set standards and ensuring they are met but allows for flexibility.
- h. Members were advised that if it is possible to achieve the required pre-registration outcomes and still be underprepared then there was a gap which needed to be identified would require the Committee's consideration as to whether the required outcomes are not quite right or in the variety of patients to seen.
- i. Members strongly advocated wording 'a minimum of 1,000 hours of clinical practice' be reinstated as the standard for all OEIs in order ensure a level of consistency across the board.
- j. The Executive advised that it was correct that the decision on hours was one for the Committee to make but also advised members of the potential unintended impact of this approach, for example:
  - a minimum of 1,000 hours would be a strengthening of the current position in the GOPRE
  - in relation to shortened courses for pre-qualified health professionals and students who may have been judged by the institutions to have met the outcomes who were a few hours short.
  - The consultation highlighted the quality of the clinical placement hours which included communication with patients as well as treating.

- What is meant by 1000 hrs, is it solely hands-on. This definition had been explained in accordance with the responses to the consultation in the proposed paragraph 52.
  - The impact on students, for example due to a pandemic or if they were just a few hours short but had been judged by the institution to have met the outcomes sufficient for the RQ.
- k. Members suggested that the wording should remain as set out in the current GOPRE. It was suggested that a combination of the beginning of paragraph 27 of the current 2015 GOPRE 'graduates should undertake a minimum of 1,000 hours of clinical practice' and the additional wording in the guidance which recognises the variety of ways in which clinical hours can be achieved and the importance of the quality of the education could be included addressing some of the issues raised. It was agreed that the Executive would circulate the recommendation for the amended wording to the Committee for approval.

#### **The Committee:**

- a. **Considered: the consultation analysis and updated Graduate Outcomes for Osteopathic Pre-registration Education and Standards for Education and Training.**
- b. **Agreed: the change of name to Graduate Outcomes for Osteopathic Pre-Registration Education and Standards for Education and Training subject to the approval of the amended wording at paragraph 62 or the draft document, electronically.**
- c. **The Committee agreed the Standards for Education and Training and Graduate Outcomes for Osteopathic Pre-Registration Education as the statement of the Committee under Rule 3 of the General Osteopathic Council (Recognition of Qualifications) Rules 2000 subject to the approval of the amended wording at paragraph 62 or the draft document.**
- d. **The Committee agreed to recommend the Graduate Outcomes for Pre-registration Osteopathic Education and the Standards for Education and Training to Council for publication and subsequent implementation from 1 September 2022 subject to the approval of the amended wording at paragraph 62 of the draft document.**

#### **Post meeting note:**

- 9. The revised wording for paragraph 62 (with the existing paragraph 61 for context) as set out below was circulated by email to the Committee on 6 April 2022 for agreement.

*'61. Graduates must have seen a sufficient depth (numbers) and breadth (diversity) of patients to enable them to deliver the outcomes in this Guidance for Osteopathic Pre-registration Education and to demonstrate that they practise in accordance with the Osteopathic Practice Standards.*

*62. Graduates must have the opportunity to consolidate their clinical skills before graduation. In order to support this, pre-registration osteopathic education should include a minimum 1,000 hours of clinical practice, though what is important is the meeting of outcomes rather than just accumulating hours. The gaining of sufficient depth and breadth of experience may be achieved in a variety of ways, for example, through simulations involving actors, virtual and remote clinics, through observation and direct clinical interaction, placements with other osteopaths, health professionals or the NHS, as well as the provision of hands-on clinical care in the teaching clinic. Graduates should have seen around 50 new patients in order to include the presentations set out below. Graduates should also ensure that they have seen patients on repeated occasions to enable them to explore these presentations fully.'*

10. On 12 April 2022, six members had agreed and one member supported the recommendations outlined in the email of 6 April 2022.

**Agreed: The proposed rewording of paragraph 62 as set out above and the recommendations from the paper of 4 April 2022 are now agreed.**

**Item 3: British College of Naturopathy and Osteopathy (BCNO) Group (ESO-BCOM Merged Institution) Initial Recognised Qualification and Renewal of Qualification Review (RQ) (reserved)**

11. Prof. Ray Playford declared an interest for this item and withdrew from the discussion.

12. The Quality Assurance Liaison Officer introduced the item which concerned the British College of Naturopathy and Osteopathy (BCNO) Group seeking initial recognition of qualifications for the:

- Masters in Osteopathy (M.Ost),
- BSc (Hons) Osteopathy, BSc (Hons) Osteopathic Medicine

and renewal of recognition for the existing qualifications previously awarded by the BCOM and ESO and from September 2021 to be awarded by BCNO Group namely the:

- Master of Osteopathy and BSc (Hons) Osteopathy (formerly awarded by the ESO)  
Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed) (formerly awarded by the BCOM)

13. The key messages and following points were highlighted:

- a. The visitor report contains recommendation for approval of initial recognition of the BCNO Group's qualifications and renewal of recognition of the qualifications now awarded by the BNCO Group but previously awarded by the European School of Osteopathy and the British College of Osteopathic Medicine with three specific conditions as outlined.
- b. Due to the unique nature of this initial RQ, the Committee have the option of recommending approval for a period of either three or five years.
- c. The action plan was sent to the GOsC on 1 April 2022, but due to the accelerated timeframe of the Committee meeting, could not be submitted. The action plan will be reviewed by the Committee at the meeting in June 2022. This does not prevent a recommendation in relation to the RQ.
- d. The Committee had requested an update on the finances of the BCNO Group. The Group have advised that the accounts are still with the auditors and are to be reviewed by the Board of Governors. An update will be submitted to the Committee at the meeting in June 2022.
- e. The Executive have recommended to the Committee agree to recommend to Council approval of initial RQ with specific and general conditions for the length of time agreed by the Committee. In the circumstances, we suggest that a five-year period is appropriate.

14. Mott McDonald highlighted the following:

- BCNO Group were very well engaged prior to the visit.
- The visit was face to face and the Visitors split their time between the two sites including the clinics.
- BCNO demonstrated a joined-up governance structure.
- BCNO also demonstrated how staff have been involved in the development of the new programme for the coming year.

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

- a. Members raised some concerns about the combined programme and the distance between the two sites, but it was pointed out that if the governance and communications are good the distance should not be a factor.
- b. It was explained that the reason for suggesting a five-year expiry date on the RQ is that although it is a new institution it is a combination of two well established entities. Typically, a new RQ from a new institution would be for three-years. The Committee was also advised that the institution would likely qualify for the removal of expiry date within the period of three or five years if it demonstrated that the conditions were met. As is usual, if there were any concerns the Committee could still visit at any time and take appropriate actions.

### **The Committee:**

- a. Agreed to recommend that Council recognises the Masters in Osteopathy (M.Ost) and the BSc (Hons) Osteopathy, BSc (Hons) Osteopathic Medicine awarded by the BCNO Group from 1 September 2021 to 31 August 2026 subject to the Conditions as set out, subject to the approval of the Privy Council.**
- b. Agreed to recommend that Council renews the recognition of the Master of Osteopathy and BSc (Hons) Osteopathy (formerly awarded by the ESO) and the Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed) (formerly awarded by the BCOM) previously awarded by the BCOM and ESO and from 1 September 2021 to 31 August 2026 to be awarded by BCNO Group subject to the conditions as set out, and subject to the approval of the Privy Council.**

### **Item 4: Any other business**

- 16. It was noted that this would be the final meeting for Kabir Kareem in his role as Quality Assurance Liaison Officer. He will be leaving the GOsC join the Health and Care Professions Council (HCPC) in the role of Education Manager. Kabir's 3.5 years of service and significant contributions to the quality assurance process and building relationships with the OEIs were acknowledged. On behalf of the Committee the Chair wished Kabir all best wishes for the future.

**Date of the next meeting:** Thursday 16 June 2022 at 10.00