



Policy Advisory Committee

Minutes of the 5th meeting of the Policy Advisory Committee – Public (and also the 85th statutory Education Committee) held on Tuesday 10 October 2017 at the Society and College of Radiographers, 207 Providence Square, Mill Street, London SE1 2EW

Unconfirmed

- Chair: Dr Bill Gunnyeon
- Present: Dr Marvelle Brown
John Chaffey
Bob Davies
Elizabeth Elander
Dr Joan Martin
Professor Raymond Playford
Alison White
Nick Woodhead
- Observers Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
Amberin Fur, the Osteopathic Alliance (OA)
Fiona Hamilton, Acting Chair, Council for Osteopathic Education Institutions (COEI)
Austin Plunkett, National Council for Osteopathic Research (NCOR)
- 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, the Quality Assurance Agency
Sheleen McCormack, Head of Regulation
Liz Niman, Communications Manager
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 Amberin Fur, the Osteopathic Alliance, Austin Plunkett, NCOR, and also recently appointed member of the GOSc staff, Liz Niman, Communications Manager.

Apologies

2. Apologies were received from Dawn Carnes, NCOR and Matthew Redford, Head of Registration and Resources.

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 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

5. The minutes of the fourth meeting of the Policy Advisory Committee, 8 June 2017, were agreed as a correct record.

Matters arising

6. There were no matters arising.

Item 3: Osteopathic Practice Standards Review

7. The Chair advised members there should be no discussion on the detail of the received responses to date as the consultation was on-going.
8. The Policy Manager introduced the item which gave an update on the consultation on the revised *Osteopathic Practice Standards*.
9. The following areas were highlighted:
 - a. Overall the response to the consultation had been good. To date there have been between 140-150 website responses and between 60-70 emails.
 - b. The two standards drawing the majority of comments relate to the promotion of public health and the inclusion of the philosophy and principles of osteopathy in the standards/guidance.
 - c. Due to the nature of the responses in relation to standards B1 and C6 it was considered that it would be helpful to report back and seek input from the PAC at its meeting in March 2018, following analysis of the consultation outcomes and Stakeholder Reference Group recommendations. A final version of the Osteopathic Practice Standards would then be submitted to Council at its meeting in May 2018 without impacting on the overall timeline for publication and implementation.
10. In discussion the following points were made and responded to:
 - a. The Chair asked if there had been a particular expectation on the number of responses. It was explained that there had been no expectation in terms of numbers but based on the responses in the call for evidence consultation, of

approximately 200-300, it had been hoped to achieve the same with the OPS consultation. A variety of methods were being used to maximise feedback using regional groups, stakeholder groups, colleges and students.

Responses were beginning to plateau and, as the consultation was drawing to a close, reminders would be circulated to stakeholders and the wider profession to attract as many submissions as possible.

- b. Some members commented that considering the size of the register 200-300 respondents seemed a low percentage. It was asked whether students had been included in the circulation for the consultation. It was confirmed that students had been included and information continued to be circulated to them via the OEIs. To ensure as wide a reach as possible is achieved the Professional Standards and the Communications and Engagement teams were maximising circulation of the consultation to as wide an audience as possible using all available media and also measuring responses using a tick box which stated 'I have read the updated standards and I am happy with the proposed amendments'.
- c. It was suggested that ways of encouraging participation/responding to future consultations might be considered including the use of tick-boxes to, at the minimum, acknowledge receipt. In response the Chief Executive said he was not overly concerned about the response numbers, which were as expected, and that the current consultation had served a vital role in awareness raising.
- d. It was confirmed that the timeline for implementation of the OPS would remain at September 2018 and therefore this was not affected by the submission of the final version of the OPS to Council at the May 2018 meeting following consideration by the PAC in March 2018.
- e. It was confirmed and agreed that an updated equality impact assessment would be presented to the Committee following the consultation.
- f. Members asked what processes were in place to assess the quality of responses to the consultation. It was explained that there wasn't a direct link between volume and value of responses. The fact that there were a significant number of responses to a given issue highlighted a motivation to respond and required consideration. A single response to a question could also highlight a significant issue which would also require action. It was confirmed that the response analysis would be undertaken in-house and triangulated with two members of staff with expertise in response analysis. The outcomes would also be discussed with the Stakeholder Reference Group and brought to the PAC for discussion at its meeting in March 2018.

Noted: Members noted the progress of the consultation on the updated *Osteopathic Practice Standards*.

Agreed: Members agreed the timetable for approval of the revised *Osteopathic Practice Standards*.

Item 4: Registration Assessment Review

11. The Head of Professional Standards introduced the item which considered the consultation on fees charged for applicants for registration assessment and literature review for mutual recognition.

Consultation on changes to fees charged to international applicants

12. The following areas were highlighted:

- the proposals for a consultation on the increase of fees charged to international applicants for registration and the timeline;
- the principles for fees paid to assessors and charges to applicants;
- the key impact of the equality impact assessment which has noted that there is a potential impact for qualified applicants.

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

- a. Members queried the reasons for a consultation if the purpose was to recoup the cost of a process which was to benefit the recipients.
- b. It was explained that the registration fee was the same for all applicants admitted to the Register. It was established that this consultation was about the assessment of qualifications and experience before eligibility to apply for registration. UK graduates did not need to be tested for competency as the courses which they undertake were quality assured. Courses undertaken by internationally qualified applicants do not go through the same quality assurance process and therefore each individual applicant was required to undertake competency testing to assess whether or not they met the standards for registration. The cost for testing at present does not reflect the work involved. The purpose of the consultation relates to the equality impact and discriminatory aspects associated with raising the fees.
- c. The Chief Executive informed members that as the statutory body the GOsC has a duty to consult with its constituents and is expected to do so by its stakeholders including the Professional Standards Agency (PSA). It was suggested that the issue of consultations was something the Committee could reflect on in the future but at this point it was a necessary requirement.
- d. Members asked why the proposed fees were a flat fee (as opposed to applicants paying what they could afford). Members were advised that the registration process had to be self-financing and that registrants would be receiving the same benefits. To means-test would incur additional cost to the organisation and registrants.

- e. Members advised care should be taken in justifying fees paid to assessors as shown paragraph 9 of the report. It was suggested that stating a day's work as being six hours could be incorrectly perceived as this was not always the case and could vary and did not take into account preparation time. If the rate was based £51 per hour that should be the focus.
- f. Members raised the issue of cost neutrality. It was suggested that as well as the direct costs the indirect cost should be included with overheads. It was suggested that the cost should be higher if indirect cost were also considered. It was agreed that the allocated costs could be broken down and be more granular. Members were advised there would be further discussion and input about the fees paid to registration assessors at the meeting of the Audit Committee 19 October.
- g. Members asked, as highlighted at 4a, if fees had not been reviewed on a regular basis was there was a plan to now do so. It was explained that the paper related to fees for the current process of registration assessment the next step would be to look at the process of registration as a whole. If the process remained the same, it would be important to have a proportionate process to review costs.
- h. It was suggested discussions on remuneration for the different GOsC committees, groups and associates needed a consistent approach to inform the discussion of the Remuneration and Appointments Committee.

Mutual Recognition

14. The Professional Standards Officer introduced this section which looked at mutual recognition and the registration assessment process. High level questions the Committee were asked to consider were:
- Are there any gaps in the background research so far?
 - Are there any examples of mutual or registration assessment in other sectors that should be considered?
 - What questions should be addressed in order to create a more efficient and effective registration assessment process?
15. In discussion the following points were made and responded to:
- a. It was explained that the purpose of the review was to test whether the current system is the correct approach and to streamline the registration process as it is currently resource intensive for the number of applications received whilst also ensuring and maintaining patient safety. Members raised a concern that if this was a cost cutting exercise it might not be the correct approach therefore there needed to be strong evidence this was the way forward. The standards for entry to the register must be maintained.

- b. Members highlighted the importance of mutual recognition and supported a move for stronger collaboration but the importance of English language proficiency was stressed. It was pointed out that both Australia and New Zealand have robust education and registration systems and therefore mutual recognition could be beneficial for both the UK and those countries.
 - c. It was considered that there might be cheaper and quicker ways to achieve mutual recognition but these might carry risks for the public. The current assessment process is very good taking into account the work of the education institutions as well as an individual's character and professionalism. It was asked how changes in international institutions providing osteopathic courses would be monitored.
 - d. It was also noted that literature reviews help to develop how organisations operate and see what works best in their own systems. This was not just about cost savings but improving operations and systems.
16. The Chair summarised that registration review was not just about reducing cost but, as pointed out, also how an applicant moves through the system and meets standards. The issues were:
- is the assessment process fit for purpose, does it meet the best standards and compare favourably with others;
 - in relation to mutual recognition though supported requires careful consideration.

Members were advised that if they would like to make further comments they should contact the Professional Standards team.

Noted: The Committee noted the proposed consultation on changes to fees changed to applicants for registration assessment and timeline.

Noted: The Committee noted the literature review for mutual recognition and next steps.

Item 5: National Council of Osteopathic Research Complaints Data analysis 2016-17

17. The Chief Executive introduced the item which considered the independent analysis of data collected annually between 2013 and 2016 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopath.
18. The following points were highlighted:
 - a. It was pointed out that as far as we were aware the osteopathic profession was unique in replicating the type of data contained in the report, an aggregate of complaints to the regulator, complaints to the insurers and concerns raised with the professional association.

- b. Although the dataset remains small there has been a decrease in complaints about sexual impropriety.
 - c. There were concerns about the rise in the failure of osteopaths to maintain professional indemnity insurance.
 - d. Issues which also remained a concern were communication and consent. This reconfirmed the commitment to making these areas a significant part of the new CPD scheme and with better presentation and resources in the revised OPS.
 - e. The report included new demographic data on age and length in practise. The data showed the complaints issues relate predominantly to male practitioners at the mid-point of their career indicating the potential for competency drift.
19. In discussion the following points were made and responded to:
- a. Members welcomed this continuing project triangulating good quality data.
 - b. Members asked whether the complaints data included any registrants who had followed the international pathway to registration. It was explained that the data about international registrants was very small, approximately 60 people who qualified overseas, and there had been only one complaint about an overseas registrant in recent years. The Chief Executive agreed it was an important point which should be kept in mind.
 - c. Members asked if there were any issues relating to long-term registration and continuing professional development. It was confirmed that the current CPD as it currently stands is compulsory and does not target specific concerns. The new CPD scheme took into account the findings shown from this research. There was a potential link between length of time in practice and complaints but there were no definitive answers on what the underlying problem/s might be. Any initiatives would need to be spread throughout the profession.
 - d. Members highlighted paragraph 12 of the report relating to clinical care suggesting this would be critical as part of the CPD process dealing with communication issues. Members also were unsure about the use of the word 'inappropriate' when referencing 'treatment or treatment unjustified'. The Chief Executive agreed that there were communications issues which the new CPD scheme would go some way to addressing but it was thought that most of the complaints resolved themselves due to the low number of complaints which come to the GOsC. It was also explained that the use of the term 'inappropriate' was one agreed by the researchers who conducted the common classification research.

- e. Members were advised that the data from the NCOR report would be disseminated to the wider community through our usual media and would be valuable tool for the introduction of the new CPD scheme as well as other purposes.

Noted: The Committee considered and noted the content of the report.

Item 6: Draft Standard Case Management Directions

- 20. The Head of Regulation introduced the item which proposed the introduction of standard case management directions for the progression of cases from referral by an Investigating Committee to a final hearing before a Professional Conduct Committee.
- 21. The following areas of the item were highlighted:
 - a. The Standard Case Management Directions practice note, if implemented in the way expected, would have a significant impact on the management and progress of fitness to practice cases by:
 - i. engendering confidence that the regulator is acting fairly and fulfilling its disclosure obligations;
 - ii. ensuring fairness by making sure unusual points of law or fact are identified in good time so that full and considered argument can be advanced;
 - iii. assisting the decision making of panels by identifying issues to reduce the stress of litigation on all the participants;
 - iv. avoiding the calling of witnesses whose evidence is not challenged;
 - v. reducing the risk of last minute adjournments because of late disclosure of evidence;
 - vi. reducing the risk of wasting costs by listing cases for longer than required;
 - vii. reducing the risk of cases going part heard.
 - b. A second meeting of the Defence Organisations was being planned to discuss the Standard Directions in order to include their input in shaping the practice note as well as encouraging buy-in to the initiative.
- 22. In discussion the following points were made and responded to:
 - a. Members welcomed the introduction of the Standard Directions. It was confirmed that the Regulation Team and GOsC Counsel would be expected to follow the guidance and would be held to account if they did not adhere to the practice note. It was also confirmed that the Standard Directions had been discussed with the FtP Chairs at a recent training day.
 - b. Members asked if there would be an evaluation of the practice note not only to measure efficiency but also experience. It was explained that the current

feedback forms for Chairs and witnesses would be adapted to allow for elements of the standards directions to be included.

- c. Members asked if consideration had been given to the use of a time-line template for the Chair so that parties knew how long elements of a hearing might take. This might help smooth the process. It was agreed that this might be helpful although there would be a need for flexibility. It was added that during the recent training for ftp chairs they had suggested an aide memoire would be helpful.

Noted: The Committee noted the Practice Note on standard case management directions.

Item 7: Investigating Committee (IC) Guidance

23. The Head of Regulation introduced the item which invited members to consider the draft Investigating Committee Decision Making Guidance. The guidance had been substantially updated and modified to enable the Investigating Committee to make consistent, fair and proportionate decisions.

24. The key changes included:

- providing detailed guidance on the IC's role and function (including conflicts of interest);
- being clearer about the process for reaching decisions;
- detailed guidance on issuing advice to ensure consistency;
- providing reasons;
- incorporating the threshold criteria within the draft guidance document;
- Executive recommendations.

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

- a. Members asked if the IC know or are aware of previous cases against an individual when conducting an investigation. The Head of Regulation responded that if the cases were recent and similar, then the IC should know. But it was a contentious issue and could be argued to be prejudicial and not assisting the resolution of the case depending on the particular circumstances.
- b. It was suggested that other case law be listed in the guidance as it appeared that the judgement cited explicitly that *Spencer v the General Osteopathic Council*, overrides all others. The executive were invited to consider putting it in a list.
- c. It was suggested that the 'Real Prospect Test' should be emphasised and placed nearer to the beginning of the guidance.

- d. Given that the IC sat in private, it was difficult to see how the impact of the guidance could be evaluated.

Noted: The Committee considered and noted the draft Investigating Committee Decision Making guidance.

Item 8: Professional Standards Projects update

26. The Professional Standards Officer introduced the item which gave an update on the values and boundaries projects.

27. The following areas of the update were highlighted:

- a. The Literature Review: The invitation to tender for the literature review (commissioned to both the GOsC and the GCC (General Chiropractic Council), went out July-August 2017. The interview took place on 11 September 2017 and a research team from the University of Huddersfield would be appointed to undertake the review. The review is expected to be available towards the end of 2017.
- b. Values Standards and regulation in context: The GOsC is working with a number of partners including the General Dental Council (GDC), the Collaborating Centre for Values Base Practice. A workshop held in July 2017 was designed to inform the wider project by gathering stories of experiences of consultation, understanding the diverse range of individual values, understanding the actions required to achieve a positive experience, identifying solutions that will support shared understanding and decision making, and beginning to develop a toolkit of resources.
- c. The workshops identified a number of common barriers to achieving a positive consultation and a number of suggestions were put forward that would overcome the barriers. The next steps would be to develop a toolkit of resources to be piloted with patients and practitioners.

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

- a. Members were pleased that the research into boundaries and the literature review were underway but there were some questions arising about the values project, its governance, direction and purpose. It was suggested that the project needed to return to Council for a comprehensive review. It was agreed there had already been some positive outcomes from the project such as the work being undertaken with the revised OPS but a review would be useful. It was agreed that this would be brought to Council at its meeting in January 2018.
- b. It was suggested that it would be helpful for newer members of the Committee to have a little further information on the history of the project to understand the purpose and goals.

- c. The Head of Professional Standards agreed that it would be helpful to bring the findings from the project back to Council and noted that the values project was considered cutting edge amongst our partners, with innovative work making much more explicit the values of the patient and practitioner.
- d. Members also noted that both projects had secured contributions and funding from other regulators and requested that the full cost of the GOsC's contribution and partner contributions to the projects be made clear for future reference under Financial and Resourcing Implications.

Noted: The Committee considered and noted the professional standards projects update paper.

Item 9: Quality Assurance Review (reserved)

29. The Head of Professional Standards introduced the item which gave an update on the quality assurance review.

30. The following areas of the report were highlighted:

- a. Continual enhancements in the GOsC's quality assurance have been ongoing and had reached a more mature system which supports the growth of the quality management systems of the education institutions.
- b. The documents highlight the key changes (the removal of expiry dates from RQs to allow more flexibility in terms of scheduling Visit dates according to risk, exploring a closer relationship between the annual reporting process and the five yearly visit, and the length of time of visits) and why the changes are being made making the quality assurance process explicit and transparent.
- c. Feedback from the OEIs was good following a workshop held on 9 October 2017 and the next steps would be to take the proposal to Council and, with their approval, to consultation.

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

- a. Members commented that there would be an impact on the OEIs with publication of more information about courses between five yearly RQ visits. It was also asked what the issues were for the OEIs and how would good practice be demonstrated. It was explained that the workshop looked at various conditions/issues and the sense was that the GOsC was moving in the right direction. These matters had been discussed with OEIs. There were a number of factors which concerned the institutions such as matters identifying individuals, matters of confidentiality, matters that were out of date or at a stage too early to contextualise. These areas would require development.

- b. Members explored the possibility of an open-ended RQ for a new programme. Would this be appropriate, or should it be time limited in the first instance to take account of the increased risk?
- c. It was agreed that the institutions' quality assurance systems had generally matured. However, where an established university was beginning a new osteopathic programme existing quality assurance systems that applied across that institution could not transfer to a new osteopathic programme. It was suggested this should be addressed in the consultation document to obtain the opinions of existing providers.
- d. Members questioned the idea that over time as a programme becomes more mature it also becomes more efficient. It was thought inappropriate to assume a more mature institution should be reviewed less frequently as it was possible that they may have changed in ways which were unsatisfactory. There were other factors that contributed to this. For example, information from annual reports, or from other quality assurance mechanisms considered between visits contributed to the appropriate actions. It was also asked who would be assessing the risk. It was commented that in considering risk the OEIs provide reports including objective data collected from patients, staff and students, as well as Annual Monitoring Reports. Some institutions are more scrutinised than others and a number of methods are used to triangulate information.
- e. Members queried paragraph 20 of the annex, highlighting the following sentence:

.....A regular cycle of external review would be maintained modelled on existing arrangements which would allow greater flexibility in the exact timing of the review.....

It was suggested this implied the process would continue as it currently stands in terms of the type of review where it had been envisaged that the consultation was for a change in approach so that those organisations with mature quality assurance systems of their own would be reviewed for their quality control arrangements to see if they met requirements and therefore moving to a risk based approach. It was also commented that there must be a case for some organisations to be reviewed every five years rather than every three years based on risk making the requirement for a different kind of review less frequently for those organisation who meet the criteria.

- f. In response the Head Professional Standards said she understood the concern relating to the opportunity for radical change to the Quality Assurance Framework. She noted that challenges were also compounded with the introduction of major changes in the external quality assurance environment with the new Higher Education Acts and the establishment of the Office for Students and the piloting of the Teaching Excellence Framework. Changes to osteopathic education at this time would present a

higher risk to the OEIs and stability was important. The necessary changes would take place when the external environment had settled. Members were also advised that visits can take place at any time, as they do now, and are contingent on the ability of the institution to provide confidence that it is identifying, managing and monitoring issues related to standards appropriately. It was at the discretion of the Committee to deem whether or not a visit was required. Examples were provided of visits that had taken place at a shorter frequency because of the risk presenting.

- g. Some members reiterated concerns that the Executive was steering away from what had been proposed for the review of the RQ. It was stated that the comments and views of the OEIs would have been helpful. It was explained that the five year review was the standard and, under the consulting mechanisms, would be open for the Committee to determine when reviews should take place. As a way forward it was suggested that the consultation could include a section on the frequency, type and content of visits.
- h. The Chief Executive maintained that there was merit in establishing the removal of RQ expiry dates as soon as possible and returning to the issues about the cycle of reviews in the future.
- i. Members asked OEI colleagues if when date is advised for the RQ review whether this prompted them to take action prior to a visit or are systems are established enough in order that a visit can take place at any time. This defined whether the process is testing the delivery of the programme or the ability to respond to investigations.
- j. It was explained that the current governance for RQs (approval by Committee, Council and the Privy Council) was time consuming. Important matters were dealt with during that period of approval not after it. It was also noted that the impact of not obtaining RQ approval from the Privy Council on time was that students could not be registered. With the advent of Brexit the process would become more challenging to manage. Removal of the RQ date could potentially alleviate some of these difficulties whilst also contributing to a more transparent, flexible and risk based process.
- k. It was confirmed that Annual Reports were supplemented by external evidence including for example, the Examiners Report and the Annual Monitoring Report. It was explained that the information is analysed and disseminated by the QAA for reporting to the Committee.

32. In conclusion, David Gale, the QAA, gave his observations of the issues raised:

- a. Mature providers: It was his experience that going beyond five years for a review does lend to the possibility of complacency and the GOsC should carefully consider that if there is a major stop-off point what are the reasons are and how checked.

- b. Institutions and visits: For regular types of review providers do become good at performing to review methods and learn how to perform well which can be positive but also means that there maybe areas which are not scrutinised. To achieve a more rounded and mature approach there should be room for variation and targeting – as there was in the current system of agreeing RQ specifications.
- c. New provision: for new providers many methods have a probationary period and after a discretionary period if set criteria are met then the provider can be approved/signed-off.
- d. Length of review period: the most challenging problems are around major changes such as complete revision of structure or programme. It was possible to have visits annually, if going through regular major changes or if not then then institutions could go without a visit for up to seven years or longer.
- e. Mature system of quality control: One of the challenges of a fully risk based system is that the review is only looking at the trigger carrying the risk of missing what may be other areas of concern.

Noted: The Committee considered and noted the draft Quality Assurance consultation documents.

Agreed: The Committee agreed the draft timeline for the review outlined in paragraph 28.

Item 10: Leeds Beckett University (reserved)

33. The Professional Standards Officer introduced the item which gave an update on the closure of the Leeds Beckett University course.

34. The following areas of the report were highlighted:

- a. All remaining students had progressed and completed requirements for graduation and registration. It was confirmed that fourteen students had successfully graduated and one student withdrew prior to completing the course.
- b. Leeds Beckett University had confirmed that there were no further issues to report and the osteopathy course was now closed.

35. The Chair on behalf of the Policy Advisory Committee asked that its appreciation and thanks be passed on to the team at Leeds Beckett University.

Noted: The Committee noted the update on the closure of the Leeds Beckett University course.

Item 11: European School of Osteopathy (reserved)

36. Elizabeth Elander and John Chaffey declared interests and left the meeting for the duration of the discussion.
37. The Professional Standards Officer introduced the item which sought the Committee's approval of the Review Specification for the renewal of the Recognised Qualifications review at the European School of Osteopathy commencing in spring 2018.
38. In discussion the following points were made and responded to:
 - a. Members asked how RQ Visitors were chosen. It was explained that expressions of interested are invited from the pool of Visitors appointed, trained and appraised by the Quality Assurance Agency. The RQ teams presented had at least one experienced member who had undertaken the previous review to ensure continuity and also, to bring a fresh perspective, a member from the 'pool' who had not completed a visit. Teams comprised lay members and osteopathic members. Achieving a balance could be a challenge and there were proposals to allow RQ Visits to be observed so that prospective Visitors could better understand the work. It was confirmed all visitors undergo compulsory training as a requirement.

Agreed: The Committee agreed the Review Specification for the European School of Osteopathy renewal of RQ review.

Agreed: The Committee agreed to appoint Seth Crofts, Manoj Mehta and Elizabeth Elander as Visitors for the Bachelor of Science (Hons) Osteopathy and the Master of Osteopathy qualifications offered by the European School of Osteopathy.

Item 12: London School of Osteopathy (reserved)

39. The Professional Standards Officer introduced the item which sought the Committee's approval of the Review Specification for the renewal of the Recognised Qualifications review at the London School of Osteopathy commencing in spring 2019.

Agreed: The Committee agreed the review specification for the London School of Osteopathy renewal of RQ review.

Agreed: The Committee agreed to appoint Brian Anderton, Sarah Wallace and Simeon London as Visitors for the Master of Osteopathy and Bachelor of Osteopathy (Hons) qualifications offered by the London School of Osteopathy.

Item 13: Any other business

40. Business Plan Risk Assessment: The BP Risk Assessment was reviewed at the last meeting of Council, 1 July 2017. During discussion it was noted that the PAC were the assurance mechanism a number of risk areas. It was suggested that

monitoring of the Risk Register pertaining to the PAC should be a standard item on the agenda. The Chief Executive agreed and the Risk Register would be brought to the next meeting.

Date of the next meeting: 10.00, Thursday 15 March 2018