



Policy and Education Committee

Minutes of the Policy and Education Committee held in public on Thursday 6 October 2022, via Go-to-Meeting video conference

Unconfirmed

Chair: Professor Deborah Bowman

Present: Dr Daniel Bailey
Sarah Botterill
Bob Davies
Elizabeth Elander
Dr Patricia McClure
Professor Raymond Playford
Nick Woodhead

Observers with speaking rights: Fiona Hamilton, Council for Osteopathic Education Institutions (COEI)
Santosh Jassal, the Osteopathic Alliance (OA)
Dr Jerry Draper-Rodi, National Council for Osteopathic Research (NCOR)

Council Associates: Shireen Ismail
Harriet Lambert

In attendance: Steven Bettles, Policy Manager
Chloe Britt, Mott McDonald
Fiona Browne, Director of Education, Standards and Development
Rachel Heatley, Senior Research and Policy Officer
Banye Kanon, Senior Quality Assurance Officer
Michelle McDaid, Quality Assurance, Project Director, Mott McDonald
Matthew Redford, Chief Executive and Registrar
Marcia Scott, Council and Executive Support Officer
Holly Sheppard, GOsC Project / Operations Manager, Mott McDonald

Observer: Colette Byrne, Scrutiny Officer, Professional Standards Agency

Item 1: Welcome and apologies

1. All were welcomed to the meeting. A special welcome was extended to Dr Patricia McClure, who was appointed as a lay member of Council (Northern Ireland) in July 2022.
2. Apologies were received from:
 - Dr Marvelle Browne, Member PEC
 - Dr Stacey Clift, Senior Policy Officer
 - Dr Bill Gunnyeon, Chair of Council
 - Maurice Cheng, Chief Executive, Institute of Osteopathy (iO)
 - Dr Ian Fraser, Chair, Council of Osteopathic Education Institutions (COEI)

Item 2: Minutes

3. The minutes of the meeting 16, June 2022, were agreed as a correct record.

Matters arising

4. Matter arising from Item 5: Update to Mott MacDonald Interim Quality Assurance Handbook: Conflict of interest update to GOsC Governance Handbook: The Chief Executive informed the Committee that the [GOsC Governance Handbook](#) had been updated as follows:

'On appointment to Council or to a Statutory or non-statutory committee, members who act on behalf of the GOsC as an Education Visitor and/or an External Examiner must declare these roles and for the duration of the appointment should not undertake or participate in work relating to these roles. This is to ensure that as far as possible there can be no perceived conflict in the GOsC's interactions with the Osteopathic Education Institutions nor other areas pertaining to relevant stakeholders.'

Noted: Members noted the matter arising from the meeting of 16 June 2022.

Item 3: Development of risk-based approach

5. The Senior Quality Assurance Officer introduced the item which considered the risk-based approach to Quality Assurance processes and how issues are identified and considered.
6. The key messages and following points were highlighted:
 - The paper updated the Committee on developments in relation the risk-based quality assurance approaches and raised questions for consideration.
 - The impact of the introduction of specific Standards for Education and Training (SET) was explored.

- A framework to inform decision making around identification of risks was proposed for the Committee's consideration.

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

- a. Members welcomed the risk-based approach and the developments to date which demonstrate accountability and scrutiny.
- b. It was suggested that at paragraph 27 of the report, under the heading '*How do GOsC currently determine/identify a risk?*', a serious adverse event might be included as part of the significant changes in the required reporting by OEIs or, alternatively, the insertion of a general statement such as '*any event that might cause adverse reputational damage*'. It was asked how such an event or a near miss might be captured outside of the OEI Annual Reporting cycle and whether there is a need to be more explicit in reporting adverse events.
- c. Addressing the issue of adverse events and scenarios it was explained that it was difficult to anticipate and ascertain all risk events but through developing the framework a basis for managing potential risk would be created. The quality enhancement aspect is a key part of what is being developed through the experiences of the team so that where an adverse event is identified there will be an initial framework to work from. This approach will allow for the management of adverse events and risk mitigation. A further key aspect in developing the framework is through maintaining a pro-active dialogue and open relationship with the education institutions to recognise and report adverse events.
- d. It was recognised that there are issues which at present are not captured under the current risk triggers as published as part of the Recognised Qualifications but are reported by the OEIs when it is necessary to do so. It was agreed that the risk triggers required further exploration and be made more explicit.
- e. The decision not to use the 'red, amber, green' system to categorise the risk profile of an institution was welcomed. Members commented the lines of demarcation for this system are unclear and can be a possible area of dispute between the regulator and the OEI. It was recognised that there is a need to evaluate and prioritise risk and that other regulators might have a more definitive framework like the 'traffic light' system for the recognition and management of risk. Due to the size of the osteopathic profession, the small number of education providers and RQ programmes this system might be detrimental to the relationship between the GOsC and the OEIS, therefore the approach to be taken is based on:

- evaluation against standards (OPS and SET)
 - identification of areas of concern through a variety of means
 - a proportionate, consistent, and transparent QA mechanism
 - ensuring that the Committee receives the information it needs to enable informed decision making.
- f. The inclusion of the student voice as part of the risk-based framework was welcomed but this aspect could be strengthened by the GOsC directing questions to students without the filter of the institution.
- g. In summary the Chair noted:
- The support for the framework and the approach noting ownership was not only for the Executive but also for the Committee.
 - The importance of multiple sources and types of evidence, the flexibility to work with diverse evidence and how evidence is weighed.
 - The suggestion of taking a cyclical approach to adverse events and near misses.
 - That risk is a matter of perception and recognition of the support to resist use of a traffic light system approach to risk.
 - The importance of the student voice in regulatory activity.

Noted: The Committee considered and provided feedback on the risk-based approach to Quality Assurance.

Item 4: Quality Assurance Policies Update

8. The Policy Manager introduced the item which provided an update on the plans to review and update:
- The GOsC Quality Assurance Policy
 - Management of concerns (in education) policy
 - Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students
 - Student Fitness to Practise – Guidance for Osteopathic Educational Institutions
 - Guidance for Applicants and Students with a Disability or Health Condition
 - Students with a Disability or Health Condition – Guidance for Osteopathic Educational Institutions
9. The key messages and following points were highlighted:
- The approach and timeline to updating policies relating to undergraduate and pre-registration education.
 - This will include a preliminary information gathering, redrafting and consultation over the coming year.

- It is planned to bring a report to Council in November 2023.
- Having reviewed the guidance it is not felt there are any urgent issues that need to be addressed but to ensure that they are brought up to date and reference the requisite standards.

10. The Committee made no additional comments and agreed the recommendations as set out.

Agreed: The Committee agreed to the plans and timetable outlined in relation to the review of:

- **The GOsC Quality Assurance Policy**
- **Management of concerns (in education) policy**
- **Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students**
- **Student Fitness to Practise – Guidance for Osteopathic Educational Institutions**
- **Guidance for Applicants and Students with a Disability or Health Condition**
- **Students with a Disability or Health Condition – Guidance for Osteopathic Educational Institutions**

Item 5: Registrant and Stakeholder Perceptions Research

11. The Senior Insight and Engagement Officer introduced the item which considered the purpose of the registrant and stakeholder perceptions survey and the specification for independent commissioning.

12. The key messages and following points were highlighted:

- The paper set out the proposed approach to the GOsC registrant and stakeholder perceptions research, the aim of which is to provide evidence and insight about the impact of the Communications and Engagement Strategy over time and to inform about areas where there may need to be a focus to support its delivery.
- The Committee was asked to consider the scope, specification, and approach to commissioning the survey and to provide feedback.
- The feedback will inform the invitation to tender that the Committee recommend to Council for publication.

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

- a. Members liked the approach proposed and the objectives, in particular the understanding between the GOsC and third parties and the enhancement of trust.

- b. Members were informed that, subject to tender, it is planned to use several providers for the different target audiences in order to garner a more positive response rate. The timelines of the survey would consider other survey projects being undertaken to minimise overlap and ensure there is sufficient in-house resource to support the surveys being undertaken. It was noted that when considering the time factor (and the risk of survey fatigue) all that might be required of participants must be considered in the communications context beyond the survey, including consultations and workshops. At present the proposed timelines are top-line estimates.

The other planned surveys and timelines were clarified:

- The EDI survey: this would be included as part of the Registration Renewal process. A further EDI survey is yet to be determined which is planned to capture non-responders.
 - The CPD Evaluation Survey: a different approach is being considered which would involve a more stratified sample who would be invited to participate.
- c. Members were informed there were challenges in conducting this survey in-house as it is an extensive piece of work and would be resource intensive. It was also considered that with an external provider conducting the survey respondents might feel more comfortable, responsive and have a higher degree of trust in participating in the survey.
- d. There was some concern that the survey relating to registrant and stakeholder issues of trust was likely to favour respondents who held strong, perhaps negative, views of the GOsC. It was agreed that it would be important to ensure that non-responders are included and complete the survey to ensure their voices are heard. The approach to this would be considered.
- e. It was suggested that when recruiting patients for the survey the recruitment base should be as wide and as diverse as possible in its representation of the UK population as the responses to the survey would highlight regional differences.
- f. Members were advised that the GOsC is speaking with other regulators about the impact of similar surveys and the issue of trust. It is acknowledged that outcomes can only be evaluated over significant amount of time and is dependent levels of trust and improvements in perceptions which can only be established over time. The survey, through working with small focus groups, would help to identify areas where further qualitative work may be undertaken using this insight to change or improve communication processes. Members commented that if trust is a priority, then defining the purpose and context for building trust should be clear, whether as a communicator, OEI, or Registrant.

g. In considering the focus of the project, Members suggested that the survey is broad in its scope and would continue for some time. It was asked whether there should be some consideration while further developing the survey on what the priorities are in the areas of focus as set out in the report. It was explained the specification had been informed by similar work undertaken by other regulators and careful consideration had been given in relation to Council and the Committee's need to deliver the Communications strategy. It was highlighted that the ongoing GOsC Patient Survey conducted by YouGov is an example of the approach and principles in place for this type of project and therefore the same approach would apply to the Registrant and Stakeholder perceptions survey.

14. The Chair in summary noted the issues raised by members for consideration:

- non-responder samples
- different purposes and sub-sets,
- the understanding of the methodology for quantitative and qualitative work,
- inclusion and connecting with those who may be considered 'hard to reach', and
- the conclusions expected to be drawn from the survey.

Noted: The Committee considered and provided feedback on the approach to the registrant and stakeholder perception research.

Item 6: CPD Evaluation: Implementation and impact

15. The Director of Education, Standards and Development introduced the item which considered the implementation of the CPD scheme and its impact.

16. The key messages and following points were highlighted:

- a. The paper provided a high-level summary on what has been learnt about the implementation and impact of the CPD scheme's strategic aims, drawing on a range of data sources.
- b. Osteopaths appear to be complying with the CPD scheme based on the findings from both the self-declarations, and verification and assurance processes. The introduction of a mandatory communication and consent-based activity has also had a positive impact on the level of concerns and/or complaints being reported around consent. There are still some challenges in terms of communication and understanding of the scheme for some osteopaths.
- c. The bigger challenges with evidence in the evaluation of the CPD scheme are with the 'softer' developmental aspects of the scheme, such as: a change in culture, enhancement of practice, reducing isolation, reducing fear, increasing support, and building communities of practice.
- d. There is evidence of some impact through the qualitative work and ongoing engagement with osteopaths, but this is limited.

- e. Consequently, it is proposed to undertake a different type of CPD survey this year focusing more on the impact of the scheme, as benefits can currently only be inferred but the addition/ inclusion of osteopaths' perceptions about impact would enhance understanding.
- f. A review is also being undertaken of the CPD website to understand what is being accessed, and when, to better inform an update of the structure.
- g. Other options to be explored in line with the Communications and Engagement Strategy are to a) improve understanding of the reasons for creating the scheme and its intentions, b) improve understanding of specific elements of the scheme, to continue to reduce fear c) overcome entrenched negative perceptions amongst a section of the Register and foster greater trust.

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

- a. Members welcomed the positive and detailed report.
- b. Members were advised that there are currently no specific data suggesting registrants who do not complete the required CPD might also be the subject of complaints and/or fitness to practise proceedings but this would something to be considered further. It was added that completing a self-declaration is a prerequisite to remaining on the register and the verification and assurance process supports this.
- c. It was acknowledged that the role of Peer Discussion Reviewer (PDR) is a critical part of the CPD process and it was suggested the questions set out could be expanded to obtain their views on the verification process. It was also suggested that a PDR scale of performance might be useful in allowing the reviewer and the reviewee to take into consideration the performance of each party and in addition support the developmental process of the reviewer. It was noted that there is room for the development of the PDR and that the opportunity for self-reflection may require further consideration and development.
- d. In response to a concern as to how many individuals may have left the register due to reasons associated with the CPD scheme members were informed that there has been no significant rise in the numbers resigning from the register and that numbers have, to date, remained stable.
- e. Members were concerned about survey burden but supported the idea of stratified sampling and that the approach would potentially lend to more qualitative data collection and detailed responses.
- f. The Executive highlighted that the evidence demonstrates that the CPD scheme is having a positive impact.

- g. Qualitative research of the CPD scheme in which 20 osteopaths were interviewed, showed that views appear to be dependent on the point at which registrants become engaged with the scheme. Early participants in the scheme garnered the most benefits through direct engagement with the GOsC.

18. In summary the Chair noted:

- Issues relating to the plurality of experience and perception
- Members questions on the role of the Peer Discussion Reviewers
- Members questions about engagement and participation
- The positive comments as to whether the scheme was 'worth it'
- That the scheme is fluid, and continuously evolving.

Noted: The Committee consider and noted the progress of the implementation of the CPD scheme.

Noted: The Committee considered and noted the plans for further development to explore in more detail the impact of the CPD scheme

Item 7: Patient Engagement

19. Rachel Heatley, Senior Policy Officer, introduced the item which gave a progress report on the GOsC's patient engagement activity and outline of current projects including the values project and proposed Patient Council Associate Programme.

20. The key messages and following points were highlighted:

- a. Feedback was being sought from the Committee on thinking about establishing a Patient Council Associate programme and a rationale for taking this approach to integrating the patient voice at a strategic level in GOsC.
- b. The Executive have published and initiated our communications campaign to disseminate the values resources and promote their use among osteopaths and osteopathic patients with positive feedback.
- c. The GOsC has submitted a specification to four researchers to evaluate whether the resources have had impact. Proposals are expected in early November 2022.
- d. The GOsC will host a hybrid (online and face-to-face) shared decision-making event showcasing the values resources on 2 November 2022 at St Catherine's College, Oxford.
- e. On 24 October 2022, the GOsC will be chairing a joint workshop with the General Dental Council (GDC) and the General Chiropractic Council (GCC) at the annual Scottish Regulation Conference in Edinburgh where the GOsC will discuss its work on patient engagement.

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

- a. It was agreed that patient engagement was fundamental and the patient voice a valuable part of the work of the GOsC. It was suggested that the inclusion of prospective patients and/or members of the public might also be considered.
- b. Members commented on the type of patient that might be considered for an associate position with GOsC and that reliability needed to be considered. It was noted that the idea of Patient Associates was only in an exploratory phase and the idea put forward for the Committee's consideration. The Committee's feedback would be considered in the development of the Patient Associate role/s and approach to be taken in the development of a process for selection, recruitment, and appointment.
- c. It was confirmed that the Chair of Council is aware of the exploration and interested in the proposal for a Patient Associate or similar role and the development of the proposals.
- d. It was queried whether an Associate model was the correct approach, could a patient panel be a preferred way forward. It was also suggested that in considering the proposal partnerships with community, faith and cultural groups might also be considered as the proposals develop.

22. In summary the Chair noted:

- The Committee is supportive of the proposal and wants a strong patient voice that will contribute to the GOsC discourse.
- The question is what the proposal will look like, and which points are more persuasive and why.

a. Noted: The Committee consider and provided feedback on the development of a Patient Associate Programme.

b. Noted: The Committee noted the progress of the dissemination an evaluation of our resources for patients and practitioners to support the implementation of the Osteopathic Practice Standards and the implementation of values-based practice.

c. Noted: The Committee noted the GOsC's patient engagement activity since October 2021.

Item 8: National Council of Osteopathic Research Report

23. The Director of NCOR introduced the item which considered and reflected on the findings from the NCOR Concerns and Complaints Report 2013 to 2021 to inform consideration by Council when the report has been finalised.

24. The key messages and following points were highlighted:

- a. Every year the National Council for Osteopathic Research (NCOR) produce a report on the type of concerns and complaints made against osteopaths and osteopathic services.
- b. The report brings together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.
- c. The updated data collection took place during January to December 2021, and therefore there are some features attributed potentially to the coronavirus pandemic restrictions. Key findings include:
 - Reduced number of concerns overall (compared to 7-year average).
 - There were no concerns and complaints raised about consent.
 - There were slightly more than average complaints about communicating inappropriately and the numbers of concerns and complaints around sexual impropriety are approximately the 8-year average. This is despite the overall number of complaints being low. This indicates proportionally these figures are higher than might have been expected.
 - Professionalism and Safety and Quality in Practice are the dominant themes in relation to concerns.
- d. The GOsC continues to use this report to ensure that focus continues to be on practice in accordance with the Osteopathic Practice Standards (OPS) with particular communications and policy priorities covering the areas of concern outlined in the report.
- e. There is a clear association with age but less than with years in practise. There is a clear association there is higher proportion of male registrants who have complaints made against them and of these it is the younger, less experienced who may experience complaints.
- f. Suggestions have been made for future research looking at the impact of actions such as the CPD schemes in terms of communications and consent, and specific populations which could be targeted to limit the complaints made against them.
- g. The draft report was presented to the Committee to share insights and reflections on current practice and the role of GOsC in supporting practice to inform a more detailed paper to Council.

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

- a. It was confirmed that only data relating to complaints that have been upheld are included in the report. It was also explained in compiling the data where

two separate complaints are made against one osteopath it was considered as two complaints. If a complaint against one osteopath came from two or more sources; the GOsC, the Institute of Osteopathy and/or insurer, this would be represented as one complaint for the purposes of reporting.

- b. It was explained there is currently no comparative data against which the NCOR data can be benchmarked although in a 2016 analysis of fitness to practise (ftp) data amongst the GOsC was positioned halfway amongst the group of nine health regulators. It was noted that the 2.6% figure shown in the NCOR report relates to the GOsC's first-point of contact for concerns and not ftp findings.
- c. Members noted that 2021 was the second lowest in numbers of complaints but acknowledged that this may be a result of osteopathic clinics continuing recovery from the impact of the COVID-19 pandemic.

Noted: The Committee considered and provided feedback on the implications of the NCOR concerns and complaints report 2013-2021.

Item 9: Boundaries Communication plan and activities

- 26. The Policy Manager introduced the item which gave an update on the communication plan, work undertaken and planned, and success measures in relation to boundaries related issues.
- 27. The key issues and following points were highlighted:
 - a. The paper outlines the boundaries communication project plan, with an overview of activities undertaken and planned, to raise awareness of and support professional practice and decision making in this area.
 - b. The latest NCOR analysis of concerns and complaints data indicates numbers of concerns and complaints around communicating inappropriately were slightly more than average and around sexual impropriety are close to the 8-year average, this is despite the overall number of complaints being low. These figures are therefore proportionally slightly higher than would be expected. There were no concerns and complaints raised about consent.
 - c. We have a boundaries communications project plan which has aims including raising awareness, helping osteopaths and education providers understand the issues and to help demonstrate the need for the use of professional judgement (and to provide support to navigate the challenges that come with professional judgement and decision making).
- 28. The Committee made no additional comments and agreed the recommendations as set out.

Noted: The Committee noted the progress on the implementation of the work on promoting and maintaining safe professional boundaries.

Item 10: Transition into practise update

29. The Director of Education, Standards and Development introduced the item concerning the scoping out of the plans for supporting new graduates (UK and internationally qualified) making the transition into practice through a better understanding of the barriers and enablers to building communities.
30. The key messages and following points were highlighted:
 - a. Exploratory work is beginning on how best the GOsC can support new graduates making the transition into practice, with the overarching aim and purpose of this work being to build communities of practice for new graduates.
 - b. The paper provides a proposed schedule of research activities in order to inform the Executive about what is currently not known about this section of the Register, and a timeline for developing subsequent recommendations for potential resources, such as guidance, and communications (including changes to the GOsC website) in line with the findings of the research.
 - c. It was noted that this project will also have some impact on the GOsC's quality assurance.
 - d. The Committee was asked to note the proposed plan for the scope of this work. There will be a report providing further details in due course.
31. In discussion the following points were made and responded to:
 - a. Members raised a concern questioning how well student and graduates are equipped as they transition into practice suggesting that information supporting knowledge, skills and performance might be introduced at an earlier stage during training. A concern was also raised about new graduates working as clinical tutors as they may not have the depth of confidence acquired through experience, what is required are tutors with practise and teaching experience.
 - b. It was noted that as students and graduates transition into practice there is a need to be mindful of their resilience and ability to cope with pressures during a period that will be demanding. This applies not only in osteopathy but across the professions. It was suggested that this was something that should be considered throughout the student journey.
32. The Chair in summary noted the transition into practise could be considered in three stages and the Executive might consider the transitional phases in the development of this work:
 - from what: what are people are coming from and is this sufficient for transitioning,

- to what: to single or multiple settings
- the transitional phase and the development of educational skills.

Noted: The Committee considered and noted the proposed plan for the transition into practice project.

Item 11: University College of Osteopathy: RQ review

33. Nick Woodhead declared an interest and did not participate in this discussion.
34. The Senior Quality Assurance Officer introduced the item which gave an update on the review of the Recognised Qualification of the University College of Osteopathy.
35. The Committee was advised that subject to checks with the University College of Osteopathy the Visitors for the RQ would be confirmed. Once the information has been received a recommendation will be submitted to the Committee for approval.
36. It was confirmed that the timeline would be confirmed shortly for the visit to take place.

Noted: The Committee noted the update on the review of the Recognised Qualification for the University College of Osteopathy.

Item 12: Updates from Observers

37. The observers with speaking rights were invited to give updates on their respective organisations. The highlights from each contribution are given below:

Council of Osteopathic Education Institutions (COEI)

38. The following areas were highlighted:
 - Several areas from the COEI Strategy are noted as works in progress including collaborative workshops relating to EDI, fitness to practise, boundaries, and student voice.
 - The work of COEI on National Student Survey assessment and feedback.
 - Funding has been made available from Health Education England via the Institute of Osteopathy for a project on enhanced practice and fine tuning the apprenticeship pathway for post registration apprenticeships.
 - A significant concern for the OEIs is funding due to the cost-of-living crisis which is impacting across higher education for students and for tutors. Due to limited availability of funding the osteopathic profession is becoming less desirable to prospective students.
 - Reflecting on earlier discussions the number of areas which the OEIs are required to cover in their curriculum to ensure students and graduates are prepared to transition continue to increase. The issue for the OEIs is that the curriculum is finite meaning with each addition something might need to be removed.

Osteopathic Alliance (OA)

39. The following areas were highlighted:

- The CORE teaching clinic have completed a pilot study of 72 patients with chronic pain. The study is about to be published and further funding is being sought from the Osteopath Foundation to progress the study.
- A children's clinic is to be established by the Sutherland Cranial College in the North of England and will run alongside the course offered by the college. The clinic will also have a strong research template and is being established in conjunction with NCOR.
- Talks for students at undergraduate colleges are commencing during October.
- OA practise placements are ongoing.
- Four OA members along with two students represented the OA as part of the Quality Assurance Agency.
- Two members of the OA represented the paediatric osteopathic profession at an Allied Health Profession workshop

National Council for Osteopathic Research

40. The following areas were highlighted:

- Review of the QAA subject benchmark statement is continuing. The aim is to complete the process by February 2022.
- The NCOR AGM and Stakeholders meeting took place on 5 October. The meeting went well with several collaborative projects being considered and developed.
- It is planned to develop a project looking at how recruitment can be improved across the OEIs.
- Ongoing projects: Research culture in OEIs, scoping review on older adults and prevention. The CUTIEs trial ended in June; the study will be published in due course.
- NCOR has received £50,000 in funding to develop a practise-based network. The aim is to engage with osteopaths in clinical practise and with patients and develop projects that are meaningful for clinical practise.

Noted: The Committee noted the updates from the Observers with Speaking Rights

Item 13: Any other business

41. There was no other business.

Date of the next meeting:

- **Thursday 19 January 2023 (Development Day)**
- **Wednesday 8 March 2023 at 10.00**