

GENERAL OSTEOPATHIC COUNCIL
Minutes of Part I of the 66th meeting of the Education Committee (EdC)
which took place on Thursday 15 December 2011 at
Osteopathy House, 176 Tower Bridge Road,
London SE1 3LU

Chair: Professor Ian Hughes

Present: Professor Adrian Eddleston
 Dr Jane Fox
 Mr Jonathan Hearsey
 Mr Robert McCoy
 Mr Brian McKenna
 Mr Liam Stapleton
 Ms Julie Stone
 Ms Fiona Walsh

In Attendance: Ms Alison White, Chair designate
 Ms Fiona Browne, Head of Professional Standards
 Mr Marcus Dye, Professional Standards Manager
 Ms Joy Bolt, Professional Standards Officer

PART I (*items which will be reported to the Public Session of Council at its next meeting*)

ITEM 1: APOLOGIES AND INTERESTS

1. Apologies were received from Professor Bernadette Griffin and Mr Tim Walker.
2. Ms Alison White was welcomed as a guest to the meeting as the next Chair of Council from April 2012.
3. Members were requested to advise of any interests held at the time when the item was to be discussed.

ITEM 2: MINUTES

4. The minutes of the previous meeting were agreed for accuracy subject to the date of the next meeting being changed to 15 December 2011 and confirmed as a true record.

ITEM 3: MATTERS ARISING

5. There were no matters arising not already covered on the agenda.

ITEM 4: CHAIR AND PROFESSIONAL STANDARDS DEPARTMENT ACTION AND REPORT

6. Ms Julie Stone was interested to hear more about the Health Professions Council Meeting on 3 November 2011 when there was a presentation about research into professional behaviours of three professions – the podiatrists, the paramedics and the occupational therapists.
7. The Chair commented on the meeting held on 5 October 2011 with the Centre for the Advancement of Interprofessional Education (CAIPE) about the importance of a holistic approach to interprofessional learning. It was not simply about lectures to students but about a multi-disciplinary input into problems and cases so that all could see what different disciplines could add to the collective knowledge of the care team.
8. The Head of Professional Standards reported on a meeting recently attended on 9 December 2011 at the Law Commission on registration, education and standards. The meeting was essentially to feed into the thinking of the Law Commission review of the legislation for the various Healthcare regulators ahead of a formal consultation planned for March 2012 about a consolidation of healthcare legislation.

Noted: The Committee noted the report.

Agreed: A short note of the meeting held on 3 November 2011 would be circulated to the Committee for information.

ITEM 5: OSTEOPATHIC PRACTISE STANDARDS IMPLEMENTATION

9. The Professional Standards Manager presented the paper concerning the implementation of the Osteopathic Practise Standards (OPS) which will come into effect in September 2012.
10. It was confirmed that a project plan had been created and was split into different streams, focusing on outcomes for different stakeholders. Progress for the various streams will be monitored internally by the GOSC established OPS Implementation working group and reported back to the Council and the Education Committee periodically.
11. The Committee advised that the governance procedures should be a little clearer in terms of accountability. The Committee indicated that it would welcome the inclusion of specified key milestones with dates, an indication of

the advice that would be sought from the Committee and when, together with an explanation about accountability and critical risks.

12. It was noted that the implementation of the Osteopathic Practice Standards was a major project that crosses over several different departments. Further information would be provided to Council in due course.
13. Key issues for Education Committee input in the work-plan were the GOsC Registration Assessment review and Educational support.
14. In terms of educational support, training sessions have already taken place for the various different assessors involved in the registration processes, namely:
 - a. The written assessments
 - b. The Assessments of Clinical Performance (ACP)
 - c. The return to practice assessment procedures
15. The QAA Assessors have also undergone training. It was clarified to the Committee that whilst the Assessors are contracted to the QAA, their training is budgeted for within the previously agreed QAA contract. The budget for the next two years is due to be negotiated shortly.
16. Feedback from all the training sessions is being collated and will be fed into the proposed revision of procedures scheduled to take place in 2012.
17. In terms of the registration assessment review, the Committee considered the matters outlined in the paper.
18. The Committee noted that 'maybe acceptable' should be rephrased as 'insufficient evidence'. The descriptors for borderline candidates would need considerable development as part of the Pilot. Only candidates who met the 'acceptable' descriptors will pass the ACP. It was agreed that this would be fed into the Invitation to Tender to revise the Registration Assessments.
19. The Committee sought explanation as to how the budget of £20 000 had been arrived at. It was confirmed that the estimate had been based on the amount of work thought to be involved but that this was the maximum budget available and it would be made clearer in the tender that this was a top level. The Committee agreed that the maximum figure should be included in the tender.
20. The Committee also noted that the instructions for sending the tender back should also include a named person in paragraph 26 of the tender document.
21. The Committee agreed the composition of the tender panel as the Chief Executive, the Head of Regulation or the Head of Finance in accordance with the procurement rules, one osteopath and one lay member and should include a person with experience in assessment. It was also agreed that should any Committee member wish to express an interest in joining the panel, they

should submit and email confirming their interest and availability dates by 19 December 2011.

Noted: The Committee noted the OPS Implementation Strategy project governance.

Noted: The Committee noted the progress on training assessors on the revised OPS.

Agreed: The Committee agreed the members of the selection panel for the revision of the registration assessment procedures.

Agreed: The Committee agreed to publish the invitation to tender for the revision of the Registration Assessments used by the General Osteopathic Council following the publication of the Osteopathic Practice Standards.

ITEM 6: STUDENT FITNESS TO PRACTISE

22. The Head of Professional Standards presented the paper and confirmed that the suite of four pieces of guidance recommended for publication at the 22 September 2011 Education Committee meeting had been considered by Council on 11 October 2011. Some Council members had observed potential errors, ambiguity and inconsistencies in the documents that required addressing prior to publication. At that meeting, Council had agreed that:
 - A review of all documents should be undertaken to take into consideration the points made by Council members.
 - There should be an independent legal review.
 - Education Committee should be delegated power to approve the document for publication.
23. The Head of Professional Standards confirmed that the review had been undertaken in partnership with members of Council and that the documents now had the benefit of an independent legal review. Council members were now content with the documents in front of the Education Committee. The annexes outlined the detailed points raised and the action taken or the reasons why action had not been taken.
24. The Committee suggested that further information should be added to the Social Media section of the Guidance for Students about not 'befriending' patients on sites such as Facebook.
25. It was noted that this is the first time guidance in these areas had been issued by GOsC and it was expected that an evaluation would be undertaken in two years time.

26. It was acknowledged that production of all of the documents had taken a considerable amount of work and noted that the Osteopathic Educational Institutions (OEIs) would be pleased to receive the guidance.
27. The Committee was content to accept and formally approve the documents for publication.

Agreed: The Committee agreed to publish the *Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Student Fitness to Practise: Guidance for Osteopathic Educational Institutions.*

Agreed: The Committee agreed to publish the *Osteopathic Education and Training: Guidance for Applicants and Students with a Disability or Health Impairment as and Students with a disability or health impairment: Guidance for Osteopathic Education Institutions.*

ITEM 7: PRE-REGISTRATION CURRICULUM CONTENT

28. The Head of Professional Standards presented the paper. The issue had first been considered by the Committee in March 2011. At that time, the Committee expressed concerns about the timing of the development of such a document due to the Committee's and OEI's heavy workload, concerns as to whether such guidance would prove to be restrictive and concerns that OEIs were not on board with the principles. The Committee felt that further information was needed and that a more detailed scoping exercise should be undertaken.
29. As part of a more detailed scoping exercise, the Committee were informed that the purpose and aim behind the project had been developed further and shared with the OEIs. The purpose as defined in the Committee paper was considered helpful and appropriate. The Committee noted that
- The document would provide guidance about the direction of undergraduate osteopathic education to support the development of undergraduate education. It would be easier for stakeholders including qualified osteopaths, specialist associations, other healthcare professionals and patients to understand what newly qualified osteopaths can do.
 - It may help qualified osteopaths to understand how practice is changing and how educational standards are continually enhanced.
 - It provides a mechanism to more easily integrate the following types of changes into osteopathic education or to express that these aspects are already part of the curriculum:
 - Leadership competences common to all health professionals
 - Educational outcomes common to all health professionals.
 - Changes in the way that patients expect to be communicated with.
 - Research skills
 - Clinical audit skills.

- It may help a more collegiate approach within OEIs (whilst recognising that all will still, importantly, have unique and distinct 'flavours' of osteopathic practice taught within their undergraduate education).
 - It could help to support the confidence of newly qualified osteopaths to know that they have been taught a 'common core' and could start to change the culture of osteopaths only taking associates who trained at the same OEI as themselves.
 - It could help to strengthen 'osteopathic identity' and consensus at a time when fragmentation could be to the detriment of the profession whilst respecting the diversity of practice at different OEIs.
 - It could help the effective development of advanced practice and career development if there was a clearer understanding of what is core to osteopathic education.
 - It could support the actual teaching and assessment of particular aspects of clinical education if there were common outcomes specified by GOsC in guidance. This would also help to inform common aspects of assessment if this was felt desirable.
 - It could help that particular elements currently only taught at some OEIs might be taught at all OEIs if considered important, for example, nutrition and pharmacology.
30. The Committee also noted potential disadvantages as follows:
- The perception that osteopathy is to be homogenised. This could be mitigated by being clear that the 'core' parts of the guidance would not in any way limit what could be taught at OEIs. There could be a common core, but a more varied and unique 'options' approach to an undergraduate degree for the different OEIs. It could also be mitigated by focussing more on outcomes rather than defined content to allow more flexibility in the way that the outcomes are delivered and assessed if this was thought desirable.
 - The limited capacity in the OEIs to undertake significant work on this issue. This could be mitigated by providing support for the Project at GOsC. In particular, mapping relevant information in healthcare generally and including materials relevant to the undergraduate curriculum.
31. The Committee agreed to the evolving thinking underpinning the document and suggested that the title of the document should be changed as it no longer describes the purpose of the document. The document has evolved in one that looks at future outcomes and how this could be achieved.
32. The Committee was however cautious that the document originally specified in the GOsC Corporate Plan 2010-2013 should not be lost and that the new purpose should be agreed by Council to ensure that the original specification will still be met.

Agreed: The Committee agreed to the purpose of the Pre-registration Curriculum Review as an aspirational document providing guidance about undergraduate osteopathic education to support the development of

undergraduate education as outlined in paragraph 28 above, subject to the agreement of Council.

ITEM 8A: QUALITY ASSURANCE (QA) REVIEW – REFRESHING THE VISITOR POOL

33. Rob McCoy and Fiona Walsh declared an interest in this item as they were both employed as QAA Assessors. The Committee agreed that they should remain to contribute to the item.
34. The Professional Standards Manager presented the paper which confirmed that the Quality Assurance Agency for Higher Education (QAA) Visitors had recently received further training in November 2011. The paper also looks at whether there are sufficient numbers in the training pool or whether more should be recruited.
35. The QAA have recommended that in view of the six reviews scheduled for 2012, further visitors should be recruited and that training should be undertaken annually. Agreement has already been sought from those OEIs whose reviews will take place before September 2012 to be assessed against the new standards.
36. The Committee sought clarification around who was paying for the annual training and it was confirmed that it is covered within the 2010-2012 QAA contract and that the GOsC is now budgeting for these costs for the next contract.

Agreed: The Committee agreed that the existing pool of QAA visitors is retained for the present time and that a recruitment exercise be undertaken by the QAA for additional visitors.

Agreed: The Committee agreed that training and appraisal should be undertaken on an annual basis for all QAA visitors.

Noted: The Committee noted the evaluation of the QAA Assessor Training.

ITEM 8B: QUALITY ASSURANCE – INTERNATIONAL OSTEOPATHIC EDUCATIONAL INSTITUTIONS

37. The Head of Professional Standards presented the paper which looked at the recognition of qualifications awarded outside the UK.
38. The Committee considered that the major strategic issues outlined in the paper would be best considered as part of a seminar to be held as part of the next Education Committee meeting.
39. It was agreed to bring the paper back to a further meeting with dedicated time for discussion. Members were invited to send in thoughts on the paper in

advance to the Head of Professional Standards to enable the seminar papers to be further developed and refined. Matters for further development might include:

- a. Accreditation of osteopaths-
 - i. For the UK
 - ii. For their country of qualification
- b. Cost of accreditation – how to charge
- c. Will students choose to study overseas if they can get accreditation overseas?

Agreed: The Committee agreed to email in further thoughts by the end of January 2012.

ITEM 9: RESPONSE TO THE GOOD MEDICAL PRACTICE (GMP) CONSULTATION

40. The Head of Professional Standards presented the paper with the GOSc's draft response to the GMC's consultation on *Good Medical Practice*.
41. The Committee was content with the draft response.
42. The Committee also noted the following:
 - *Good Medical Practice* (consultation draft 2012) takes steps to ensure that doctors behave appropriately in both their private and professional lives to the extent necessary to justify the public's trust in the profession as follows:
 - Paragraph 68 of the draft *Good Medical Practice* states: 'You must make sure that your conduct at all times justifies patients' trust in you and the public's trust in the profession.'
 - Paragraph 71 of the draft *Good Medical Practice* states '...you should remember when using social networking sites that communications intended for friends or family may become more widely available.'
 - *Good Medical Practice* takes steps to advise doctors to seek out mentors and also doctors to be mentors.
 - Paragraph 45 of the draft *Good Medical Practice* states 'You should seek out a mentor during your first years working as a doctor and whenever your role changes significantly throughout your career.'
 - Paragraph 46 of the draft *Good Medical Practice* states 'You should be prepared to act as a mentor to less experienced colleagues and to contribute to teaching and training doctors and students.'

Agreed: The Committee agreed to recommend to Council that they agree the draft response to the GMC's Good Medical Practice consultation.

ITEM 10: ANY OTHER BUSINESS

43. Members noted that the GOsC has improved its engagement with the OEIs. It was confirmed that the Chief Executive and Registrar, the Head of Professional Standards and the Professional Standards Manager had all visited all the OEIs. It was also confirmed that either Council or SMT staff members also attend OEI graduation ceremonies. The Committee advised caution about the suggestion that the Chair of the Education Committee visiting all of the OEIs on the grounds that this might compromise or might be seen to compromise effective governance.

ITEM 11: DATE OF NEXT MEETING

44. The date for the next meeting will be Wednesday 14 March 2012.