



Policy and Education Committee

Minutes of the Policy and Education Committee held in public on Thursday 10 October 2024, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference

Confirmed

Chair: Professor Patricia McClure (Council, Lay)

Present: Gabrielle Anderson (Council Associate)
Dr Daniel Bailey (Council, Registrant)
Dr Marvelle Brown (Independent, Lay)
Bob Davies (Independent, Registrant)
Gill Edelman (Council, Lay)
Simeon London (Council, Registrant)
Professor Raymond Playford (Independent, Lay)
Dr Chris Stockport (Council, Lay)
Laura Turner (Council Associate)(Online)
Nick Woodhead (Independent, Registrant)

Observers with Speaking rights Santosh Jassal, Secretary, the Osteopathic Alliance (OA)(online)
Patrick Gautier, University College School of Osteopathy (UCO),
Health Sciences University (for COEI)

In attendance: Steven Bettles, Head of Policy and Education
Fiona Browne, Director, Education, Standards and Development
Jo Clift, Chair of Council (Chair of Council, Observer, online)
Lorna Coe, Governance Manager
Leeann Greer, Mott MacDonald (QA provider)
Liz Niman, Head of Communications, Engagement and Insight
Darren Pullinger, Head of Resources and Assurance (online)
Will Shilton, Mott MacDonald (QA provider)
Paul Stern, Senior Policy Officer
Hannah Warwick, Mott MacDonald (QA provider)

Observer/s Jen Rimmer, Registrant (online)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to Council and Committee member,
 - Dr Chris Stockport, whose appointment as a member of Council commenced 2 September 2024.

- Lorna Coe, Governance Manager, who joined the staff team on 7 October 2024.
- Will Shilton, Project Manager, Mott MacDonald

2. Apologies were received from:

- Harry Barton, Chair, Audit Committee (Item 4)
- Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
- Dr Stacey Clift, Senior Policy Officer
- Dr Jerry Draper-Rodi, Director, National Council for Osteopathic Research (NCOR)
- Banye Kanon, Senior Quality Assurance Officer
- Sharon Potter, Vice-Chancellor, University College School of Osteopathy: Health Sciences University (London Campus), Chair of COEI
- Matthew Redford, Chief Executive & Registrar

Item 2: Minutes and Matters arising

3. The minutes of the meeting, June 2024 were agreed subject to the following correction to read:

Item 8: London School of Osteopathy – Visitor Approval: Paragraph 24:

- a. In response to a comment on the composition of the Visitor team including only one osteopath, it was explained that there are no restrictions on the numbers and composition of the Visitor team. As there are a number of Visits taking place between October 2024 – March 2025, and the pool of Visitors is small, there is significant planning required to ensure availability and that there were no conflicts of interest.

Matters arising

4. The Committee was asked to note the formal decisions made and agreed electronically since the last meeting for shortened annual reports for:

- Marjon
- BCNO Group
- Swansea University

The visits would take place prior to the March 2025 Committee meeting, and the visit reports would be made to the June 2025 meeting. On this basis, it was agreed that shortened annual reports for these institutions would be a proportionate approach.

Item 3: Continuing Professional Development Scheme – review of Peer Discussion Review template and Continuing Professional Development Guidance

5. The Head of Policy and Education introduced the item which proposed a consultation on the updated Continuing Professional Development (CPD) Guidance, and of the Peer Discussion Review (PDR) template.
6. The key messages and following points were highlighted:
 - a. The CPD evaluation report to Committee in June 2024 showed that some osteopaths found the administrative elements of the CPD scheme, in particular the peer discussion review, burdensome. Whilst they benefitted from undertaking the CPD activities, the PDR process was onerous.
 - b. Consequently, the PDR template was modified to make this easier to engage with for both osteopath and peer in line with the discussion at the Committee meeting in June.
 - c. The CPD Guidance was also modified, including the addition of activities in boundaries with patients, and in equality, diversity and inclusion (EDI) as mandatory elements.
 - d. Initial feedback was sought from osteopaths and key stakeholders on this approach during September 2024, and was generally very positive.
 - e. Further feedback was sought from the Committee and, subject to the Committee's feedback, a recommendation would be made to Council to proceed to a wider consultation on the suggested changes.
7. In discussion the following points were made and responded to:
 - a. Members liked the new template and guidance describing them as clear and comprehensive.
 - b. It was confirmed that regular CPD evaluation surveys do take place with opportunities to provide feedback about the scheme from the wider community. It was acknowledged that the methods for completing the surveys are limited but this is being reviewed.
 - c. In response to a question on whether the review included osteopaths who work in isolation and whether this had been captured in the analysis, it was explained that elements of the scheme did focus on the community aspect of practice but it was recognised that this had not been of benefit to all registrants. The questions in the survey were about engagement, communication, learning with others and the benefits, whether undertaken

online or in-person. The guidance emphasises the benefits of communication and interacting with other professionals. The evaluation had not on this occasion incorporated the working environment and osteopaths who work in isolation as sole practitioners.

- d. It was highlighted that the most recent iO census suggested that 1% of registrants work in isolation and the average size of a practice comprises eight practitioners. In comparison a survey conducted by the GOsC in 2011 indicated over half of respondents were sole practitioners. This change demonstrated how the working environment is changing but there is still a need to ensure that evaluations include an analysis of osteopaths who work in isolation.
- e. The question of individuals using the same peer reviewer was raised but this was not seen as an issue and could be an advantage. Members were informed that the iO has a peer matching website for those who might have difficulty in finding a reviewer.
- f. It was suggested there should be a clear statement setting the limit on the number of times a peer reviewer works an osteopath during the CPD cycle. It was explained that the purpose of the CPD scheme and peer reviewing is to promote contact and networks for osteopaths. At this time there is no intent to change the guidance in this respect.
- g. Considering that most registrants would be completing CPD by way of the GOsC website (o-zone) it was asked if, with the upgrade to the website, there would be a way to integrate and pre-populate the survey form to draw out information. It was explained that at this point it would be difficult to comment on what might be viable for registrants using the website but it was agreed the approach suggested could be beneficial as well as potentially enabling access to alternative online formats.
- h. In response to the question whether the 'Communication and Consent' jigsaw piece on the diagram would now be changing to be mandatory activities, it was explained that CPD Standard 3 is, in fact, that CPD activities benefit patients and, communication and consent is a mandatory part of the scheme that falls under this standard. The guidance allows for flexibility to demonstrate and complete this component and would be made clearer.
- i. It was suggested, with the acknowledged dissatisfaction of some registrants as highlighted in the Registrant survey, that the language of the guidance / template needed to be in plain English and that care should be taken to avoid miscommunication and/or misinterpretation and to ensure that what was required could be clearly understood by all registrants.

- j. In response to a question about the actions taken if a registrant has not completed any of the categories listed at section 19 of the PDR form: Communications & Consent; Boundaries; Equality, Diversity & Inclusion, it was explained that the scheme is not an assessment and is flexible and focussed on engaging with the scheme and development. In most cases where it might appear that a requirement has not been met it will transpire during peer discussion review that this is not the case. Also if it is found that a registrant who, for a number of reasons, has not met the requirements of the scheme within the timeframe, there will be opportunities to rectify with the peer within their three-year cycle. It was highlighted that if at the end of the CPD cycle requirements had not been met, this would not automatically result in removal from the Register and a conversation would take place and support provided. It was explained that there is a process for CPD removal to take place, it does not happen automatically. The CPD Rules enabled the registrar to extend or vary CPD requirements upon request of the registrant.
- k. It was suggested that at section 9 of the PDR form, consideration be given to additional context in which osteopaths work including:
- Osteopathic group practice (not multi-disciplinary)
 - Osteopaths in private practice receiving NHS patients.

It was agreed that the section could be modified but it was not integral to the scheme as the context in which a registrant practised could be raised during the peer review discussion.

- l. The OA commented that as a CPD provider, they had not been invited to participate in the initial focus group, therefore the comments were not truly representative in particular boundaries and EDI.
- m. The OA considered that the extra requirements might be unsettling for registrants and there might be confusion about EDI requirements. The view was that EDI was not a separate category but already an integral/fundamental part of patient care. It was suggested, that engaging with the EDIB guidance that GOsC publishes and with boundaries resources that GOsC provides, would be a good starting point to meeting these proposed extra requirements. The purpose of both of these requirements was to help osteopaths to avoid future concerns and maintain high quality practice. It was acknowledged that, if agreed by Council following consultation, the requirement would become mandatory after the start of the osteopath's next CPD cycle. However, it was not unreasonable to strongly encourage CPD in these areas, if they had already started their next three-year cycle, given the purpose to help osteopaths to avoid future concerns and maintain high quality practice.

- n. It was confirmed that what had been presented to the Committee was preliminary drafting and that invitations to participate in further consultation would be extended to all stakeholders.
8. In summary the Chair noted the very useful feedback with a number of small modifications which had been suggested by the Committee.

Noted: The Committee considered and provided feedback on the suggested changes to the Peer Discussion Review template and CPD Guidance

Agreed: The Committee agreed to recommend that Council agree to proceed to a consultation on the updated CPD Guidance and PDR Template.

Item 4: Guidance about Professional Behaviours and Student Fitness to Practise

9. The Head of Policy and Education introduced the item concerning the recommendation of Guidance about Professional Behaviours and Student Fitness to Practise in osteopathic education for publication.
10. The key messages and following points were highlighted:
- a. The paper reported on post-consultation changes made to 'Guidance about Professional Behaviours and Fitness to Practise for Osteopathic Students and Educational Providers.'
 - b. The Executive summarised the issues considered and the responses to these in the updated draft guidance.
 - c. The Equality Impact Assessment was also updated.
 - d. The Committee was asked to agree to recommend the updated guidance to Council for publication.
11. In discussion the following points were made and responded to:
- a. Members welcomed the guidance provided for the OEIs and recognition of their own fitness to practise (FtP) procedures and also the guidance to students providing reassurance that their future careers need not be impacted by sanctions imposed. The guidance demonstrated fairness and inclusivity of the GOsC.
 - b. Members requested clarification of the process if/when a student disputes the outcome of a student FtP (sftp) decision and whether there are many concerns raised about the process. Members were informed that the OEI annual reporting process includes reporting to GOsC on individual sftp cases where findings had been made and sanctions imposed. There were very few of these cases (one or two a year). To date there had been no concerns

raised where a sftp decision on its own had been in dispute. It was pointed out that a decision in dispute would be dealt with through the OEI appeal processes.

- c. In response to a question about how information about student ftp findings was used by GOsC, it was explained that the information is logged, and would be reviewed at the point of registration to check that a registrant is of good character as part of the Registrar's decision to admit to the Register. This information is made available to OEIs but the suggestion that students should be made aware of the process on registration was acknowledged.
- d. It was confirmed that as part of the registration process, the sftp findings and sanctions were only used to inform Registrar decisions about good character. They were not used for any other purpose. However, the Committee sought further assurances that the data would no longer be available and/or deleted following the decision to register a student.
- e. It was suggested that the Professional Behaviour and Student Fitness to Practise guidance should be made available to prospective students in advance of taking up a place with an osteopathic education institution.
- f. It was questioned whether examples of student behaviour that might give rise to a concern should be expanded to reference all protected characteristics.
- g. The Chair thanked the Committee and stakeholders for their feedback noting the suggestions for amendments.
- h. The Committee also commented on the presentation of the paper; the red text delineating amendments to the original document was also noted and had made reviewing the amendments much easier. It was suggested that the approach would continue with other reports, in particular RQ reviews.

Agreed: The Committee agreed to recommend the Guidance about Professional Behaviours and Student Fitness to Practise to Council for publication

Noted: The Committee noted the updated Equality Impact Assessment.

Item 5: Registrant and Stakeholder Perceptions Survey: next steps

- 12. The Head of Communications, Engagement & Insight introduced the item concerning the publication of the Registrant and Stakeholders Survey and consideration of the next steps in relation to the report's recommendations.

13. The key messages and following points were highlighted:

- a. The GOsC's Registrant and Perceptions Survey 2024 undertaken by DJS has been published.
- b. The topline findings include: 64% of respondents have a negative perception of GOsC. The most common words associated with GOsC are 'necessary' and 'fear.' There were patchy levels of understanding and some clear misconceptions regarding the role of the GOsC; the most common misconception is that GOsC lobbies the government on behalf of osteopaths and this misunderstanding is significant as analysis shows that respondents with a better understanding of GOsC's core functions have significantly more positive perceptions.
- c. Actions to address the recommendations in the report have started with actions being implemented from launch. There is an action plan in place to make progress on the recommendations from the report in the short, medium and long term.
- d. The Committee was asked to consider and reflect on the recommendations from the research and the next steps to inform the further development of the GOsC's action plan.

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

- a. It was confirmed that the comments made by members at the September 2024 Council Strategy Day had been taken into account.
- b. Members were advised that the Executive are working with the Institute of Osteopathy considering ways of explaining and clarifying the roles of the organisations including if a statement is the correct approach.
- c. Council Member, Simeon London, informed the meeting that he had attended the Scotland Roadshow event which took place in Stirling on 20 September 2024 which included a successful activity about the responsibilities of the iO and the GOsC. It was also highlighted that in discussion at Council, the steps required to be taken in the short-term are being addressed in order to allay some of the negative perceptions highlighted in the survey.
- d. Members were informed that although the survey demonstrated that the perceptions held by osteopaths were negative, those held by the public in terms of osteopathy being a regulated profession were positive (as shown in the YouGov Patient Satisfaction survey). It was unknown whether public perceptions were the same for other regulators.
- e. Members expressed concern at the outcome of the survey and that the specific areas on the functions of the GOsC must be addressed.

- f. It was noted that members who were involved with a number of osteopathic forums and online platforms also experienced negativity towards the GOsC. It was suggested that the January 2025 PEC Development Day might focus on the ambassadorial role of Committee (and Council) members.
- g. It was commented that adoption of negative beliefs about the regulator begin at student level and this should be targeted in order to educate and build trust at an early stage and also to make this a part of the educator's learning. It was also suggested that to mitigate the negative perceptions and subsequent impact at the earliest stages of student education; that GOPRE, the annual reporting process and RQ requirements could include elements to demonstrate how an understanding of the GOsC and its role are being introduced as a definitive requirement.
- h. It was agreed that the feedback from the Committee would be considered by Council.

15. In summary the Chair:

- Noted the importance of the educators in influencing the perceptions of students.
- The feedback had been very useful and in line with Council's considerations.

Noted: The Committee considered the content of the report and provided feedback on next steps

The following agenda items 6 – 8 were introduced by Paul Stern, Senior Policy Officer.

Item 6: Artificial intelligence and implications for osteopathic regulation

- 16. The purpose of the item was to update the Committee on the engagement undertaken on Artificial Intelligence (AI) since the June 2024 PEC meeting.
- 17. The key messages and following points were highlighted:
 - a. The purpose of the paper was to update the Committee on work that has been undertaken to develop further understanding of issues in AI since the June meeting.
 - b. There has been engagement with other regulators, with colleagues across different functions in GOsC and with Osteopathic Education Institutions (OEIs).
 - c. Discussions with other regulators has helped to understand approaches and thinking about benefits, risks and risk mitigations and how the regulators need to work together to ensure a collaborative, consistent approach to regulation in this area.

- d. It is planned to continue to build knowledge in this space through continuing to engage with regulators; explore in more detail OEIs' approaches to the use of AI in osteopathic education; and to seek patients' views on the use of AI in osteopathy.

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

- a. It was agreed that the benefits of AI outweighed the envisaged/perceived risks for education and osteopaths in practice. The work undertaken by the Executive to date was welcomed.
- b. Concerns about potential disparity between OEIs in how students are supported to use AI and the regulation of its use in training due to the diversity of the institutions
- c. It was asked at what point would the GOsC need to engage external expertise to inform the GOsC's thinking in this area given limited expertise of the Executive and members in this area.
- d. It was advised that a sense of proportionality must be maintained when considering the implementation of AI and related technologies and administrative capacity.
- e. It was suggested a statement was needed to be clear that educators and practitioners would be responsible for the output of AI systems in addition to the need to provide basic education on bias. Risks discussed were:
 - the widening gap between the OEIs and their ability to maintain their administrative and regulatory responsibilities;
 - the widening skills gap between students in their use of AI;
 - the use of AI in the clinical setting;
 - the impact of AI on evidence-based considerations and standards.
- f. Members emphasised the need for consideration on the impact of AI and how it might influence and inform better regulation. The technology could also be used in-house for improving the efficiency of processes as well as having possibilities in the fitness to practise process and other regulatory settings.
- g. A point was also made that the standards are clear about decision making responsibility but with advancements in AI, this may need to be made clearer in future versions of the standards.
- h. It was suggested that the opinions of osteopathic practitioners should also be considered, as well as educators, in the move towards approaches and developments in regulation around the adoption of new technologies and AI.

- i. In considering AI and regulation it was asked what questions does the Regulator need to answer in order to address the issues? This would help to clarify GOSC's responsibility in this area. It was agreed that the questions needed to be clarified and this would be more clearly put in the next paper, but that the starting point is patient safety.
- j. It was also acknowledged that there are economic drivers for the uptake of AI and the risk that this could present to patients and GOSC's role. Consideration needs to be given to how OEIs can be supported to maintain academic integrity and ensuring that students entering into practice are safe practitioners and have the skills and competencies that will be required by osteopaths in the use of new technologies
- k. It was suggested that in looking to the future ensuring practitioners understood AI and its implications should be given consideration. It was added that all within the profession should be working from the same professional baseline to avoid inequalities, understand the risks and benefits to education, students and the wider regulatory framework.
- l. The feedback and questions raised in discussion were welcomed by the Executive and would be addressed in the next report to the Committee which would include consideration of the standards.

Noted: The Committee considered stakeholder views on the use of AI in osteopathic practice and implications for the GOSC approach to regulation.

Noted: The Committee noted the next steps.

Item 7: Evaluation of the patient involvement forum

- 19. The item considered the work of the GOSC's patient involvement forum and the next steps to improve engagement with patients.
- 20. The key issues and following points were highlighted:
 - a. Improvements have been sought to the way engagement is conducted with patients and have built up the patient involvement forum over the past four years, using it to ensure that patient input is central to informing the work undertaken as regulator.
 - b. An evaluation was undertaken on the work of the GOSC's patient involvement forum considering the experiences of GOSC staff and members of the forum.
 - c. The forum has had a significant positive impact on the work of GOSC and forum members are positive about their experience of being a member of the forum, although areas have also been identified where improvements can be made.

A number of actions have been identified to address some of the feedback received. The information would also be used to reflect on the strategic development of the patient voice.

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

- a. It was noted from the survey that 10% of the forum were public members and not patients and this was viewed as a positive position. It was asked if there were plans to broaden the base and include more public members. Members were advised that not all members of the forum were patients of osteopathy and might be patients of other health professions. It was agreed the membership could be widened to include more non-patient members.
- b. It was suggested that, as the forum members may not be aware of their impact, that a feedback loop might be developed to ensure transparency of the impact and outcome of engagement for members of the forum.
- c. In response to the question on whether forum members have been asked about issues they would like the GOsC to explore, it was explained that the Executive is looking to arrange a day with the group to consider questions or issues they might wish to raise and put forward. It was noted the feedback the group had provided into issues concerning EDI.
- d. The growth of the group was acknowledged, from 3 to 35 members. It was explained that following the evaluation, questions around how the forum was managed and monitored would be considered. Members chose to be involved in a number of ways including on-line and in-person meetings and by completing surveys.

Noted: The Committee considered and provided feedback on the Evaluation of the Patient Involvement Forum Report attached at [Annex A](#).

Agreed: The Committee agreed to publish the Evaluation of the Patient Involvement Forum Report.

Agreed: The Committee agreed the approach to the next steps identified in paragraphs 24 to 27 of the report.

Item 8: Recognition of Professional Qualifications

22. The purpose of the item was to update the Committee on the work being done to explore improvements to the portability of UK qualifications within the EU and internationally.

23. The key messages and following points were highlighted:

- a. In Autumn 2023, the Council of Osteopathic Education Institutions (COEI) raised concerns with the GOsC regarding the impact of Brexit on the number of EU students coming to study osteopathy in the UK. In particular they raised

concerns about the impact of Brexit on the portability of UK qualifications for European students when returning to their home country.

- b. In March 2024, the PEC was presented with a paper outlining the post Brexit commitments between the EU/EEA and the UK on the recognition of professional qualifications. The paper noted that whilst some agreements have been put in place, they do not put back the system previously in place when a member of the EU. The paper set out the proposal to meet with EU regulators/professional bodies to try to improve the GOSC's understanding of their treatment of UK qualifications and explore issues around portability.
- c. In May 2024, the issue of recognition of professional qualifications and the approach to engaging internationally was presented to Council. It was agreed that given broader issues around workforce in the sector, there was value in re-engaging with international counterparts to raise awareness of the GOSC standards and to explore matters related to the recognition of each other's qualifications.
- d. As part of the move to strengthening links with overseas partners, the GOSC Chair was attending the Osteopathy Europe Conference in Luxembourg and the Chief Executive would be attending the Osteopathy International Alliance Conference in Sydney, Australia.

24. The following points were made and responded to:

- a. It was noted that there has been engagement with France and Italy. It was suggested that contact might be made with European countries where osteopathy is regulated. It was explained that Italy is just setting its own regulatory framework and the aim is to understand the approach they will take to UK qualifications in that development. The Executive are waiting for a response from France. Other countries will be approached in due course.
- b. In response to the suggestion that mutual recognition with Italy might be a way to achieve wider European recognition, it was explained that the UK did not have mutual recognition while a member of the European Union. Therefore each qualification was recognised on an individual basis, where if the qualification was the same, the qualification should be recognised. Where there was a substantial difference then a period of adaption or an aptitude test would need to be undertaken. Each country within the Union has its own regulatory framework, therefore access to the wider EU through mutual recognition is not viable.
- c. In response to a question whether there was any value in considering a combined approach to EU recognition with other UK health regulators, it was explained that this was unlikely and that the other regulators have different approaches to EU access with mutual recognition remaining established for some health professions.

- d. It was noted that mutual recognition was a 'nice to have' but there are issues around the movement of workforce and this pushes the boundaries of the GOsC's scope. Could this be an initiative taken up by another osteopathic stakeholder supported by the information GOsC is gathering. The points were noted but given the recent concerns about workforce and sustainability, Council advocated the re-establishing international links as sustainability issues impact on our remit as an organisation. There remain questions regarding mutual recognition, sustainability and ethics which are yet to be considered, understood and addressed.

Noted: The Committee noted the progress on our work on recognition of professional qualifications.

Item 9: The British College of Naturopathy and Osteopathy (BCNO) – RQ Specification update for new course: Visitor Approval

25. Professor Ray Playford declared an interest and left the meeting for the duration of the discussion.
26. The Head of Policy and Education introduced the item which sought the Committee's agreement for the updated Review Specification and appointment of the visitors for the BCNO Group's Recognised Qualification Review.
27. The key messages and following points were highlighted:
- a. The paper asked the Committee to approve the updated review specification for the next BCNO RQ visit to take into account year-ones being taught again at Maidstone.
 - b. The paper also sought the approval of the visitors.
 - c. The visit is scheduled to take place on Tuesday 18 February – Thursday 20 February 2025.
28. The Committee had no questions or comments and agreed the recommendations as presented.

Agreed: The Committee agreed the updated review specification.

Agreed: The Committee agreed the appointment of Brian McKenna, Phil Stephenson and Stephen Hartshorn for review of:

- **Masters in Osteopathy (M.Ost)**
- **BSc (Hons) Osteopathy (modified attendance)**
- **BSc (Hons) Osteopathic Medicine**
- **Master of Osteopathy and BSc (Hons) Osteopathy, (validated by Buckinghamshire New University (BNU) awarded by the ESO)**

- **Masters in Osteopathy (M.Ost) and Bachelors in Osteopathic Medicine (B.OstMed), (validated by University of Plymouth (UoP) awarded by BCOM)**

Item 10: Update from Observers

29. There were no updates presented from the observers with speaking rights.

Noted: The Committee noted there were no updates of the Observers with Speaking Rights.

Item 11: Any other business

30. There was no other business.

Date of the next meeting:

- **Policy and Education Committee Training / Development Day Thursday 23 January 2025**
- **Policy and Education Committee Meeting, 10.00 Thursday, 6 March 2025**