



**Policy Advisory Committee**

**8 June 2017**

**Annual report of the Policy Advisory Committee 2016-17**

<b>Classification</b>	Public
<b>Purpose</b>	For decision
<b>Issue</b>	The Annual Report to Council of the Policy Advisory Committee which will be presented to Council at its meeting on 18 July 2017.
<b>Recommendation</b>	To agree the Annual Report to Council for 2016-17.
<b>Financial and resourcing implications</b>	An estimate of the cost of the committee and its work is included in the paper.
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	None
<b>Annexes</b>	None
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## Annual Report of the Policy Advisory Committee 2016-17

### *Introduction*

1. The role of the Policy Advisory Committee (the Committee) is to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.
2. The Committee performs the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also has a key role to give advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the Osteopaths Act 1993).
3. The terms of reference of the Committee can be found at the end of the report.

### *Membership*

4. The Committee consists of five members of Council and four external appointed members. In 2016-17 there was also one co-opted member. The members of the Committee are listed at paragraph 38 below.
5. In addition, the member organisations of the Osteopathic Development Group are invited to send an observer with speaking rights to each meeting. Observers may not take part in any part of the meeting where the business is that reserved to the Statutory Education Committee.
6. The Policy Advisory Committee met three times during the period under review – in June 2016, October 2016, and March 2017. This report summarises the work of the Committee. Full minutes of all the meetings have already been reported to the Council.

### *Quality assurance of 'Recognised Qualifications'*

7. During the course of the year, as part of our active approach to advising the Council about the recognition of qualifications, qualification change notifications and ensuring standards, the Committee considered in relation to all osteopathic educational institutions (OEIs) the following:

<b>Activity</b>	<b>June 2016</b>	<b>October 2016</b>	<b>March 2017</b>
Agreement to RQ specifications (including new RQs, renewal of RQs and monitoring visits)		Two OEIs	
Appointment of Education Visitors	One OEI		

<b>Activity</b>	<b>June 2016</b>	<b>October 2016</b>	<b>March 2017</b>
Consideration of Education Visitor RQ report (including new RQs, renewal of RQs and monitoring visits)		Two OEIs	One OEI
RQ change notifications and consideration of reports and evidence submitted in relation to general and specific conditions	One OEI	One OEI	
Consideration of annual report analysis (including external examiner reports and internal annual monitoring reports and information about student fitness to practise.)	Six OEIs	Two OEIs	Eight OEIs
Course closure reports	Two OEIs	Two OEIs	

### *Course Closures*

8. The final update on the course closure for Oxford Brookes University was presented to the Committee at the meeting in June, and the last cohort of students graduated in summer 2016. The Committee thanked staff and students for their commitment to the provision of high quality patient care and osteopathic education throughout the period of the course closure.
9. Leeds Metropolitan University is continuing with its planned course closure and the Committee will continue to monitor the maintenance of standards in this institution through regular reporting and updates on the closure plan.

### *University of St Mark and St John (MARJON) – Initial Recognition of Recognised Qualification (RQ)*

10. The initial recognition of RQ was agreed for recommendation to Council after a full and detailed discussion at the meeting in March. Members were given assurances that based on discussions and analysis of the QAA Report the institution could meet the requirements to run the Master of Osteopathy full and part-time courses.

### *Quality Assurance Review*

11. In March the Committee considered and agreed the scope of the Quality Assurance Review to inform the continuous improvement of the GOsC's approach to the quality assurance of osteopathic education. A number of suggestions for strengthening the approach were made including:

- a. The timing and flexibility of RQ visits
  - b. Contribution of observations to the RQ process
  - c. Joining up the elements of the process – monitoring, annual reporting and five yearly visits.
12. The Committee also discussed the Teaching Excellence Framework (TEF) and its impact on the OEIs and how the framework could be useful in terms of annual returns indicating how institutions manage their provision.

#### *Removal of Recognised Qualification (RQ) expiry dates*

13. The removal of Recognised Qualification expiry dates was considered by the Committee in June, a proposal which would allow for more flexibility on the timings of visits to OEIs. The idea was supported as an early stage proposal but there was some concern about the impact on the cycle of reviews, quality of work and risk. It was agreed that negotiation between the GOsC and the OEIs, taking into account the needs of the organisation, as to when a review might take place could allow flexibility in the timespan of reviews.

#### *Registration assessments*

14. The Committee received an update in October on training, appraisal and recruitment of visitors and assessors, and other mechanisms to ensure that the GOsC maintain and enhance the effectiveness of the registration process. The update highlighted the following:
- a. Since April 2016 a total of 26 assessments had taken place
  - b. The focus on communication and feedback and how this can be improved
  - c. The introduction of a quarterly registration assessor newsletter in September 2016
  - d. The introduction of a case bank of best practice
  - e. Future training with topics including EU directives, registration criteria and standards setting.

#### *Registration Assessment Review*

15. At the March meeting the Committee considered the planning and initial thinking associated with a review of elements of the registration assessment process including mutual recognition of qualifications/regulated professionals.
16. The Committee agreed that the fees paid to Assessors should be commensurate to the work undertaken and that the review was timely.
17. The Committee was advised that there was further work to be completed relating to mutual recognition but it was confirmed that there were policies in place in New Zealand and Australia for accelerated pathways for UK graduates.

### *Review of the Osteopathic Practice Standards*

18. The Committee were given detailed reports in June, October 2016 and March 2017, on the progress the review of the current *Osteopathic Practice Standards*, published in 2012. The review timetable remains on track with publication expected in spring 2018 and be effective from September 2019.
19. It has been stressed during discussions that the review project should not be regarded as new initiative but an opportunity to enhance clarity and remove areas of ambiguity which currently exist and which were highlighted in the feedback analysis.
20. During the year the review has prompted significant and in-depth discussion by the Committee including:
  - a. The distinction between 'guidance' and 'resources'
  - b. The inclusion of Osteopathic principles and philosophy in the standards.
  - c. The timeline between the OPS and the implementation of the CPD scheme.
21. There has been one meeting of the OPS Stakeholder Reference Group, chaired by Jane Fox. The meeting has had a high degree of engagement from the stakeholders.

### *Continuing professional development (CPD)*

22. The Committee was given detailed progress reports on the new CPD Scheme at their meetings in June, October 2016 and March 2017. The scheme, designed to focus on themes of engagement, support and community, with significant importance placed on peer review through local/regional groups, the OEIs or other stakeholder groups, is on track to come into effect in autumn 2018.
23. Recruitment of early adopters of the new CPD scheme has been successful and the evaluation of the scheme by the early adopters has proved invaluable in giving a clear picture and map of how the CPD scheme is evolving and areas for consideration such as registrants working in isolation and the lack of opportunity to discuss and practise CPD with colleagues.
24. A number of successful webinars have been undertaken to discuss the scheme as well as regional sessions around the UK.
25. The Committee also considered and commented on the Legislation Consultation which had been agreed with the Department of Health including the timetable for the changes.

*Common classification system for recording and monitoring concerns about osteopathic practice*

26. At the meeting of June 2016 the analysis of data collected annually between 2013 and 2015 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths was discussed.
27. The primary purpose of the exercise was to find the reasons why patients make complaints and to focus on and improve areas of poor practice, such as registrants' soft-skills. Also discussed was a review of the collaborative action undertaken by the GOsC, the Institute of Osteopathy (iO) and principal providers of osteopathic indemnity insurance.

*Health and Disability and Student Fitness to Practise Guidance*

28. Consultations have taken place on Student Fitness to Practise Guidance and the Health and Disability Guidance. Useful feedback had been received on both including from the PSA on the Student Fitness to Practise Guidance. The Committee agreed to the publication of both documents.

*Values, standards and regulation*

29. The Committee considered and supported the initiative and approach being taken by the GOsC in exploring the relationship between values and the implementation of standards. The work being undertaken in partnership with the General Dental Council (GDC) will contribute to understanding the impact of the development of learning resources on registrant behaviour and patient feedback/outcomes.

*Research into boundaries*

30. The Committee considered and supported a proposal for the development of research into boundaries which would look at the challenges the profession faces within an environment with uses touch. The research would focus on communications and how patient and practitioner understanding could be better supported. The work will be conducted in collaboration with the General Chiropractic Council.

*Voluntary Removal Policy*

31. A draft Voluntary Removal Policy was agreed for Council's approval for consultation at the meeting in June. The policy formalised the decision making process the Registrar undertakes when an osteopath requests to be removed from the Register. The policy sets out how the process differed depending on whether the osteopath has current fitness to practise proceedings at the point when they make an application for removal and clarified the principles the Registrar takes into account in making decisions.

### *Complaints and Hearings Guidance for Registrants*

32. The Committee considered draft Complaints and Hearings Guidance for Registrants at the meeting in October. The guidance was developed as part of a range of support tools to assist osteopaths under investigation in fitness to practise procedures.

### *Rule 8 Practice Note*

33. The Committee discussed and agreed in March, the modified draft Rule 8 Practice Note which provides a framework for decision making focusing on the GOsC's overarching objective to protect the public and would assist the fitness to practise committees to dispose of appropriate cases proportionately. The Chair alone would decide if a case would be appropriate to be dealt with under Rule 8. Also the suitability criteria would be removed and failure to practise without insurance would be disposed of through the new more streamlined approach.

### *Indicative Sanctions Guidance*

34. The approach, rationale and timeframe for updating the Indicative Sanctions Guidance were considered by the Committee in October and March. The guidance is an essential document used in fitness to practise committees when making decisions on what sanctions to impose and required updating as there had been some significant developments in regulation.
35. A number of pre-consultation engagements were planned with stakeholders including the fitness to practise committees, and the Fitness to Practise Forum.

### *Fitness to Practice data Analysis*

36. The details and findings from the analysis of data about individuals involved in fitness to practice proceedings was considered by the Committee in March. Key observations from the small sample group for research were:
  - a. A significant over-representation of male osteopaths at both investigation stage and PCC findings.
  - b. The majority of those investigated or subject to sanction were middle to late career registrants.
  - c. There was a slight over-representation of more mature graduates. It was suggested that the reasons might be that this group might face difficulties because they were less open to change and new ways of thinking than younger graduates.
  - d. More research should be undertaken to learn whether the individuals are sole practitioners and the type of practice they operate from.

### *Policy Advisory Committee – first year evaluation*

37. Members were invited to give their feedback and reflection on the first year of the Policy Advisory Committee. The feedback formed the basis of a report to

Council which took place in May. Initial findings were that the Committee had been effective and that the participation of the observers with speaking rights was a welcome addition to the work of the Committee.

*Membership*

38. During the period April 2016 to March 2017 the Policy Advisory Committee membership comprised:

<b>Name</b>	<b>Member details</b>	<b>Meetings attended</b>
John Chaffey	Council registrant member	3/3
Dr Jane Fox	External lay member	3/3
Dr Bill Gunnyeon (Chair)	Council lay member	3/3
Professor Bernadette Griffin	External lay member	3/3
Dr Joan Martin	Council lay member	3/3
Kenneth McLean	Council registrant member	3/3
Robert McCoy	External registrant member	3/3
Manoj Mehta	Co-opted registrant member	3/3
Liam Stapleton	External lay member	2/3
Alison White	Council lay member	2/3

39. Members' allowances and expenses for the Committee in 2016-17 were £12,875.

40. Thanks are given to the following members of the Committee whose terms came to an end at 31 March 2017:

- Jane Fox
- Bernardette Griffin
- Kenneth McLean
- Rob McCoy
- Manoj Mehta
- Liam Stapleton



## **Terms of reference of the Policy Advisory Committee**

The role of the Policy Advisory Committee is to contribute to the development of Council policy. To do this it will:

- a. Advise Council on all matters of policy including:
  - i. The standards required for initial registration and appropriate means for assessing those standards.
  - ii. On all matters relating to pre-registration education and training of osteopaths, including the standards of osteopathic practice required for registration.
  - iii. Post-registration education and training, including the requirements for ensuring osteopaths remain fit to practise.
  - iv. The management, investigation and adjudication of concerns about the fitness to practise of registrants.
  - v. Matters relating to the exercise of powers under section 32 of the act (protection of title).
  - vi. The development of the osteopathic profession.
  - vii. Measures to encourage research and research dissemination within the osteopathic profession.
  - viii. Any research needs to support the GOsC's work.
- b. Take into account the decisions of fitness to practise committees, information from the PSA and other relevant sources, and external legal or other requirements.
- c. Ensure that policy development has been informed by effective engagement with the full range of the GOsC's stakeholders.
- d. Make an annual report for Council on the work of the Committee.

The Committee will also undertake the statutory functions that are reserved to the Education Committee, which are to:

- a. Advise Council on the recognition of qualifications in accordance with section 14(6) of the Act.
- b. Appoint and manage the performance of visitors to conduct the evaluation of courses under section 12 of the Act.
- c. Advise Council on matters relating to the withdrawal of recognition of a qualification in accordance with sections 16(1) and 18(5) of the Act.

- d. Exercise powers to require information from osteopathic educational institutions in connection with its statutory functions in accordance with Section 18 of the Act.