



## Policy Advisory Committee

Minutes of the 10<sup>th</sup> meeting of the Policy Advisory Committee – Public (and also the 90<sup>th</sup> statutory Education Committee) held on Wednesday 13<sup>th</sup> March 2019, at Osteopathy House, 176 Tower Bridge Road, SE1 3LU

### *Unconfirmed*

Chair: Dr Bill Gunnyeon

Present: John Chaffey  
Bob Davies  
Elizabeth Elander  
Professor Raymond Playford  
Alison White  
Nick Woodhead

Observers with speaking rights: Professor Dawn Carnes, Director, National Council for Osteopathic Research (NCOR)  
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)

In attendance: Steven Bettles, Professional Standards, Policy Manager  
Christine Bevan, the Quality Assurance Agency (QAA)  
Fiona Browne, Director of Education, Standards and Development  
Kabir Kareem, Quality Assurance Liaison Officer  
Sheleen McCormack, Director of Fitness to Practise  
Leonie Milliner, Chief Executive and Registrar  
Matthew Redford, Director of Registration and Resources  
Marcia Scott, Council and Executive Support Officer

Observer: Daniel Bailey, Registrant

### **Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting. A special welcome was extended to Leonie Milliner, the GOsC's new Chief Executive and Registrar, who joined the organisation on 4 March, and to Kabir Kareem appointed as Quality Assurance Liaison Officer in November 2018.
2. Also welcomed were the Observers with speaking rights, Maurice Cheng and Dawn Carnes, Christine Bevan of the QAA, and Daniel Bailey.
3. Apologies were received from Dr Marvelle Brown, Dr Joan Martin, Nadine Hobson, Fiona Hamilton, and Dr Stacey Clift, Professional Standards Policy Officer.

4. Participants were reminded that they must declare any interest for any relevant agenda items requiring a decision or noting. Where an item required a decision, participants/observers would normally be asked to leave proceedings for the duration of the discussion to be recalled at the discussion's conclusion if there was a conflict. Where an item was for noting members and observers would also need to declare their interest, although conflicts were less likely in this case.
5. Observers were asked to note that where items relating to the statutory duties of the Committee, usually relating to osteopathic education institutions (OEIs), were to be discussed or noted these items were reserved and observers would not take part.
6. The Chair informed the Committee and Observers that following discussion with the Executive it had been agreed, due to the potentially sensitive nature of the issues relating to the institutions, the following public items would be considered in private session alongside private items related to these same institutions. In relation to Items 4 and 5, these would be considered in conjunction with their respective Annual Reports:
  - Item 4. European School of Osteopathy – Renewal of Recognised Qualification
  - Item 5. London College of Osteopathic Medicine – Renewal of Recognised Qualification.
  - Item 8. Reissuing of recognised qualifications (expiry dates) for osteopathic educational institutions

## **Item 2: Minutes and matters arising**

7. The minutes of the ninth meeting of the Policy Advisory Committee, 18 October 2018, were agreed as a correct record.

## **Matters arising**

8. It was confirmed that the draft policy document referenced at Item 7: Registration Assessor and Education Visitor – length of Service, had been deferred due to the number of discussion items listed for the March 2019 agenda. The item would be presented to the Committee at its meeting in June.

## **Item 3: Osteopathic Practice Standards implementation evaluation**

9. The Policy Manager introduced the item which concerned the evaluation of the implementation of the updated Osteopathic Practice Standards (OPS).
10. The following points were highlighted:
  - a. The proposed strategy for evaluating the impact of the OPS would be made as wide reaching as possible so as to build a comprehensive set of data. The stakeholders include:
    - Osteopaths

- Educational institutions and educators
- Students
- CPD providers
- Fitness to practice committees
- Patients

b. The Committee was invited to consider whether anything has been missed. For example, were there any other evaluation measures in relation to stakeholders or additional behaviours would be expected to be demonstrated by stakeholders in relation to the implementation of standards? How might these be evidenced?

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

- a. It was suggested that it would be useful to know the time it takes to complete the details relating to CPD. It would be useful parameter if a way to capture the data could developed. It was also suggested that it would be important to capture evidence of reflective practise.
- b. The introduction of the updated OPS would not be a complex issue for the education institutions in relation to mapping curricula as this was an exercise which is already underway. It was added that as that as part of the Osteopathic Development Group programmes it had been agreed to undertake a competency mapping exercise up to the point of registration for which the data could help to inform the OPS evaluation.
- c. Members liked the idea for a Society of Educators recognising that this engagement would be beneficial in developing contact with osteopathic educators involved with the day-to-day delivery of osteopathic education and moving beyond the meetings with senior management. It was commented that one of the key reasons for developing engagement with educators was to build on their role in bringing the OPS to students which is filtered down through them. The Society of Educators could help to develop an understanding of how the standards are embodied and disseminated at an institutional level by module leaders, module co-ordinators, lecturers and tutors and how this informs the values of the institution.
- d. It was suggested it would be useful to extract out what CPD is trying to do with a set of key performance indicators explaining how the indicators are being measured and how the data would be presented in the future.
- e. It was suggested that at paragraph 6, in addition to points a, b and c an additional point might be added on professional credibility and how the osteopathic profession is perceived by others within health professions. Consideration could be given to how to measure a baseline and changes to that over time.

- f. It was suggested that in terms of information technology highlighted at points 4 and 5 of the table NCOR and other stakeholders could contribute data to feed into the evaluation on engagement and the how resources are being used by the profession. In relation to paragraph 42 it was suggested that the point relating to NCOR be amended to read 'NCOR Concerns, Complaints and Patient Reported Outcome Measures (PROMs) and also 'complaints made by patients to Osteopathic Education Institutions. NCOR too could provide data about reaction to publications including mentions, engagement with websites and social media reach and perhaps also other organisations. It was possible that NCOR may also be able to provide data about PROMs at particular moments in time which may demonstrate changes to outcomes, perhaps as the new OPS and the new CPD scheme come into force.
- g. It was suggested that consideration could be given to thinking about skills that were required for emerging roles in the NHS, areas which may not be in the OPS currently, but which may be important to measure.
- h. It was noted that in the recent e-bulletin the methodology for recording CPD was at the discretion of the registrant. It was suggested that perhaps consideration could be given to building into the standard processes a system of ongoing measurement so enabling a snapshot at any time by using technology and that this thinking could be considered as part of a future strategy.
- i. It was commented that there was less focus on post-registration and an area with which the GOsC could be more proactive looking to the future, considering capacity building and definition of what good looks like in terms of post-graduate course provision and quality standards.
- j. It was suggested that consideration should be given to the extent to which the GOsC can access and encourage generic feedback from patients on a live basis. It was pointed out that it has been shown that patients are keen to give feed-back but the challenge was in developing a way to do so. It was suggested that the NCOR PROMs data could provide some of this information and that snapshots over time could be provided.
- k. It was suggested that to find out whether enough or the correct areas were being measured whether a map against each clause of the OPS might be a possible way forward. For example, the bureaucratic barriers that may prevent more collaborative working with other professions. Although not all areas could be measured mapping might highlight additional areas.
- l. Concerns were also raised by the Committee concerning the sufficiency of resources including the impact on staff. It was agreed that there must be proportionality and balance in undertaking projects and project strands. If it became clear additional resources might be required this would be raised for consideration by Council. It was pointed out that the OPS Evaluation would

benefit a number of areas such as the CPD Scheme and engaging with educators.

- m. Members were informed that the engagement with registrants and osteopathic groups has been positive. Visits and talks have been well received and appreciated. It was also highlighted negative comments via social media (Twitter, Facebook) have been responded to directly clarifying errors or misunderstandings.
- n. It was reported that a meeting had been held with Professor Gerry McGivern who has been given funding to follow up on his work published in 2015: *Exploring and explaining the dynamics of osteopathic regulation, professionalism and compliance with standards of practice*. His work has been integral to the development of the CPD Scheme and it is hoped that the new follow up research will also contribute to an understanding about how the new standards are being implemented.
- o. Members were informed that there was no defined endpoint for the evaluation but the Committee would be updated on a regular basis.

**Noted:** The Committee considered the approach outlined in relation to the evaluation of the implementation of the updated Osteopathic Practice Standards.

#### **Item 4: European School of Osteopathy (ESO) – Renewal of Recognised Qualification (RQ)**

12. This item was deferred to private session.

#### **Item 5: London College of Osteopathic Medicine (LCOM) – Renewal of Recognised Qualification**

13. This item was deferred to private session.

#### **Item 6: London School of Osteopathy (LSO) – Renewal of Recognised Qualification**

- 14. Elizabeth Elander declared an interest and left the meeting for the duration of the discussion.
- 15. The Quality Assurance Liaison Officer introduced the item which concerned the London School of Osteopathy which is seeking renewal of its current Recognised Qualification for:
  - a. Master of Osteopathy
  - b. Bachelor of Osteopathy (Hons.)
- 16. The following points were highlighted:

- a. The Visitors recommendation was for approval of the Renewal of the Recognised Qualification without specific conditions.
- b. The Visitors Report highlighted areas for development as described in the Executives' report to the Committee.
- c. Areas of strengths included:
  - Extensive and responsive feedback mechanisms
  - Embedding of patient values
  - Focus on developing students as autonomous learners

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

- a. Members commented that the report was very impressive.
- b. Members were advised that a plan was being developed to follow-up on areas which Education Visitors have highlighted as 'areas for development'. It was explained that there had been gap in the QAA/GOsC Handbook in which 'conditions' and serious issues are monitored. It has been agreed that overtime all 'areas for development' will be monitored as part of the Annual Report analysis and follow up and as shown at paragraph 75 of the QAA/GOsC Handbook to be approved by the Committee.

**Agreed:** The Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognise the Master of Osteopathy and Bachelor of Osteopathy (Hons.) awarded by the London School of Osteopathy from 1 September 2019 until 30 August 2024 subject to the general conditions outlined in paragraph 16.

### **Item 7: Plymouth Marjon University – Recognised Qualification specification for renewal of recognition of qualification**

18. The Quality Assurance Liaison Officer introduced the item which concerned the review specification for the renewal of the Recognised Qualification at the Plymouth Marjon University.
19. The following points were highlighted:
  - a. The first cohort of students were admitted in 2017 and full-time students are expected to graduate in 2021 therefore a Visit is required before graduation.
  - b. It is suggested that the RQ visit takes place in early 2020 by which time the teaching clinic will have been in operation for 3-4 months.
  - c. The Visitors will be required to follow up on four outstanding conditions from the initial recognition visit in 2016 and also to explore:
    - Clinical provision and service level agreements

- The process for treating patients off-site
- The recruitment and training of specialist staff

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

- Members asked if, in a worst-case scenario situation, there was a contingency plan if the course were to close. It was explained that a condition for registration with the Office for Students is that institutions are required to develop a Student Protection Plan. With a plan in place to mitigate against the risk the GOsC do not have to specify in its conditions but it was agreed a valid point that should be systematically addressed with all institutions perhaps as part of the Annual Reporting process.
- Members were assured by the progress of the institution demonstrated by the number of students, monitoring of placements and exposure to osteopathic educators.
- Matters arising from the annual report analysis were incorporated into the review specification.

**Agreed:** The Committee agreed the review specification for the Plymouth Marjon University Recognised Qualification review.

### **Item 8: QAA/GOsC Handbook and the reissuing of recognised qualifications for osteopathic educational institutions**

- It was agreed that the discussion relating to the osteopathic education institutions' eligibility for the removal of their expiry date for their 'recognised qualification' (RQ) should be conducted in private.
- John Chaffey, Bob Davies, Elizabeth Elander and Nick Woodhead all declared interests and would leave the meeting at the appropriate part of the discussion.
- The Director of Education, Standards and Development introduced the item which concerned the agreement of the QAA/GOsC Handbook.
- The following points were highlighted:
  - Discussion on the removal of expiry dates from Recognised Qualifications have been ongoing for approximately three years.
  - The Osteopaths Act 1993 gives the power to impose expiry dates on Recognised Qualification. Currently we use this power to impose an expiry date of five years, unless there are concerns with a course or it is a new course in which case the expiry date is for a shorter period of time.
  - Due to the statutory processes for recognition and approval, including the requirement for Privy Council approval, an RQ Visit must take place at least one year before it expires meaning it can very difficult to align with the academic timelines and needs of the educational institutions.

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

- a. Members asked if an institution did not have an expiry date would the Committee have the power to impose one if it became necessary for an institution to be subject to more intense monitoring. It was explained that the Osteopaths Act 1993 allows the Committee to issue or remove an RQ and to attach expiry dates. The point of removing an expiry date is to enable the Committee more flexibility in monitoring. If the Committee do not renew an RQ by the expiry date there are implications for students so governance and process take precedence over the outcome the Committee are trying to achieve which is getting the information at the right time to inform decisions.

For an institution without an expiry date and at risk the conditions would become part of an action plan. If it became evident that the institution was in difficulty then the Committee could withdraw the RQ. But it was stressed that an expiry date is not required by the Committee to remove an RQ.

- b. Members asked if an institution is not given an RQ and the Committee is relying on Annual Reports and General Conditions are there other areas of monitoring related to a 'rolling' RQ? It was explained the Quality Assurance Policy outlined in the Handbook sets out a number of components which include:

- Annual Reports
- General Conditions triggers
- Visits
- Management of concerns
- Ongoing dialogue
- Sharing of good practice

The information is received by the Committee which considers the appropriate response. The removal of expiry dates would give the Committee flexibility in order to make the necessary decisions relating to providers.

- c. In response to the Committee's concerns around clarity of wording relating to paragraphs 11 and 12, indicating the circumstances when expiry dates might be removed or imposed, it was explained the wording allows the Committee discretion and flexibility when considering the RQs providers.
- d. It was suggested that to enable greater clarity, relating to the bullet points of paragraph 12 an amendment be made as follows:
- An existing provider without conditions **or**;
  - An existing provider with fulfilled conditions and with any other monitoring requirements **or**;



- An existing provider who is meeting all quality assurance requirements (providing required information on time) **or**;
- An existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan **and**;
- An existing provider engaging with the GOsC.

**Agreed:** The Committee agreed the QAA/GOsC Handbook.

**Item 9: Any other business**

26. The Chair thanked the Observers with speaking rights for completing the survey on seeking comments and feedback on their participation at meetings of the Policy Advisory Committee. The outcomes of the survey would be reviewed at the Committee's next meeting.

**Date of the next meeting:** 10.00 Wednesday 12 June 2019