

### Policy Advisory Committee

Minutes of the 13<sup>th</sup> Policy Advisory Committee – Public (and also the 93<sup>rd</sup> statutory Education Committee) held on Wednesday 9 October 2019 at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

*Confirmed*

Chair	Dr Bill Gunnyeon
Present:	Dr Marvelle Brown John Chaffey Bob Davies Elizabeth Elander Professor Raymond Playford Alison White
Observers with speaking rights:	Professor Dawn Carnes, Director, National Council for Osteopathic Research Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO) Dr Kerstin Rolfe, Council for Osteopathic Education Institutions (COEI)
In attendance:	Steven Bettles, Policy Manager, Professional Standards, Fiona Browne, Director of Education, Standards and Development Rachel Heatley, Senior Communications Officer, Engagement (Item 5) Kabir Kareem, Quality Assurance Liaison Officer (QALO) Sheleen McCormack, Director, Fitness to Practise Liz Niman, Head of Communications and Engagement Matthew Redford, Acting Chief Executive and Registrar Marcia Scott, Council and Executive Support Officer
Observers:	Sarah Botterill, Lay member of Council Jo Clift, Board Member, the Institute of Osteopathy

#### Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to observers Sarah Botterill, Lay member of Council, Jo Clift, Board member of the Institute of Osteopathy, and to Matthew Redford in his role as Acting Chief Executive and Registrar.

2. Apologies were received from Joan Martin, Nick Woodhead, Jo Green of the Quality Assurance Agency (QAA), Nadine Hobson of the Osteopathic Alliance, and Stacey Clift, Policy Officer, Professional Standards.
3. 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 with a conflict would normally be asked to leave proceedings for the duration of the discussion and would be recalled at the discussion's conclusion. Where an item was for noting members and observers would also need to declare their interest, although conflicts were less likely in this case.
4. 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.
5. The Committee was informed that the draft Professional Indemnity Insurance Guidance would be included as an additional item on the agenda for discussion to be taken after Item 6. The decision for amendments to be made to the guidance and its recirculation for comments had been agreed at the 12 June meeting. The Committee acknowledged receipt of the email and amended draft guidance sent by the Executive prior to the PAC which had attempted to address the issues raised at the June 2019. Further discussion would give members the opportunity to comment and give feedback if they had not already done so.

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

6. The minutes of the meeting held on Wednesday 12 June were agreed as a correct record.

## **Matters arising**

7. Item 6: Draft Practice Note on Professional Indemnity Insurance (PII): paragraph 20d and 20e): It was requested that Members consider those paragraphs of the June 2019 meeting when discussing the additional item concerning the draft guidance for PII:
8. Item 10: Annual Report of the Policy Advisory Committee (paragraph 30): The Acting Chief Executive informed the Committee that the breakdown of costs had been reported to Council at its meeting, 12 July.
9. Item 11: Primary Source Verification (paragraph 31): It was confirmed that the demonstration of the Primary Source Verification system could be considered for a future meeting but the system had been rolled out to the Osteopathic Education Institutions and was available for the GOsC to use for any international applications which might be received.

### **Item 3: Osteopathic Practice Standards (OPS) evaluation and implementation**

10. The Professional Standards Policy Manager introduced the item which gave an update on the implementation of the updated Osteopathic Practice Standards, the communications approach leading up to implementation and the next steps for evaluation.
11. The key aims of the communications activities were highlighted:
  - to ensure that osteopaths are aware of the updates
  - to encourage osteopaths to engage with the standards
  - to use the OPS as a framework for good practise
12. In discussion the following points were made and responded to:
  - a. It was noted that NCOR would be happy to share their data regarding engagement with the OPS related material on their website.
  - b. The value of the data collected from the OPS evaluation, the CPD evaluation and the NCOR complaints analysis were highlighted. It was suggested that a joined-up approach in using the data should be considered in order to maximise use of the resource for example being able to take into account the diversity/CPD profile of the osteopath. It was also asked whether the evaluation of the CPD which was being undertaken could provide, through the audit process, more quantifiable data which could be fed back into the evaluation process as a measure of its impact.
  - c. It was confirmed that data relating to complaints against individual osteopaths and their CPD were not linked and legislation stipulated that CPD could not be taken into account where fitness to practise complaints are being considered. It was agreed that the correlation and more objective quantification of data would be considered. It was noted that work was already being conducted looking at the diversity profile of registrants. It was added that to ensure the most benefit from a joined-up approach in evaluating and using data collected, some investment would be required.
  - d. Members were informed that use of webinars has proved very popular with nine to ten participants per session. The sessions are diverse covering a range of topics including case-based discussions and peer observation. Some of the osteopaths taking part in the webinar sessions do sign up to participate in different topics. A new series of webinars are being planned for the new year to cover objective activities.
  - e. It was explained that the Student Visits by the GOsC are offered to all Osteopathic Education Institutions (OEIs). Due to timetabling issues some institutions find it difficult to accept the offer of a visit but GOsC staff do attempt to visit as many schools as possible. It was noted that there is no

obligation for an OEI to host a visit. The Registration team organise visits to all fourth-year students who receive advice and information about registration and related processes. The Professional Standards Team try to visit as many first-year students as possible introducing them to the concepts of professionalism, standards, and regulation.

- f. It was suggested that using technology could be a way of overcoming the issues related to visiting students and the OEIs. It was explained there was a preference for face-to-face meetings offering the chance for direct engagement. It was understood that use of webinars and other methods of engagement were an option especially in reaching students at years two and three.
- g. Kerstin Rolfe, COEI, informed the Committee she would contact the institutions to encourage them to take up the offer of visits as they had proved very useful to the students at her institution.
- h. It was suggested that the proposed Association of Educators in Osteopathy could also be helpful in embedding some of the work being undertaken to implement the OPS.

**Noted:** The Committee noted the approach and activities outlined in relation to the implementation of the updated Osteopathic Practice Standards.

#### **Item 4: Review of Guidance for Osteopathic Pre-registration Education and Standards for Education (GOPRE)**

- 13. The Policy Manager introduced the item which outlined the review Guidance for Pre-registration Osteopathic Education and Standards for Education.
- 14. The following points were highlighted:
  - a. The proposal is for a two-year project with the aim to implement updated guidance from September 2021.
  - b. The review strategy will involve input from a Stakeholders Reference Group and draft Terms of Reference has been prepared.
- 15. In discussion the following points were made and responded to:
  - a. It was suggested that the review was timely with the introduction of the updated OPS and changes in thinking relating to boundaries and consent. It was also be noted that the 2015 QAA Benchmark statement is due to be updated.
  - b. It was suggested that the Stakeholders Reference Group should include representation from students, the OEIs, the Osteopathic Education Group (OEG) and wider representation from the profession itself. It was also suggested that representation from the NHS, Health Commissioners and first

contact practitioners to ensure that the review delivers on what is required of graduate by health care providers.

- c. It was pointed out that the current documentation referencing educational standards define what a safe osteopath looks like but not how a good osteopath should conduct themselves. It was suggested broadening the SRG remit to the wider community including the European schools to establish what can be defined as 'good' and develop competencies and shape opportunities in order to place osteopathic practitioners into first contact practitioner roles or into roles within the NHS.
- d. It was commented that in considering input from European schools it was important that those schools must be based in countries which have established osteopathic regulation. It was agreed that this should be taken into consideration but at present the standard of osteopathic education system in Europe was not uniform.
- e. It was noted that although diversity had been mentioned in the report there was no reference to equity. It was stressed that courses must demonstrate that they are as accessible as possible to all.
- f. An issue which required consideration by Council in light of the GOPRE review was whether to define 'scope of practise' and the clinical standards that should be achieved by students. It was acknowledged that although the issue is contentious in order to make any impact the discussion needs to take place. It was suggested that to be properly founded, the strategic direction for the review's Terms of Reference should come from Council. In response it was stated in considering 'scope of practise' the contention lay with the list of practises which osteopaths cannot undertake, and not what they could do.
- g. Members asked why it was difficult for osteopathic competencies to be listed as they are set out in the intended learning outcomes for modules and courses. It was explained that this is what COEI are attempting to do but not all OEIs are onboard in applying this. It was added that the Musculoskeletal Framework of Competencies published by the Health Education England (HEE) are clear in their expectations and unless these are met it would be difficult to achieve parity.
- h. The Director of Education pointed out that the GOsC, as a UK regulator, had to maintain a UK focus but noting the importance of HEE and the Office for Students (OfS). It was important to recognise that these were not the only audience and the consideration of the four devolved administrations and others must be taken into account in any new framework.
- i. In summary the Policy Manager explained that the current GOPRE guidance was a bridge between the Benchmark Statement and the OPS, ensuring that students meet the requirements of the standards at the end of their education. It was recognised there were limits to the guidance and

consideration needed to be given to the OEIs allowing them to meet the outcomes in their own way.

- j. The implementation of the timeline would be considered with OEIs to ensure they can meet the deadline of September 2021.

16. In summary the Chair noted that the Committee was in agreement that the review of the GOPRE guidance and the development of specific Standards for Osteopathic Education should be undertaken. In relation to the approach the issue of the Stakeholder Reference Group, how things are developed to allow osteopaths to move into NHS roles, and ensuring access to education is equitable required consideration. In relation to the Terms of Reference there were two issues:

- the quality of the standards being set.
- the provision of guidance on the minimum clinical standards to be achieved at the end of a course of education.

**Agreed:** The Committee agreed the approach and strategy for the review of the Guidance of Osteopathic Pre-registration Education including the development of more specific Standards for Education.

### **Item 5: CPD Evaluation findings**

17. The Director of Education, Standards and Development introduced the item which reported on the findings from the third CPD evaluation survey and the opportunity to consider the implications for the CPD scheme implementation.

18. The following points were highlighted:

- a. This was the third the survey which had been undertaken.
- b. The snapshot of evaluation survey highlighted a decrease in response rates (down from 10% to 9%) but also showed increases in several areas including increases in the understanding of the scheme, in the use of the four themes of the OPS, and in the area of communication and/or consent.
- c. A focus was placed on equality for the 2019 survey and a cross tabulation of respondents compared against protected characteristics was undertaken to see if the scheme was accessible to all.
- d. The survey showed that more work is required in the following areas:
  - Equality impact assessment
  - Professionalism
  - Reflection and ensuring that this is not time consuming
  - Core skills resources
  - CPD microsite and encouraging its use

19. The following points were made and responded to:

- a. In relation to the issue of reflection and confidentiality it was confirmed that a joint statement had been developed with other regulators for this area of CPD.
- b. It was pointed out that a 10-11% response rate was considered good across the health regulatory field. It was also confirmed that CPD can be claimed for responding to surveys.
- c. It was noted that the numbers relating to the equality impact assessment were small and that more focus groups would be undertaken to address this. It had been acknowledged that the numbers relating to some of the categories for the survey were very small and that this was challenging. There was also a need to explore what the barriers might be.
- d. It was explained that by the end of their three-year CPD cycle, registrants might be asked to submit a peer discussion review form and associated CPD evidence. In relation to General Data Protection Regulation (GDPR) the GOsC Privacy Policy enables the organisation to acquire any information requested in order to conduct its statutory function. Registrants must ensure that references to patients are anonymised in accordance with the OPS. It was confirmed that the use of data stemming from CPD for research purposes would require clarification.
- e. It was confirmed that the CPD Scheme is a key work stream of the GOsC Business Plan 2019-20. In terms of next steps, any resource requirement will be made available with requirements being brought to the Committee's attention.
- f. It was confirmed that of the 464 respondents, 65% had taken part in the new CPD Scheme. It was acknowledged that there are still registrants who are not engaging with the scheme but a continuing roll-out of communications is in place to try and capture those who are not already engaged. For those registrants who are not engaging they will be picked-up with during the process of verification and assurance as by the end of Year-1 of the scheme, registrants will have to demonstrate what CPD they have undertaken.
- g. Members were keen to learn as much as possible about those responding to the survey from the data returned - what is their profile of the responders and the risk factors. It was suggested that there was need to link all the data which is being collected to achieve a better picture of the profession and who the registrants are.
- h. It was suggested that there appeared to be 'lack of willingness' to engage in objective activities. It was also suggested that it would be helpful to have data about sole practitioners and how they engage with others.

- i. It was explained that in the initial impact assessment an area where awareness was required related to those registrants who might not be IT literate. The point had been noted and the on-line survey was followed up with a telephone survey in 2018. It was confirmed that almost 80% of registration renewals are now completed on-line. It is still an issue albeit that the numbers are small hence there are a number of tools in place to engage with registrants as widely as possible.
20. In summary the Chair highlighted how much more can be learned from data collected and how it can be linked to data from other themes to achieve a better understanding in a number of areas.

**Item 6: National Council for Osteopathic Research independent analysis of the concerns and complaints raised about osteopaths and osteopathic services in 2013 - 2018**

21. The Director of Education, Standards and Development introduced the item which reviewed the independent analysis of data collected annually between 2013 – 2018 by the GOsC and providers of professional indemnity insurance in relation to complaints and claims about osteopaths.
22. The following points were made and highlighted:
- a. The Director thanked Dawn Carnes, Director of NCOR, for the data which NCOR has been providing six-years. The research was considered innovative across regulation when it was introduced and has continued to provide invaluable information.
  - b. The number of concerns being raised have reduced but there were still areas of concern relating to communication and consent, boundaries, and professional indemnity insurance.
  - c. A discussion with stakeholders will be considered in due course to look out how areas of specific concern can be addressed and will also be an opportunity to reflect on the mechanism of data collection and how it can be strengthened.
  - d. The Director of NCOR added that the nature of the research was to identify nature and type of concern. The reliability of the concerns requires testing, and useful information to include would be the number of policy holders and related information.
  - e. A correction to the report was noted:

Page 2, paragraph 1: ...the physiotherapists who had 57,333 of which 42,986 are female and 14,347 are male.



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

- a. In relation to the graph at page 8 of the report: Concerns and complaints against males and females by years of practice, 2018, it was asked if there was a profile of those practising for 10-years and more or any further information. It was confirmed this was available.
- b. It was confirmed that there no data held on the clustering of concerns or complaints.
- c. It was agreed that one response to the concerns and complaints was addressing the issue of osteopaths working in isolation and looking at encouraging more community/partnership work amongst osteopaths.
- d. It was stressed that it was important not to focus on protected characteristics. Building a profile to understand the key characteristics of registrants who have complaints made against them was required and would be beneficial for communications, engagement and development of CPD resources. If the data from this and other sources could be brought together this would help to build a profile of where problems exist. It was suggested that Council should put more resources into an improved IT system.
- e. It was noted that the summary of concerns for criminal convictions did not encompass some of the cases that had gone to hearing stage, but this would be rectified in due course.

**Agreed:** The Committee agreed the approach to dissemination and development of the response to the findings with the sector.

**Agreed:** The Committee agreed to review and strengthen the methods of data collection.

### **Item 7a – additional: Professional Indemnity Insurance (PII) Guidance**

24. The Chair introduced the item which asked the Committee to further consider the amended PII Guidance note. The amendments include the wording of the final key point in the guidance note so to avoid misinterpretation and ambiguity.

25. The Committee's comments and feedback would be taken into account by the Executive prior to being recommended to Council to approve for consultation.

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

- a. The Director of Fitness to Practise agreed to review the article which appeared in the 'Osteopath' magazine (March/April 2019) which had been drafted by the regulation team. She said she would work with the Communications and Engagement to ensure the presentation of the draft guidance reflected this article.

- b. The purpose of the proposed draft guidance note was highlighted. In summary, it forms part of the ongoing work to raise awareness about insurance requirements for the profession. It addresses the main issues that have arisen in practice at indemnity insurance cases at the PCC over the last 5 years while highlighting and clarifying the difference between Professional Indemnity Insurance (PII) and Professional Liability Insurance (PLI). It was welcomed at a recent Defence Organisations meeting by insurers as clarifying expectations. Its aim is to encapsulate learning from previous cases investigated by the regulation team. As part of the pre-consultation engagement strategy, feedback and comments were requested on an amended guidance note which was circulated to all IC and PCC members together with their Legal Assessors. Several responses were received, including two detailed responses from legal assessors (one of whom is an experienced QC involved in providing advice at several PII cases). The feedback has been incorporated into the current draft guidance note.
- c. To ensure that there would be no further delay the Committee agreed that the guidance should be submitted to Council at its meeting in November with the recommendation to approve for consultation.

**Agreed:** The Committee agreed the suggested amendments to the PII Guidance and that it should be recommended to Council for consideration to go to consultation.

### **Item 7b: Fitness to Practise – approach to adjunctive therapies and expert evidence**

27. The Director of Education, Development and Standards introduced the item which considered the protection of patients and supporting other stakeholders in understanding the application of the OPS to the breadth of practice undertaken by osteopaths through the development of resources for osteopaths engaged in adjunctive or complementary therapies and other related matters.
28. The following points were highlighted:
  - a. A seminar had taken place with stakeholders, osteopaths, lay people with experience of fitness to practise processes and patients, to explore and clarify some of the issues relating to osteopaths, adjunctive therapies and the requirements of the Osteopathic Practice Standards. An early draft statement is being developed for further discussion with stakeholders and scoping work would continue.
  - b. A theme coming out of the William's Review into gross negligence manslaughter in healthcare related to the quality of expert evidence and recommendations were made in relation to the role of expert witnesses including:
    - The promotion and delivery of high standards and training for healthcare professional providing expert opinion or appearing as expert witnesses.

- Those providing expert opinion or appearing as an expert witness should have relevant clinical experience and be in current clinical practice.
  - Those providing expert opinion or appearing as an expert witness have an understanding of the legal requirements associated with being an expert witness.
  - Healthcare professionals should be supported and encouraged to provide expert opinion where appropriate.
  - Healthcare professional bodies should encourage professionals to undertake training to become expert witnesses.
  - Professional representatives and regulators should recognise acting as an expert witness as part of a healthcare professional's revalidation or CPD.
- c. The approach to adjunctive therapies and expert evidence was not a full concept as yet and further work with stakeholders would continue to develop the approach.

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

- a. Members agreed this was a fascinating but complex issue raising the following questions and comments:
- What is osteopathy and what are osteopathic techniques?
  - When should the Osteopathic Practice Standards apply?
  - Issues of integrity and honesty.
  - What is integrated / adjunctive care.
  - Is a person practising an adjunctive therapy trading on being a registered osteopath?
- b. It was noted that integrated care is not unusual and will increase overtime. There is also the issue that osteopathic techniques are not protected and are practised by non-osteopaths.
- c. It was pointed out the osteopathic registrants are bound by the Osteopathic Practice Standards and should be used to highlight the relevant guidance where appropriate. It was advised that there should be no disaggregation of services being provided and registrants should remain professional at all times.
- d. It was commented that the issues relating to adjunctive therapies and osteopaths are complex as more than one Health Regulatory Act will cover professions. Any response would need to be proportionate.
- e. Members were informed that the training of the GOsC's expert witnesses had been discussed and agreed that their training would be a good investment.
- f. It was pointed out that the view on adjunctive therapies was different for osteopaths and patients and a challenge in maintaining statutory responsibility.

### **Item 8: Feedback from the Policy Advisory Committee**

30. The Chair introduced the item which reflected on the feedback from Committee members and Observers with speaking rights following the survey on the performance and way forward for the Policy Advisory Committee.
31. The following points were highlighted:
  - a. The two most consistent themes resulting from the survey were:
    - the challenging agendas
    - the volume of the papers
  - b. A further concern was the defining the responsibilities stemming from the Education role and the Policy role of the Committee.
32. In discussion the following points were made and responded to:
  - a. It was explained that the original idea behind the creation of the PAC was to give a stronger voice to the profession. This had not worked out as well as had been hoped for due to the pressure of statutory education issues.
  - b. The Committee commented that it appreciated the work and effort of the Executive in producing the associated papers, but size of the pack was excessive and that there was a conflation of items on the agenda for discussion.
  - c. Members asked if Council considers that the PAC serves it well. It was pointed out that the expectation of Council is for a high degree of scrutiny to be demonstrated by the PAC. It was believed that Council was now beginning to see the benefits of the PAC especially in its role of Statutory Education Committee.
  - d. Members had concerns about an overlap between the statutory Education Committee and its policy role. It was suggested that a smaller group might be considered to discuss issues relating to education giving more time to discuss issues of policy for the profession. In considering this it should be acknowledged that there should be escalation in governance costs.
  - e. The Acting Chief Executive agreed that the timings and planning for the Committee could be reviewed and consideration given to the way the Committee works and its value in terms of its statutory function, its policy function, the role of the observers with speaking rights and the management of the agenda. He also noted however that the concept behind establishing the Committee, to include observers with speaking rights, remained correct.

### **Item 9: British College of Osteopathic Medicine (BCOM)**

33. Kerstin Rolfe and Ray Playford declared an interest and left the meeting for the duration of the discussion.
34. The Director of Education, Standards and Development introduced the item which concerned the removal of the expiry date for the following recognised qualifications awarded by the British College of Osteopathic Medicine.
35. It was noted that there were no outstanding issues or concerns relating to the BCOM and that it had provided an updated Action Plan.
36. It was confirmed that approval from Privy Council was a requirement and part of the statutory process. To not seek approval from Privy Council would cause unnecessary delay in the administrative process.

**Agreed:** The Committee agreed to recommend that Council recognise the qualifications Master of Osteopathy and the Bachelors in Osteopathic Medicine awarded by the British College of Osteopathic Medicine, with no expiry date and with no conditions, and to seek approval of the recognition from the Privy Council.

**Agreed:** The Committee agreed the publication of the BCOM Action Plan as shown at the annex.

### **Item 10: University College of Osteopathy UCO)**

37. The Director of Education, Standards and Development introduced the item concerning the removal of expiry date for the following recognised qualification awarded by the University College of Osteopathy:
  - a. Master of Osteopathy
  - b. Bachelor of Osteopathy
  - c. Master of Science in Osteopathy (pre-registration)

**Agreed:** The Committee agreed to recommended that Council recognise the qualification Master of Osteopathy, Bachelor of Osteopathy and Master of Science in Osteopathy (pre-registration) awarded by the University College of Osteopathy, with no expiry date and with no conditions, and to seek approval of the recognition from Privy Council.

**Agreed:** The Committee agreed the publication of the University College of Osteopathy Action Plan as shown at the annex.

### **Item 11: Any other business**

38. There was no other business.

**Date of the next meeting:** Wednesday 4 March 2020 at 10.00