



## Policy Advisory Committee

Minutes of the 7<sup>th</sup> meeting of the Policy Advisory Committee – Public (and also the 87<sup>th</sup> statutory Education Committee) held on Tuesday 12 June 2018, held at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU

### *Unconfirmed*

- Chair: Dr Bill Gunnyeon
- Present: Dr Marvelle Brown  
Bob Davies  
Elizabeth Elander  
Professor Raymond Playford  
Alison White (joined the meeting at Item 11)  
Nick Woodhead
- Observers: Dawn Carnes, Director, National Council for Osteopathic Research  
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)  
Fiona Hamilton, Council for Osteopathic Education Institutions (COEI)
- In attendance: Angela Albornoz, Professional Standards, Policy Officer (Items 4, 11, 12 and 13)  
Steven Bettles, Professional Standards, Policy Manager  
Christine Bevan, the Quality Assurance Agency (QAA)  
Fiona Browne, Director, Education, Development and Standards  
Dr Stacey Clift, Professional Standards, Policy Officer (Presenting Items 4 and 8)  
Dr Julian Ellis, the Quality Assurance Agency (QAA)  
Sheleen McCormack, Director, Fitness to Practice  
Liz Niman, Head of Communications and Engagement  
Matthew Redford, Director, Registration and Resources  
Marcia Scott, Council and Executive Support Officer  
Tim Walker, Chief Executive and Registrar

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

1. The Chair Welcomed all to the meeting. A special welcome was extended to Dr Julian Ellis, Head of Assurance, and Christine Bevan, Method Co-ordinator of the Quality Assurance Agency.
2. Christine would now be the QAA liaison officer working with the GOSc. The thanks and appreciation offered by the Chair on behalf of the Committee for Dr David Gale's work with the GOSc was noted.

3. Apologies were received from John Chaffey, Dr Joan Martin, Dr Kerstin Rolfe, Chair of COEI and Nadine Hobson, Chair of the Osteopathic Alliance (OA). Alison White would join the meeting at a point later during proceedings.
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 (OEs), were to be discussed or noted these items were reserved and observers would not take part.

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

6. The minutes of the sixth meeting of the Policy Advisory Committee were agreed as a correct record subject to the following amendment:

Page 14, paragraph 26b: *Members were informed that the DO qualification had been viewed by BCOM as a fall-back award for students who might not want to, or be able to, complete the requirements for the Masters or Bachelors qualification.*

### **Matters Arising**

7. The Chief Executive informed the Committee that Council had approved the updated *Osteopathic Practice Standards* (OPS) at its meeting which took place on 3 May 2018. Council's thanks to all who had been involved in the work to update the OPS had been noted.

### **Item 3: Quality Assurance Procurement**

8. The Director of Education, Development and Standards introduced the item informing the Committee of the progression in the management of the GOSc's quality assurance activities from August 2020 to July 2023.
9. The following points were highlighted:
  - a. An error was noted on p. 7 of the report. The text shown for the activity for July 2019 should read:
 

*Council agree to delegate the procurement decision to the Committee.*
  - b. A considerable amount of discussion time had been built into the proposed timeline in advance of Council's decision in 2019 to allow the PAC to be clear about its approach to quality assurance and its expectations of the process.

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

- a. It was confirmed that the procurement process would follow EU Procurement Policy until such time when the UK leaves the European Union.
- b. It was confirmed that the total cost of the QA procurement process might be closer to c.£200k, allowing for unplanned activity, but the current estimated cost is set at £186,000.
- c. The Committee agreed that the activity planned for the quality assurance tender process appeared to be a well-planned.

**Agreed:** The Committee agreed the proposed approach to the Quality Assurance Major tender exercise.

**Item 4: Quality Assurance – Annual Report template 2018-9/ external examiner information/thematic review on public and patient involvement**

11. The Professional Standards Officers introduced the item which set out the Annual Reporting process for 2017-18, the external examiner additional information, the progress of the Thematic Review process and patient involvement.

12. The following points were highlighted:

- a. External Examiner information: At its meeting in March 2018 the Committee requested further information about the role of External Examiners as it was noted that considerable reliance was placed on the External Examiners to provide assurance of standards. At a meeting with the OEIs in April 2018 it was proposed that there should be some rewording of External Examiner information to be provided separately and not forming part of the Annual Report. There would be further discussion with the OEIs at future meetings with the aim of getting the questions right before the information request was sent out in September.
- b. Thematic Review: The review's aims were to:
  - i. Explore the various roles of patients in contributing to the pre-registration education of osteopaths.
  - ii. Identify area of innovation and good practice.
  - iii. Compare with other examples of patient involvement in healthcare curricula.
  - iv. Identify areas for development.
  - v. Explore the experience and expectations of patients and others in contributing to osteopathic education.
- c. The proposed methodology comprised three stages:
  - Stage 1. Review of public and patient involvement
  - Stage 2. Questionnaire to programme managers of Recognised Qualification (RQ) courses.

Stage 3. (dependent on findings from Stage 1 and Stage 2): A series of semi-structured interviews/focus groups.

- d. At the GOsC/OEI meeting in April 2018 the proposed scope of the review was discussed and it was agreed the key purpose related to patient feedback; how feedback was incorporated into and subsequently used to inform osteopathic education.

13. The following points were made and responded to:

#### Annual Report Template:

- a. It was confirmed that where student fitness to practice findings were found proved the information about the individual remained confidential and was not shared with the QAA and was retained in a password protected document. It was noted that there were potential issues relating to confidentiality between osteopathic educational institutions and the GOsC which would be reviewed.
- b. It was explained that the reasons for requesting specific information about students where there were findings was to inform decisions at the point of registration as to whether or not a person was of good character and fit for entry on to the Register. It was confirmed this information was not made public. In relation to allegations (not findings), it was also explained that the collection of anonymised data would enable a better understanding of the type of allegations and concerns that may be raised in osteopathic education so as to improve guidance, review quality assurance and develop interventions where appropriate.
- c. Members were advised that there were a number of areas being reviewed relating to General Data Protection Regulation (GDPR) and it was suggested that additional information would be included to strengthen the privacy notice for the education institutions which sets out how the GOsC protects student data.

#### External Examiner Information

- e. Members endorsed the approach proposed commenting that it was sensible to request more information about the External Examiner process as it was fundamental to the integrity of the verification system.

#### Thematic Review

- f. It was confirmed that the Thematic Review did form part of the Business Plan 2018-19 as a part of the key objective 'To promote patient and public safety' and was also part of the commitment to work with OEIs in supporting the further development of patient involvement in education and training. It

was added that the review could also enhance and benefit the exploration of quality assurance and risk as these areas were not mutually exclusive.

- g. Members were informed that a staged approach was planned for the review and therefore would be manageable within the available resources.
  - h. Members commented that the review was a positive step as patient involvement could only be beneficial to students and would also enable the OEIs to demonstrate integrated working. It was confirmed that the focus groups for the review would be separate.
- a. **Agreed:** The Committee agreed the 2017-18 Annual Report template (due December 2018).
  - b. **Agreed:** The Committee agreed the approach to seeking external examiner additional information.

### **Item 5: Quality assurance consultation analysis and next steps**

- 14. The Director of Education, Development and Standards introduced the item which gave a report on the consultation analysis and the next steps on changes to the Quality Assurance process including the removal of Recognised Qualification (RQ) expiry dates and the publication of information between reviews.
- 15. The following points were highlighted:
  - a. The PAC at the meeting in October 2017 agreed the proposed approach to the quality assurance consultation. The revised document was considered and approved by Council in January 2018 and the consultation took place March and May 2018.

#### Consultation Responses

- b. There were seven written responses to the consultation including osteopaths, the Professional Standards Authority (PSA) and lay people. In order to broaden engagement with the consultation focus groups, workshops, teleconferences and on-line discussions were also organised with key stakeholders.
- c. The majority of responses were to support the removal of RQ expiry dates for reasons including; the restricted window for visits, alignment of validation events, changes in the course of an institution.
- d. A small number of respondents felt expiry dates should be retained for reasons including the need to rely on external organisations (the Department of Health and Social Care, the Privy Council) and the need to avoid appeals.

- e. There was broad support for the publication of conditions and it was noted that some work was required in the development of the handbook in terms of the detailed implementation.
- f. There was broad support for the draft procedure for dealing with concerns. Three areas for strengthening related to clarity on whistleblowing, how information contributes to the overall process, and where information may not be published.
- g. In relation to sustaining good practice what was already being undertaken; thematic reviews, sharing of good practice, annual seminars, were all focused in the right direction but the creation of space for dialogue and engagement could also be an area for further development.
- h. In relation to risk based quality assurance the responses demonstrated there were no clear and specific answers to what an innovative or risk based approach look like. It was agreed there was a need to look at the risk based approach and further consideration/ discussions would take place with stakeholders on a way forward.

#### GOsC Response

- i. The GOsC draft response focuses on two areas:
    - i. The removal of expiry dates and the approach to publication of conditions.
    - ii. To agree the approach to further development of the implementation process.
  - j. Due to the complexities of quality assurance the Committee were asked to consider the approach as two separate areas of work:
    - i. Key structural areas of quality assurance – removal of RQ expiry dates, procedural concerns, mechanisms for supporting good practice.
    - ii. Risk based quality assurance.
16. In discussion the following points were made and responded to:
- a. Members were advised that the timeline for the return of this item for discussion by the Committee on the removal of expiry dates would be in March 2019 when it was intended, subject to implementation mechanisms (including, for example, the definition of condition) being agreed, that revised RQ orders would be considered by the Committee for recommendation to Council.
  - b. It was asked if a 'traffic light' system similar to that used within the NHS Care Quality Commission reviews could be adapted for the Osteopathic Institutions as a 'short hand' for listed conditions and status. It was explained that

establishing a 'traffic light' system would potentially be difficult at present particularly given the varied context and size of the institutions. More work would be required on metrics before considering. It was also explained that the list of conditions currently attached to 'recognised qualification' orders for OEIs are not excessively long. Feedback suggested that students did review conditions and reports but the point raised was noted.

- c. The importance of understanding the reasons why a student might make a complaint or even whistle-blow and how these issues were dealt with was stressed. The fact that an individual chose to go through the complaints process would make it clear that complaints should not be viewed as a 'gripe'.
- d. It was agreed that there was no universal panacea for quality assurance but it was asked if there was a common template which deals with approaches to risk which could be used as a benchmark so that key issues were available to OEIs. It was agreed this could be explored further with the QAA.
- e. It was suggested and agreed that even though inconclusive the 'Risk based approach' (paragraph 16, bullet 4) should be included as stand alone recommendation, separate from the overall recommendation 'to agree the approach to further development of the implementation process'.
- f. A concern was raised about the removal of expiry dates of RQs for a new provision where the provider has met its conditions but carried the risk of students graduating with an RQ but who may not have reached a high standard of competency. Expiry dates would work for mature providers but there were possible risks with who are new. It was explained that the removal of expiry dates would not mean the abandonment of quality. It was the responsibility of the Committee to ensure that providers were meeting the conditions placed on them. It was agreed that the expiry dates could still apply to new institutions and that this work was part of the implementation that would be brought back to the Committee.
- g. It was also asked at what point an institution would be informed that they could no longer be a provider of an RQ if it was seen that they were not meeting conditions or standards. It was explained that the Committee can recommend the removal of an RQ to Council where there is evidence that this would be the correct course of action because a qualification was no longer evidence of a student meeting the required standards. It was also noted that if an RQ is removed students will not be able to register with the GOsC after the date of the removal. The GOsC therefore has a statutory responsibility to ensure students are placed elsewhere to continue their course and be able to graduate and register. Closure of an RQ is a problem due to the number of providers available with the appropriate curricula.
- h. Comments were also made about the importance of a focus on improving standards.

17. In summary the Chair advised that on submission of the paper to Council it would be important to highlight that the principle is being recommended for agreement with the detail to follow and also the additional recommendation of the QA Risk Based Approach.

**Agreed:** The Committee agreed to the removal of expiry dates and the approach of publication on 'conditions'.

**Agreed:** The Committee agreed the approach to further development of the implementation process.

**Agreed:** The Committee agreed to further consider and investigate the approach to risk based quality assurance.

### **Item 6: Quality Assurance and registration assessment: update on recruitment, and appraisal**

18. Elizabeth Elander declared an interest but remained in the meeting.
19. The Director of Education, Development and Standards introduced the item which gave an update on the recruitment, training and appraisal of Education Visitors and Registration Assessors.
20. It was highlighted that the advert for Visitors would be going out in the week commencing 11 June 2018 advertising for two lay Education Visitors and two osteopathic Education Visitors and Registration Assessors.

**Agreed:** The Committee agreed the recruitment process for additional Education Visitors and Registration Assessors.

**Noted:** The Committee noted the update on the recruitment, training and appraisal of Education Visitors and Registration Assessors.

### **Item 7: Rule 19 Practice Note**

21. The Director of Fitness to Practise introduced the item which proposed the introduction of a Practice Note on Rule 19 GOsC (Professional Conduct Committee) (Procedure) Rules Order of Council 2000 to assist the Professional Conduct Committee (PCC) and the parties to a hearing.
22. The following points were highlighted:
- a. Rule 19 is the only mechanism provided for within the GOsC statutory scheme to cancel a hearing referred by the Investigating Committee to the Professional Conduct Committee and can occur for a number of reasons.
  - b. The safeguards detailed within the practice note reflect the requirements specified in the rules as follows: that the application for a case to conclude can only be made before the PCC which also can receive independent legal



advice; the registrant agrees to the disposal of the case under rule 19; the view of the IC must be sought together with the views of the complainant. If there is no agreement about the application then the case would proceed to a hearing.

- c. The intention of the practice note is to provide greater transparency and consistency in approach to the cancellation of hearings.

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

- a. All feedback would be incorporated and then shared with the PCC, Legal Assessors and other legally qualified individuals. Consideration is being given to drafting an appendix to the practice note of detailed case examples.
- b. It was explained that when a case is referred from the IC to the PCC It cannot be returned to the IC if additional information or facts are presented. The GOsC is confined to the Rules as they stand which are prescriptive. It is therefore necessary to navigate the Rules by developing practice notes and interpreting material elsewhere in line with regulatory developments and best practice.

**Noted:** The Committee considered and noted the draft Practice Note on the Cancellation of Hearings under Rule 19.

### **Item 8: Boundaries literature review and next steps**

24. The Professional Standards Officer introduced the item which gave an update on the boundaries and literature review and the next steps for the project.

25. The following points were highlighted:

- a. The research is part of the upstream regulator activity (this is about targeting regulatory input before the point of harm (when things go wrong – typically at fitness to practise) to reduce the instances of things going wrong) and is a joint project with the General Chiropractic Council.
- b. The purpose of the research is to better understand the implications of communication through touch which takes place in manual therapies and develop and provide improved guidance (or other approaches) aiming to reduce incidents of miscommunication and breaches of boundaries.
- c. A research team from the University of Huddersfield was appointed to conduct the review in September 2017. The review focused on two research questions:
  - i. How is touch communicated and received by both patient and health care professional (HCP) in the context of touch based therapies?

- ii. How does the literature inform the potential implications for the regulator, educational and professional bodies and other groups, and for HCPs?

The final version of the draft report was submitted in May 2018.

- d. The screening approach adopted by the researchers was rigorous identifying thirty-eight articles relevant to the research questions demonstrating that literature relating to chiropractic and osteopathy in this area was not extensive. Of the thirty-eight items of literature identified these focused on learning lessons from other disciplines.
- e. Key findings relating to osteopathy and chiropractic included:
  - Education in manual therapies requires further development to optimise a positive outcome for the use of touch.
  - Psychological and emotional implications of touch and movement were not recognised at the inception of osteopathy as they are now.
  - Values are fundamental and implicit in the osteopathic profession, but identifying differences between espoused and practiced values may be perceived as criticism
  - There is a strong cultural element to touch in osteopathy and chiropractic practice and delivery is a complex process.
- f. Key messages from the non-osteopathic and chiropractic articles included:
  - Not managing boundaries can harm patients and there is a clear message for policy development to support this.
  - Collaboration with the patient can improve the comfort of physical touch therapy.
  - Educational institutions profoundly influence the development of healthcare professionals
  - Communication skills training is not always well enough integrated into healthcare curricula.
  - Minor boundary crossing is viewed as a precursor of more serious transgressions.
- g. Key suggestions as a result of the study included:
  - Essential that manual therapy professions in the UK gain greater insight into these issues, and the attitudes and behaviours of healthcare professionals on this subject.
  - Clear guidance essential in relation to management of complaints (evidence suggests that an 'explanation and apology' was the most frequently cited action which might have prevented litigation).
  - Educational institutions should consider innovative ways of developing communication issues (use of video, online applications and webinars, for example).

- h. Suggestions for further exploration included:
- Specific studies on how touch is communicated and received between healthcare professionals and patients
  - Develop resources to support healthcare professionals manage situations where they experience sexual attraction towards a patient or patient-initiated sexual behaviour
  - Review how communication and touch is taught and assessed in OEIs, and explore and promote innovation in this.
- i. The University of Huddersfield would be aiming to publish their findings in a peer reviewed journal. It was also the aim to publish the findings in profession specific publications.
- j. A dissemination workshop with key stakeholders is also planned to discuss and consider the finding from the review and the next steps in taking the project forward.

26. The following points were made and responded to:

- a. It was commented that there appeared to be a marked difference in Europe in recommendations from regulators and what was expected by the public when considering communication and touch. It was pointed out that there appeared to be few foreign language articles included in the analysis. It was acknowledged that this was an important point but due to the short timeframe allotted for the review the focus had been on English speaking journals.
- b. It was agreed that the importance of touch and communication could not be underestimated in osteopathy and that it was important to engage with stakeholders. It was pointed out that Universities/OEIs should already have embedded into and running through their curriculum/modules themes on touch and communication.
- c. Members asked if the report is or would be available to review. It was explained that Huddersfield University wanted to publish their findings in academic journals and once the University had the scope of the articles then there would be a better understanding of the report. It was pointed out that there appeared to be a number of key areas which were not addressed in the PAC's report but which might be appear in the full report including cross cultural and religious issues, psychological theory. It also was asked if the next steps might include more tangible research reviewing cases which may have been taken to Professional Conduct Committees.
- d. In response to a suggestion on next steps looking at the work undertaken on touch and communication by the OEIs the Committee were informed that the work resulting from the boundaries project was embedded in course modules and a constant theme running through the curriculum of the OEIs.

- e. It was explained that the aim of the collaborative workshop for key stakeholders would be to share and disseminate the findings of the research taking the project forward. Further proposals would be then brought to the Committee for consideration.
- f. Members asked if the focus of the research would remain focused on the UK. It was considered that not to include non-UK literature would be a major omission and that it was important to ensure and reflect the diverse nature of the osteopathy. In response it was explained that it was not for the regulator to describe and state what patient values are. The issue was to ensure that patients are supported and to make explicit what is important to them in terms of values and how touch is perceived. Members were given the assurance that diversity was part of what was at the core of the research.
- g. It was agreed that the research had considerable value and should be supported as an outcome of the findings could lead to a strengthening the *Osteopathic Practice Standards*.
- h. It was confirmed that the contributors to the stakeholder group for the proposed discussions to disseminate the findings were yet to be agreed but would comprise patient and community groups to ensure diversity.

**Noted:** The Committee noted the overview findings of the boundaries literature review.

**Agreed:** The Committee agreed to a collaborative stakeholder workshop to scope out the next steps.

### **Item 9: Review of the Osteopathic Practice Standards – implementation plan**

27. The Professional Standards Manager introduced the item which reviewed the proposals for the publication and implementation of the updated *Osteopathic Practice Standards* (OPS).
28. The following points were highlighted:
  - a. The updated OPS was not just about raising awareness but to also about how to further embed the OPS as a framework to support safe and competent osteopathic practice. Themes for communication had been identified including:
    - How we have reached this point.
    - What and where the standards are.
    - How to use the OPS.

- b. The implementation plan outlines the proposed approach in relation to stakeholder groups and also processes relating to registration assessment and fitness to practise. Also outlined was how the updated OPS and the new CPD Scheme are featured in engagement over the next year.
- c. It was confirmed the report would be reported to Council at its meeting in July 2018.

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

- a. The paper highlighted the key challenges for implementation.
- b. The aspiration to translate the OPS into a learning resource was supported. It was asked if there was scope for developing a student workbook specifically introducing the OPS to students and OEIs. It was thought that although the OEIs may have their own documentation having access to standardised information would be useful and encourage ownership. Members were informed that a pocket guide would be published similar to the 2012 OPS but it was agreed there was scope for a more generic resource.
- c. It was noted that in a recent meeting with the OEIs there had been some discussion on how the standards are embedded/embodied in osteopathic education. It was agreed that beyond this there was also the way that standards were viewed by students and could vary across institutions. This was an area to be further explored.
- d. It was suggested that it would be useful to see where OEIs place the Standards in their curricula as part of the validation process. It was explained that the mapping of the documentation formed a key part of the quality assurance process; the focus was on delivery of the curriculum.

**Agreed:** The Committee agreed the approach to implementation of the updated *Osteopathic Practice Standards*.

### **Item 10: Risk Register**

- 30. The Chief Executive introduced the item which presented the GOsC's Business Plan Risk Assessment for the Committee's consideration.
- 31. The following points were highlighted:
  - a. It was noted that Council had primary responsibility for oversight of the Risk Register supported by the Audit Committee.
  - b. The Register comprises three components:

- A 'Current Key Risks' document which is presented to Council twice yearly in private session to ensure that there is candid discussion of the most significant current risks facing the organisation.
  - A 'Business Plan Risk Assessment' which is presented to Council annually as part of the business planning cycle.
  - A 'Risk Assurance Map' which is a tool for the Audit Committee to use as part of its internal audit planning role, but which is also considered by Council as part of the three-yearly Corporate Strategy development cycle.
- c. The Business Plan Risk Assessment – Mitigating Actions and Assurance mechanisms, were the areas of the Register of most importance to the Policy Advisory Committee as this was where their responsibilities were highlighted.
- d. In reviewing the Business Plan Risk Assessment members were asked if they received enough information under the assurance mechanisms to undertake and meet their duties.

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

- a. Members suggested that they would need to review the table in more detail in order to make appropriate comments. The Chief Executive suggested that any feedback could be passed on to himself, the Director of Education, Development and Standards, or the PAC Chair. It was also suggested that areas listed in the Business Plan Risk Assessment could be used to inform future PAC agendas.
- b. It was agreed that the Business Plan Risk Assessment would be circulated to members to review.

**Noted:** The Committee considered and noted the content of the report.

### **Item 11: London College of Osteopathic Medicine (LCOM) – Recognised Qualification specification and Approval of Visitors**

33. Bob Davies and Elizabeth Elander declared interests and left the meeting for the duration of the discussion.
34. The Professional Standards Officer introduced the item which concerned the approval of the Review Specification for the renewal of the Recognised Qualifications review at the London College of Osteopathic Medicine on 30 November, 1 December and 3 December.
35. An update on the appointment of Visitors for the London College of Osteopathic Medicine Recognised Qualification Review was also given.
36. The following points were highlighted:

- a. The Visits were scheduled to take place 30 November, 1 December and 3 December 2018.
- b. A full team would be confirmed by July 2018 and the Committee's agreement for the team of visitors would be conducted via email.
- c. Members were advised that the reason for the delay in agreeing the visitors was due to potential conflicts of interest.

37. The Committee made the following points in discussion: Had there been a delay in scheduling this accelerated visit. It was confirmed that the timetable agreed by the Committee had required the visit to take place in November.

**Agreed:** the Committee agreed the updated review specification for the London College of Osteopathic Medicine renewal of RQ review.

**Noted:** The Committee noted the update on the appointment of the Visitors.

### **Item 12: London School of Osteopathy (LSO) – Recognised Qualification specification and Approval of Visitors**

38. Elizabeth Elander declared an interest and left the meeting for the duration of the discussion. Fiona Hamilton also left the meeting for the duration of the discussion.

39. The Professional Standards Officer introduced the item which concerned the approval of the Review Specification for the renewal of the Recognised Qualification review of the London School of Osteopathy on 28, 29 September and 1 October 2018.

40. An update on the appointment of Visitors for the London School of Osteopathy Recognised Qualification Review was also given.

41. The following points were highlighted:

- a. The full team of Visitors will be confirmed in July. The Committee's agreement for the team of Visitors would be conducted by email.
- b. It was confirmed that the team of Visitors for the LSO would be a completely new team and there would be no additional costs incurred for the visit.

**Agreed:** The Committee agreed the updated review specification for the London School of Osteopathy renewal of RQ review.

**Noted:** The Committee noted the update on the appointment of the Visitors.

### **Item 13: Swansea University – Recognised Qualification specification and Approval of Visitors**

42. Bob Davies declared an interest and left the meeting for the duration of the discussion.
43. The Professional Standards Officer introduced the item which concerned the approval of the Review Specification for the renewal of the Recognised Qualification review at Swansea University at the end of the year 2018 or beginning of 2019.
44. An update on the appointment of the Visitors for Swansea University Recognised Qualification Review was also given.
45. The following points were highlighted:
  - a. The Visit for Swansea University would take place in January 2019.
  - b. The proposed team of Visitors are:
    - Jill Lyttle, Lay Visitor and independent
    - Lucy Mackay-Tumber, Osteopath
    - Simeon London, Osteopath
  - c. It was confirmed that to ensure transparency the job descriptions for RQ Visitors are published and advertised.

**Agreed:** The Committee agreed the review specification for Swansea University of RQ review.

**Agreed:** The Committee agreed to appoint Jill Lyttle, Lucy McKay-Tumber and Simeon London as Visitors for the Master of Osteopathy offered by Swansea University.

#### **Item 14: Policy Advisory Committee Annual Report**

46. The Chief Executive introduced the item which concerned the Annual Report of the Policy Advisory Committee which will be presented to Council at its meeting on 17 July 2018.
47. In discussion the following points were made and responded to:
  - a. It was agreed that the annual report should include details on attendance of the Observers with Speaking Rights.
  - b. It was agreed that the comparative figure for members' allowances and expenses 2016-17, approximately £13k, should be included in the report.

**Agreed:** The Committee agreed the Annual Report to Council for 2017-18, subject to the suggested amendments.



**Item 15: Any other business**

48. There was no other business

**Date of the next meeting:** Thursday 18 October at 10.00