



Policy and Education Committee

**Minutes of the Policy and Education Committee (PEC) held in public on
Wednesday 10 March 2021, hosted via Go-to-Meeting video conference**

Unconfirmed

Chair: Professor Deborah Bowman

Present: Daniel Bailey
Dr Marvelle Brown (Items 1 – 7)
Sarah Botterill
Bob Davies
Elizabeth Elander
Dr Joan Martin
Professor Raymond Playford
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)
Michael Mehta, the Osteopathic Alliance (OA)
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
David Bryan, Regulation Manager
Rachel Heatley, Senior Research and Professional Standards Officer
Kabir Kareem, Quality Assurance Liaison Officer (QALO)
Michelle McDaid, Quality Assurance, Project Director, Mott McDonald
Liz Niman, Head of Communications and Engagement
Matthew Redford, Chief Executive and Registrar
Marcia Scott, Council and Executive Support Officer
Holly Sheppard, Mott McDonald

Observer/s Dr Bill Gunnyeon, Chair of Council

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Apologies were received from Dr Stacey Clift.

Item 2: Minutes and matters arising: meeting of October 2020

2. The minutes of the meeting 14 October 2020 were agreed as a correct record.
3. There were no matters arising from this meeting.

Item 3: Minutes and matters arising: meeting of December 2020

4. The minutes of the meeting 7 December 2020 were agreed as a correct record.
5. There were no matters arising from this meeting.

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

6. The Policy Manager introduced the item which asked the Committee to review the Guidance for Pre-registration Education (GOPRE) and Standards for Education and Training, to provide feedback and give approval for development and consultation.
7. The following points were highlighted:
 - a. The guidance has been further developed to encompass feedback from the meeting of the PEC in October 2020, and to focus on equality, diversity, and inclusion.
 - b. The document, if approved by the Committee, will be circulated to the Stakeholder Reference Group and EDI Focus Group for further review and feedback prior to consultation.
8. In discussion the following points were made and responded to:
 - a. The Committee acknowledged and welcomed the work which had been undertaken in the revision and updating of GOPRE following the meeting in October 2020. The work encompassing EDI was highlighted.
 - b. Clinical hours and practice: It was suggested there should be a minimum number of clinical hours undertaken either as a treating clinician or as an observer specific to patient encounters to differentiate the teaching and learning experience of students.
 - c. The iO reported that as part of recently completed mapping project it was found that although opportunities are opening for osteopaths within NHS there is relatively low appreciation of the value placed on the clinical practice

element of what the OEIs teach. It would be important to understand how osteopathic training relates to NHS expectations in education and training.

- d. A concern was raised relating to the minimum of 1,000hrs of clinical practice of which a minimum of 25% which should be dedicated to direct patient contact and how this would sit with MSc courses that are two-years long. It was suggested that 25% could be used as a benchmark and that consideration should not only be given to patient numbers but also to the diversity of experience and the community in which a clinic operates. A clinical log would provide evidence of the hours amassed. It was noted there should be some flexibility with the number of hours undertaken.
- e. Research: It was asked why the research component was as narrowly focused and specifically cited as an activity rather than being to develop practitioners and support clinical practice. It was agreed that research component is an important element as a prerequisite for safe and effective clinical management.
- f. It was suggested that of the two options offered at paragraph 26k:

to undertake consent and participant recruitment in an ethical manner consistent with a research protocol [or] Demonstrate an understanding of consent and participant recruitment in an ethical manner consistent with a research protocol?

the second option was preferable but should have additional wording:

...and implement as appropriate in practice.

- g. It was commented that in relation to research the consent process is an important point to include as it highlights that a patient must give informed, valid consent which is a fundamental part of research governance. Although it is noted that consent matters to clinical practice and to research.
- h. Virtual and face to face teaching/consultations: It was agreed that virtual teaching/consultations are very useful especially while operating within the restrictions in place as result of the Coronavirus pandemic and would continue to be used but the limitations, especially to hands-on clinical practice, must be acknowledged. It was suggested that virtual teaching/consultations might be capped at 10%.
- i. It was suggested that although GOPRE may not be the correct platform there was an opportunity in going further in future proofing the osteopathic profession by further describing good practice in virtual learning and using findings from evaluation to develop guidance for the OEIs in continuing to provide good clinical education and demonstrate to other non-osteopathic stakeholders the value of osteopathic education.

- j. It was recognised that the environment in past year has changed. Using and adapting new technologies was an opportunity for the profession and should not be lost. The OEIs had adapted and moved to using a blended approach to education and should not be constrained from innovative ideas and practices.
- k. Leadership: It was suggested that there may be too much emphasis on leadership in the guidance as, at the point of entry into the profession, this may not be wholly relevant to an individual starting their career in osteopathy. It was pointed out that leadership and management skills are an important lever for access into NHS roles and general practice, and should not be underestimated and that there is a need for the osteopathic profession to look at the wider context and needs of modern healthcare.
- l. It was suggested that the section referencing 'Leadership and Management' could be strengthened and more specific to better support new graduates as it had been found in CPD evaluations that graduates had felt ill-equipped in practice management skills.
- m. It was explained that in the delivery of osteopathic education the guidance set out in GOPRE does not stand alone but works in conjunction with the Osteopathic Practice Standards (OPS) and other supporting guidance. Assessment is based on the osteopathic education institutional delivery of the OPS and graduates being able to demonstrate they understand and meet the required standards. The research elements also help to embed what is required in achieving the OPS.
- n. It was suggested that a statement was missing on how GOPRE might reflect and stay up to date with the healthcare needs within the UK and asked if a statement or something similar had been considered.
- o. The use of language was raised and how the term 'osteopathic' should be used and 'future proofed' within GOPRE and other supporting documents to protect and maintain the osteopathic identity. It was stressed as critical that the word is correctly placed in context with other healthcare professions. It was noted that the use of language and the term 'osteopathic' was important but GOPRE would continue to be developed in keeping with the nature of the profession and its contribution to healthcare but with a primary focus on the needs of patients and the public.
- p. In support of the EDI element it was suggested translation equipment might be included as part of a list of equipment to support good clinical communications for patients who may have language barriers.
- q. Governance: Noting that most OEIs are registered charities it was suggested there should be reference to the Charity Commission and the need for compliance to Commission requirements inserted under Standards for

Education and Training, Section 2: Programme governance, leadership and management.

- r. The Director of Education Standards and Development and the Policy Manager thanked the Committee for their feedback. It was helpful to have the variety of views informing the various consultation issues. It was intended that these would be reflected in the consultation document. There would be a number of issues for consultation including:
- Business management
 - Clinical hours definition
 - Numbers of new patients
 - Case presentations
 - Management and Leadership
 - Equality, diversity and inclusion
 - Mechanisms for implementation
- s. It was confirmed that the document is in two parts requiring further consideration on its final presentation:
- The outcomes for graduates
 - The Standards for education and training (OEIs)
- t. In relation to EDI the Committee noted the important and informative feedback from the February EDI focus groups. Questions about how to ensure meeting the required standards was not simply a tick-box exercise and how to be assured of an open, transparent, and fair culture would be considered further as part of the consultation.
9. In summary the Chair observed that the Committee had provided detailed feedback and comment on GOPRE and the Standards of Education Training and this had been acknowledged and responded to by the Professional Standards Team. The Committee were asked if there were any objections to the recommendation to Council to publish the Guidance on Pre-Registration Education and the Standards for Education Training for consultation. There were no objections.

Agreed: The Committee agreed to recommend that Council publish the Guidance for Osteopathic Pre-registration Education including Standards for Education Training for consultation.

Item 5: Update on Quality Assurance

10. The Quality Assurance Liaison Officer (QALO) introduced the item which gave an update on the GOsC approach to quality assurance.
11. The following points were highlighted:

- a. Mott McDonald have completed interim draft Quality Assurance Handbook and completed the first review of the annual report (AR) submissions.
- b. The review has not highlighted any key issues which present a risk to the Osteopathic Practice Standards.
- c. The review has identified a potential gap and provided an opportunity for improvement in the area of risk and how it is reported. This will be included as part of 2020/2021 AR submission template.
- d. A further area identified for improvement is the variation in the quality of OEI submissions. Work will be undertaken with Mott McDonald to improve this for a more effective and standard presentation of submissions.
- e. To date, three of the nine OEIs have had their RQ expiry dates removed. Consideration will be given for the removal of RQ expiry dates for other OEIs at a future meeting based on the decisions made by the Committee following the annual report analysis at its March 2021 private meeting.
- f. GOsC has engaged with other regulatory bodies to consider the COVID-19 impact and response. Overall, the approach to the changes to education during COVID are in line with the approaches taken by other regulators.
- g. A joint workshop is to be held on 11 March 2021 with the General Chiropractic Council (GCC), staff from osteopathic and chiropractic education institutions and patients. The workshop will focus on good practice in patient and public involvement (PPI) and include patient leader speakers from educational institutions including the University of Hertfordshire and the University of Leeds Medical School. It is hoped that the workshop will identify the opportunities for further and more meaningfully involving patients in education and further development of patient involvement in education and training. A report will follow in due course.

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

- a. Members noted the recent RQ Visitor training provided by Mott McDonald, commenting on its thoroughness, highlighting the focus on visitor skills and issues of independence.
- b. In response to the Members comments on the inconsistency in OEI annual reporting as an ongoing issue it was explained that extensive work had been undertaken by way of engagement with the OEIs to get an understanding of what is required. The diversity of the institutions, their governance frameworks, and their approaches (including what had been submitted previously, where they were in the RQ cycle) meant that submissions would necessarily be different. The next steps will be to consider with Mott McDonald and the OEIs whether more explicit guidance is required in finding the correct balance of evidence, description, analysis and narrative and

consistency taking into account their diversity to provide a meaningful analysis for the Committee.

- c. In response to the comment on conducting RQ Visits and specifically monitoring of students in a clinical setting it was explained that the Quality Assurance Handbook contains provision for remote and face to face visits. What is specified is the outcome – a report from the Visitor meeting the requirements of the RQ specification. The mechanisms for the visits are agreed in discussion with the Visitors and the institution and the Mott MacDonald Risk Assessment, within the framework outlined in the Interim Handbook, taking into account the context in place at the time.
- d. In response to a member's question about the accuracy of the OEI submissions it was explained that the focus of submissions is based on the provision of evidence usually with explanatory narrative. In the Annual Reporting process there is a triangulation of evidence which includes analysis of student, staff and patient feedback, external examiner reports and responses, minutes from Trustee and other Committee meetings and sources of evidence. The GOsC and the OEIs operate a positive and professional relationship to enable the OEIs to address any concerns arising. The benefit of the Mott MacDonald analysis was a fresh perspective on the evidence provided which the Committee would be able to consider at its private meeting on 30 March 2021. It was added that as the new QA provider it was the intention of Mott McDonald to feed their findings into a process that is continually developing and improving. It was acknowledged that there is a tension in the interaction between any regulator and its education institutions in how the relationship is perceived while retaining their roles and meeting remits.
- e. It was recognised that the review of the annual reporting submissions had highlighted gaps and although there is more work which is to be done it was reiterated that it should be acknowledged significant improvements had been made in the quality of the submissions overall and it was hoped that this would continue through the continued development of good relationships with the OEIs and more specific guidance.
- f. It was asked if Mott McDonald approach to QA is based on European Qualification Framework? The iO explained that they are currently investigating the impact of Brexit on the relationship of OEIs with the European market. They explained that European osteopathic associations are concerned about equivalence post-Brexit. It was explained that this was a complex issue and would be taken away to consider further.

Considered and noted: The Committee considered and noted the approach to quality assurance.

Item 6: Implementation and evaluation of the CPD scheme

13. The Director of Education, Standards and Development introduced the item which gave an update on the implementation of the CPD scheme as the first osteopaths come to the end of their first three-year cycle including specific consideration of the equality impact of the scheme following updated data from the 2020/21 CPD Survey and the experience of those in the early years of practice.
14. The following points were highlighted:
 - a. There should be confidence that the scheme has been and continues to be well implemented.
 - b. Osteopaths undertaking objective activities are between 35 and 59%.
 - c. Osteopaths are much more comfortable with reflection and barriers to reflection are reduced.
 - d. Registrants reporting lack of preparedness for the peer discussion review remains relatively significant at 39%, but a high proportion have identified their peer and more than 2/3 of osteopaths have had an initial conversation.
 - e. From the analysis of the data so far, the scheme does not seem to be having a particular impact on particular groups. There is no obvious correlation with the data in the previous year. A more detailed analysis is ongoing and will be considered by Council in May.
 - f. The response rates to webinars are very positive.
 - g. It has been found osteopaths have similar questions and resources have been developed to provide support or osteopaths have been directed to information already available. So, most resources are already there, however, work was continuing on further examples of completed peer discussion review forms and other areas.
15. The following points were made and responded to:
 - a. Members were impressed with progress of the CPD scheme to date.
 - b. Members noted that the Coronavirus pandemic has pushed a more rapid behaviour change including an increased use of online communication and delivery of information is much more accessible which for equality, diversity and inclusion is an important benefit for the osteopathic community. Additional benefit online communications are the cost and time savings.
 - c. The scheme exemplifies and demonstrates what can be achieved as a small regulator. It was noted that one reason for the ongoing success of the

scheme is that the GOsC has an advantage of more local engagement with its registrants and stakeholders.

- d. It was suggested that if the data are to be communicated and shared more widely, care should be taken in how those data are understood and the meanings ascribed to them.

Considered and noted: The Committee considered and noted the implementation of the CPD scheme.

Item 7: Patient Engagement

16. Rachel Heatley, Senior Research and Professional Standards Officer, introduced the item which gave an update on the GOsC's patient engagement activity and future plans to embed the patient voice across all its work.

17. The following points were highlighted:

- a. The approach that has been taken is to ensure that our patient involvement was robust and informed by a broader experience and expertise of patient involvement in healthcare. Stakeholders included, patient engagement experts and leaders across the health sector, health regulators, NHS England and NHS Improvement and patient organisations.
- b. The learning from both the patient representatives and external stakeholders has reaffirmed our commitment to a partnership model of patient engagement pursuing a person-centred approach to involving patients in our work built on the concept of psychologically informed engagement.
- c. There have been positive and practical outputs including patient feedback resources for osteopaths. Patients have helped to inform a number of projects in a number of areas including GOPRE, a Fitness to Practise review, and the Communications and Engagement Strategy.
- d. A formalised framework is being developed and would be considered good practice in the continuing work on patient engagement.

18. The following points were made and responded to:

- a. Members commented that the PPI work was impressive especially while conducted during the Coronavirus pandemic. It was suggested that it would be beneficial to highlight to the profession but how would its purpose as a theme be conveyed to registrants. In response it was suggested that examples from the PPI work to date could be shared with osteopaths and students through illustration and link to CPD to demonstrate the importance and value of patient engagement to enhance practice and learning.
- b. It was noted that in the wider context the implementation of Communications and Engagement Strategy would encompass PPI with the

potential to demonstrate how communications can be done differently and effectively benefitting both patients, the public, stakeholders, and the profession.

- c. It was explained that concept of psychologically-informed engagement (PIE) stemmed from working with 'lived experience practitioners' in relation to mental health, therefore understanding the need to provide a safe space and support for patients, understanding vulnerabilities and conditions not only as osteopathic patients but individuals who also access other services.
- d. Members were informed that the GOsC is working to ensure not only PPI from an EDI perspective but also from a geographical perspective. As part of the Joint Regulators Group looking at a joint strategy is being developed and looking at what has worked best for other regulators.

Considered and noted: The Committee considered and noted the progress of patient involvement activity and future plans to further embed the patient voice in policy development and decision making.

Item 8: Coronavirus Pandemic: ongoing reflections

19. The Director of Education, Standards and Development introduced the item which gave an update on the GOsC response to the coronavirus pandemic including reflections and learning that might impact on future policy development and activity.

20. The following points were highlighted:

- a. A number of publications have and are to be published:
 - Reflections in the context of the pandemic within a Regulatory Briefing document produced by Nockolds Solicitors have been published
 - A briefing about osteopathic regulation as a resource to support employers, other health professionals and others across the UK to increase knowledge about the quality of osteopathic regulation across the UK.
 - A report, soon to be published by the Professional Standards Authority (PSA) on learning from Covid-19, will include GOsC case studies on re-integrating the patient voice back into regulation and producing COVID specific guidance.
- b. The divergence of the coronavirus guidance across the four countries has demonstrated the need to strengthen engagement across the UK and highlight that osteopaths are regulated health professionals in all four countries and the mechanisms for accessing the register.

21. The following points were made and responded to:

- a. Members agreed that the GOsC has demonstrated flexibility and the ability to adapt in extremely challenging situation. The Executive and team were commended for what had been achieved.
- b. Members agreed there was a need to address the divergence in regulated healthcare professions and strengthen engagement across the UK. The administering of vaccination had been a challenge demonstrating how healthcare professionals interact with NHS services in the countries of the UK. It was noted that Osteopathy is not the only profession not recognised as an AHP in each of the four countries. One or two professions regulated by Health Care Professions Council (HCPC) were also in this situation.
- c. It was noted that the issue of being able to administer vaccinations is not dependent on an individual being a regulated health professional but relates to being a listed health professional or a listed regulated health professional under the relevant medicines regulation. This does not include osteopaths and some other AHPs.
- d. It was suggested that there was still a need for education on the roles of the GOsC and of the iO as it was clear through various social media that registrants did not fully understand remit of the profession's regulator and the professional association. It was agreed that the GOsC website had provided good information and links to sites for further information, but it was suggested that the profession had not been looking for signposting but to receive clarity in a difficult and everchanging situation and ensure compliance with guidelines. The GOsC had historically provided clarity and leadership but in this context the advice provided through Public Health England (PHE) and other providers was not always clear. The GOsC and the iO is worked closely in meeting some of the challenges but the iO built up networks with other MSK professions to develop the groups own guidance based on an interpretation of PHE guidance. It was explained that as a regulator, it was not necessarily appropriate to make 'hard and fast' rules about public health or other clinical issues because the right approach would depend on the particular context. 'Hard and fast' rules could have unintended consequences, for example, for particular patients or practitioners. This approach, where more specific guidance from the Professional Association could inform but not mandate practice was similar to that in place in other professions.
- e. It was suggested that to assist osteopaths in working with uncertainty and using judgement could be included as part of CPD for the future. It was noted that guidance on professional judgement is a gap within GOPRE and would be given further consideration but is an area which all health regulators have some difficulty.

22. The Chair in summary highlighted the points considered:

- What are the perceived expectations of the GOsC in the context of the pandemic?
- The consideration of the GOsC as organisation and how it might facilitate/develop an evolution around judgement.
- Consideration and perception of GOsC systems.

Considered and noted: The Committee considered and noted the reflections and learning from the coronavirus pandemic.

Item 9: Development update

23. The Director of Education, Standards and Development introduced the item which gave an update on the development of the osteopathic profession to date.
24. The following points were highlighted:
- a. The DHSC White Paper, published in February 2021, will allow the Government to change the shape of the regulatory sector.
 - b. The work of the Osteopathic Development Group which considers the sector and how osteopathic practice delivers care to patients in a changing environment.
25. The Observers with speaking rights gave updates on their respective organisations highlighting the following:

Council of Osteopathic Education Institutions (COEI)

- a. The pandemic has been a challenging time for the OEIs, but this has meant that the institutions are working better as a group. It was confirmed that using a virtual platform has meant that all OEIs are now regularly attending and participating in meetings.
- b. Due to the pandemic COEI are working closely together to meet the challenges in conducting assessments and clinics. Face to face clinics and online clinics are taking place and the OEIs are working to improve their online clinical communications.
- c. Frequent update letters are now being received by all the OEIs from the Department of Education.
- d. A process has been established to link clinic/associate vacancies with prospective graduate applicants.
- e. Kerstin will be stepping down as the current COEI Chair in due course and the group are looking to appoint a new Chair in the near future. In taking on the role the challenge will be the limitation on the time to devote to work of COEI as all members have an already busy workload. To assist COEI is also

looking to appoint an administrator who will help to ease workload of the Chair.

- f. COEI are working to develop a strategy for the future and will be the focus for the new Chair of the Council when appointed.

The Institute of Osteopathy (iO)

- a. Membership of the iO has increased by 8% in the past year.
- b. The roll out of Brand Osteopath is expected to take place in spring 2021 which will be accompanied with a trainer programme for regional societies and practitioners on how to use the marketing asset.
- c. The relationships with HEE, PHE, NHS England, Scotland, Wales, and Northern Ireland are much improved over the duration of the pandemic with wider recognition of osteopathy and there has been significant success in getting osteopaths into NHS roles.
- d. The iO are progressing well with ongoing public recognition of osteopathy.
- e. Work is ongoing with stakeholders (GOsC, OEIs) on the provision of coherent careers path and making this stronger.
- f. It was pointed out that a significant challenge for the stakeholder groups was that the 'development of the profession' needed to be professionalised as groups relied on good will without the funding.

National Council for Osteopathic Research (NCOR)

- a. The ongoing message from NCOR is how evidence can inform practise for individualised patient care and is research relevant to osteopaths.
- b. Online communications have allowed for much improved engagement including a conference held at the beginning of 2021 attended by 160 paying delegates.
- c. A project is being conducted by NCOR and the Osteopathic Foundation (OF) to investigate the use of Artificial Intelligence (AI) to disseminate statistics and funding is being provided for a PhD student to conduct the research.
- d. There are a number research papers are being published by NCOR including:
 - The Osteo Survey
 - OIA global report 2020
 - PROMs data (due for publication)
- e. Projects taking place:

- Cuties Trial
 - An investigation into Long COVID
 - Health Education England Project looking at placements in osteopathic clinics.
- f. Dawn announced her appointment as Chair of Allied Health Professions research.
- g. The NCOR contract with Queen Mary's Hospital ending April 2021, Dawn will be stepping down as Director of NCOR. The post is expected to be advertised during March/April with the appointment starting from November.

The Osteopathic Alliance (OA)

- a. The Committee were given a brief outline on the purpose and work of the Osteopathic Alliance.
- b. The group's strategy is to help the development of the profession by promoting an osteopathic centred view of well-being, to provide information on education pathways through COEI, and to keep abreast of the wider developments and disseminating information more widely.
- c. It was suggested that there is a need for clarification regarding the different groups as there are overlaps.
- d. The OA conducted six successful webinars attended by osteopaths worldwide to look at the challenges of osteopathic practise post-COVID and what the profession can do to support well-being. Over the course of the webinars there were 1,100 participants from 42 countries.
- e. Member organisations are being asked to produce case presentations of current work, areas of special interest, and what is being done to support well-being post pandemic. It is hoped the presentations will be shared widely including OEIs and provide a bridging pathway to ongoing academic mentoring and supervision for graduates.
- f. Looking forward the OA would like to build an informal library of resources to support the broader scope of what osteopathy can address and contribute to well-being.
- g. The challenge for the OA as with other groups is the limitations in being able to dedicate the appropriate time to the work of the Alliance.
26. The Chair thanked the observers for their work, valuable contributions and informative and detailed updates to the PEC.
27. The Committee congratulated Dr Dawn Carnes on her appointment.

Noted: The Committee noted the update on the development of the profession and the updates from COEI, iO, NCOR and OA.

Item 10: College of Osteopaths – Agreement to appointment of Visitors (Reserved)

28. Bob Davies and Elizabeth Elander declared conflicts of interest and did not participate in this discussion.
29. The QALO introduced the item which concerned the appointment of Visitors for the College of Osteopaths Recognised Qualification Review.
30. The following points were highlighted:
 - a. The Visit specification was approved in December 2020 for a Visit in May 2021.
 - b. A query had been raised concerning the perception that two members of the PEC were being considered for the Visit team and the impact this might have on quality of discussions of the RQ report.
 - c. In response it was stated although the position is unusual it would not impact on the quality of the visit as the visitors have the same information that the PEC have and in a sense the Visitors are an extension of the Committee.
 - d. It was also stated that any Visitor who is a member of the Committee would not take part in any discussion on the RQ report with which they will be involved so that the Committee could discuss the report freely. In addition, Section 12 Paragraph 4 of the Osteopaths Act 1993 states:

A person shall not be prevented from being appointed as a visitor merely because he is a member of—

(a) the General Council; or

(b) any of its committees.

- e. It is for the Committee and/or Council to decide in more detail the advantages and disadvantages of members being part of the visiting team. Matters to be considered were the legal implications of the Act and specifying the precise conflicts or perceptions. It may there are ways to mitigate conflict such as reviewing membership of the committee and the Terms of Reference to ensure the quality of decision making. In this case it is confirmed there are no conflicts of interest.
31. In discussion the following points were made and responded to:
 - a. The Chair emphasised that the issue regarding members as Visitors was about perception and trust. It was suggested that it would be helpful for the

Committee to consider the perceptions of conflict of interest and to take a look at the pool of Visitors as regardless of good training there is still network knowledge. There are therefore a number of areas which should be considered in the future:

- How to mitigate against perceptions
- How to communicate the mitigation to OEIs
- How to think about succession planning
- How to think about broadening the pool of Visitors

- b. It was confirmed that the Visits could be conducted by virtual means and cover both sites of the institution.

Agreed: The Committee agreed to appoint Bob Davies, Ceira Kinch and Marvelle Brown as Visitors for the Batchelor of Osteopathy (BOst Part-time) and Master of Osteopathy (MOst Part-time) and Bachelor of Osteopathy (BOst Part-time first cohort entry 2019/20).

Item 11: London College of Osteopathic Medicine (LCOM) – Agreement to appointment of Visitors (Reserved)

32. Bob Davies declared a conflict of interest and did not participate in this discussion.
33. The QALO introduced the item which concerned the appointment of Visitors for the London College of Osteopathic Medicine's (LCOM) Recognised Qualification Review.
34. The following points were made and responded to:
- a. In reference to paragraph c. it was suggested that the specification be amended to read:
- Implement the arrangements for enhancing the external scrutiny of the LCOM course to ensure comparability of academic and clinical standards and provide critical evaluation of the teaching and learning experience.
- b. It was confirmed that Visitors who are External Examiners would be precluded from undertaking visits.

Agreed: The Committee agreed to appoint Stephen Hartshorn, Lucy Mackay Tumber and Mark Foster as Visitors for the Member of London College of Osteopathic Medicine qualification offered by the London College of Osteopathic Medicine.

Item 12: Any other business

35. A request was noted for the earlier circulation of the public PEC agenda and related documents to allow more time for dissemination within stakeholder groups.
36. The Chair informed the Committee that an invitation would be circulated in due course with a request asking members to consider the performance, achievements, and challenges of the Committee's first year under her tenure. A discussion will be arranged for a future date to consider members responses.

Date of the next meeting: 15 June 2021 at 10.00