



## **Policy and Education Committee**

**Minutes of the 30<sup>th</sup> Policy and Education Committee held in public on Tuesday 10 June 2025, at Osteopathy House, 176 Tower Bridge Road SE1 3LU and Go-to-Meeting online video conference.**

*Confirmed*

**Chair:** Professor Patricia McClure (Council, Lay)

**Present:** Gabrielle Anderson (Council Associate)  
Dr Daniel Bailey (Council, Registrant)  
Gill Edelman (Council, Lay)  
Professor Debra Towse (Council, Lay)  
Arwel Roberts (Council Associate)  
Kate Kettle (Independent, Lay)  
Jayne Walters (Independent, Lay)  
Andrew MacMillan (Independent, Osteopath)  
Patrick Gauthier (Independent, Osteopath)

Observers with Speaking Rights:

Sharon Potter, Council of Osteopathic Educational Institutions  
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]  
Matthew Rogers, Associate Director of Professional  
Development, Institute of Osteopathy.

**In attendance:** Steven Bettles, Head of Education and Policy  
Fiona Browne, Director, Education, Standards and Development  
Nerissa Allen, Executive Assistant to the Chief  
Executive and Registrar  
Lorna Coe, Governance Manager  
Will Shilton, Mott MacDonald (QA provider)  
Hannah Warwick, Mott MacDonald (QA provider)  
Liz Niman, Head of Communications, Engagement and Insight  
Darren Pullinger, Head of Resources and Assurance  
Paul Stern, Senior Research and Policy Officer  
Matthew Redford, Chief Executive and Registrar

Observers with No Speaking Rights:

Sally Gosling, Institute of Osteopathy [online]  
Fiona Hamilton, Council of Osteopathic Educational Institutions  
Neil Hayden, Chair, SCCO (online) [1000-1130]

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

1. The Chair welcomed all to the meeting and confirmed that all were happy that the meeting would be recorded.
2. Special welcomes were extended to:
  - a. Lynne Chambers and Janet Rubin from Praesta, the company that has been undertaking the Board Effectiveness Review.
  - b. The 4 new independent members who joined from 1 April 2025: Kate Kettle (Lay), Jayne Walters (Lay), Andrew MacMillan (Osteopath) and Patrick Gauthier (Osteopath).
  - c. All members of the committee and staff present introduced themselves.
3. Apologies were received from:
  - Dr Jerry Draper-Rodi, National Council for Osteopathic Research.
  - Jo Clift, Chair of Council GOsC.
  - Banye Kanon, Senior Quality Assurance Officer

### **Item 2: Minutes and Matters arising.**

4. The minutes of the meeting of March 2025 were agreed as an accurate record of the meeting subject to the following amendment:
  - a. Typo on page 6, item 17 Paragraph P to be amended.

### **Item 3: CPD consultation analysis:**

5. Stacey Clift, Head of Research, Data and Insight introduced the item. The key messages were:
  - a. Most osteopaths understood the changes being proposed to the Continuing Professional Development (CPD) guidance and peer discussion review (PDR) Template and could not identify any gaps.
  - b. It was considered that both the consultation version of the CPD Guidance and the PDR documents could be improved.
  - c. The paper considered the findings of the consultation around fundamental elements of any CPD scheme: mandatory elements, reflective practice, sufficient evidence base for change and accessibility or inclusion considerations and some potential options for progressing in terms of an inclusive approach.

- d. The paper asked the committee to consider a set of reflective questions (see paragraphs 16, 17, 22, 35 and 39 in the report) around implementation of next steps concerning:
    - I. Strengthening trust among the contrasting views within the profession on this area.
    - II. Mandatory, encouraged, building an evidence base for change or Right Touch elements (or a combination of these) for effective CPD and practice.
    - III. Right touch reflective practice, which encompasses the individual Learner, inclusivity and innovative changes.
6. In discussing and considering the questions asked of it and considering next steps following the consultation which proposed introducing mandatory elements of CPD (in the areas of maintaining and establishing professional boundaries and equality, diversity, inclusion and belonging (EDIB)), the Committee looked at the 4 options provided in the report and debated extensively which was the most appropriate one:
- a. **Option 1:** Introduce these elements as mandatory elements in principle based on the statistical data collected as part of the consultation and use that as our evidence informed approach for them becoming mandatory elements of the CPD scheme under the theme of 'Benefiting patients'.
  - b. **Option 2:** Introduce them as 'Encouraged elements only, in light of the unintended consequences which are highlighted by those that disagree with their mandatory introduction (educational evidence is cited by this group).
  - c. **Option 3:** Introduce the Boundaries as mandatory and the EDIB as encouraged elements, given there is greater acceptance of the evidence base for the introduction of the boundaries element. Although we consider that the evidence base is strong for EDIB – we do think that there were some valid points made about process and outcome. We think that possibly framing a requirement about inclusive practice may be a way forward to better focus on successful outcomes. See Annex B for further detail.
  - d. **Option 4:** Introduce both elements as 'Encouraged elements' while we work on developing resources and the narrative for EDIB evidence base beyond education and into practice, given some respondents cannot see the

correlation between the UrG<sup>1</sup>Ent project and wider practice as an osteopath with the view to introducing these elements as mandatory on a set date in the future.

7. The Committee debated the options and concluded that it agreed EDIB and boundaries were important elements but, in line with GOsC values, it needed more evidence about how the scheme would work for osteopaths to consider making them mandatory. It was noted that usually, the Committee would agree the guidance first and then would work on the package of resources to support osteopaths to do that. However, in this case, it was proposed that the team would bring back a more complete package of resources for both the boundaries and EDIB elements, developed collaboratively with osteopaths, students and others, so that the Committee could decide at that stage whether to make the elements mandatory. This would also include a more layered approach to the CPD guidance so that the requirements of CPD would be the same, but alongside the core guidance, there would be a number of different accessible ways for osteopaths with more or less detail as required. This layered approach would also incorporate appropriate reflection. The Committee agreed with this approach and therefore Option 4 was the preferred option however a decision to whether or not they would be mandatory in the future would be considered at the October meeting.
8. In coming to this conclusion, it was noted that involving students early in this process via the OEIs would be valuable.
9. It was pointed out that it would be how the materials around the CPD guidance would be presented that was layered and not the guidance itself.

**Considered: Committee considered the CPD consultation analysis findings and the implications for next steps (There are specific questions for the committee to consider in paragraphs 16, 17, 22, 35 and 39).**

**Agreed: Committee agreed the approach to further development of the CPD Guidance and resources based on Option 4 outlined at paragraph 25 with consideration of whether or not it should be mandatory to be discussed at October Committee.**

**Agreed: Committee agreed the approach to the further development of the PDR template as outlined in paragraphs 36 to 39**

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<sup>1</sup> <https://www.hsu.ac.uk/urgent-project/>

#### **Item 4: Standards Queries and Osteopathic Practice Standards (OPS) review call for feedback**

10. The Senior Research and Policy Officer introduced the item and provided a summary which is start to the review of the Osteopathic Practice Standards (OPS). The key messages and following points were highlighted:
- a. The purpose of this paper was to provide an analysis of the issues raised with GOsC by osteopaths and other stakeholders and their application to the OPS over the past 13.5 months, as well as setting out the plan to start the review of the OPS through a call for feedback in late Summer/Autumn.
  - b. The OPS was last reviewed and updated in 2018. Good practice suggests that standards should be reviewed at approximately 5-year intervals. Given the current standards are just over 5 years old, it was felt that it was right time to start the review process which was the reason for the paper to committee.
  - c. As part of the preparatory work, Professional Standards have analysed the 91 ethical and standards queries received from osteopaths and members of the public between 23 March 2024 and 14 May 2025.
  - d. The main issues raised were in relation to osteopaths' management of records, osteopaths' undertaking activities sitting outside the typical scope of practice and how to manage difficult situations with patients and colleagues.
  - e. Consideration should be given as to whether there was anything further needed in these areas, whilst also considering issues such as, the rise of artificial intelligence (AI) and its impact on practice; boundaries issues between osteopaths, patients and their colleagues; and osteopaths' use of social media.
  - f. In order to ensure a wide range of views and to hear from all stakeholders with an interest in osteopathy, the next step would be to launch a call for feedback later this year. Considering what was missing in terms of further guidance that might be helpful.
  - g. There were a high number of queries on:
    - I. Patient records and what registrants should do when they sell their business or retire, or members of the public asking how they could access their records in those instances.
    - II. Patient confidentiality regarding AI transcripts or use of WhatsApp.
    - III. Adjunctive therapies e.g. Injection therapy, Botox, infant feeding advice, diagnostic imaging.
  - h. The Committee was asked for feedback on the research on the enquiries and whether it considered there were any gaps in the guidance.

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

- a. The Committee asked the executive if those responding to those queries felt able to answer the questions coming in or whether there were areas where there was no guidance or that were more challenging.

It was also asked if, having responded, people were generally satisfied with the responses.

The Senior Research and Policy Officer advised that in the main, the executive was able to respond to the queries and there was little that was not covered in the standards, however, there were a few that needed more consideration before responding e.g. how to deal with a challenging patient such as one who was breaking the boundaries and a registrant wanted to know their responsibilities. Responses were always sent with the offer to come back if there were more queries which the majority do not. Speaking in person was most helpful as it reduced any anxiety.

- b. The Head of Policy and Education pointed out that GOsC could not give legal advice and could not tell osteopaths what to do, rather, the executive would give them information and point them to legal advice or insurance etc. depending on the situation. The Committee suggested that the pre-engagement work would include other organisations such as the iO or insurers to triangulate what could potentially be a rich set of data on such queries and could inform GOsC's work on the review of standards of practice.
- c. The Committee queried where cultural competence within the delivery of practice would sit within the standards and questioned if it was missing because there were no queries coming from osteopaths on this or whether it was part of wider development of the profession.

The executive advised they were not aware of specific queries coming through but there were communication and patient partnership elements in the guidance but GOsC would need to ask the patients what was missing.

- d. The Committee explored the issue with some members surprised to see non-surgical cosmetic treatments and feeding advice for example and wondered how a member of the public knew an osteopath was trained in those approaches, what was considered appropriate training and how the public knew it was safe practice.

It was discussed that scope of practice was different for everyone with enhanced and advanced practice being very different than novice, therefore, the scope of practice needed to be wider to cover everyone.

Committee concluded the guidance on adjunctive therapies would be included in the call to feedback to consider all the points made.

- e. The Committee noted how this project was a great example of how GOsC was living its values as it was collaborative, respectful, evidence informed and it would be influential in changing practice by amending Osteopathic Practice Standards.

**Noted: Committee noted the findings from the analysis of the queries received from osteopaths between March 2024 and May 2025.**

**Agreed: Committee agreed that GOsC launch a call for feedback in late Summer/Autumn 2025 and that this included the adjunctive therapies guidance.**

### **Item 5: Quality Assurance**

12. The Head of Education and Policy introduced and explained the process for new members of the Committee.

13. The key messages and following points were highlighted:

- a. The Committee were asked to agree an updated version of the annual report template for 2024-2025.
- b. The Committee should prescribe the format of the annual report requirement in good time in accordance with the 'general conditions' attached, the recognised qualification approvals or the agreed action plans (for OEIs without an expiry date) and in accordance with s18 of the Osteopaths Act 1993.
- c. The report will be sent out in August/September and returned in late November/early December for analysis. The analysis reports will be presented to the Committee in March 2026.
- d. The template was similar to previous years with a focus on delivery of the Standards for Education. Further detail was requested this year around student protection plans, the qualification and training/development approaches of education providers for teaching staff and curricula. In the data sheets, the question was asked about the ratio of clinical educators to patients, as well as students.
- e. The analysis would be carried out in-house for the first time.

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

- a. The Committee queried how GOsC would ensure, when moving the process in-house, that it was dealt with fairly, transparently with no bias etc. and whether it had approached the OEIs to involve them.

The Head of Policy and Education advised that GOsC had not firmed up on the moderation process yet but was considering using RQ visitors in a moderation capacity and that the template would remain the same as was used by Mott MacDonald. How the process developed over time would continue to be done with input from the OEIs.

- b. The Committee discussed the requirement for a student protection plan, noting it was timely to include that. It was suggested that GOsC should clarify the intention and whether that was for institutions to share their standard student protection plan or whether it would be a specific plan to ensure students could transfer from one osteopathy course to another. The latter would negate potential issues of fairness for larger versus smaller institutions and if that was the intention it should be made very clear to institutions so they did not just share the larger student protection plan.

The Head of Policy and Education advised this would come out in the analysis. There was a duty on GOsC to support students in these situations and at the present time the focus was about making sure institutions had considered what they would do in the event a course was cancelled part way through.

**Agreed: Committee agreed the annual report template for the 2024-2025 academic year, including the updated educator data collection proposals.**

#### **Item 6: Apprenticeship Standard**

**Due to conflicts of interest Patrick Gauthier, Daniel Bailey, Andrew MacMillan and Sharon Potter stepped out the room.**

**Caroline Guy, Member of Council had been co-opted for this particular item and had joined the call online. Approval had been received from Council.**

15. The Director of Education, Standards and Development introduced the item. The key points were:

- a. The paper asked the Committee to make the following decisions:
  - i. To agree that the draft osteopath apprenticeship standard attached at Annex A is aligned with and capable of delivering the Graduate Outcomes as demonstrated by the mapping and the overarching requirements statement.
  - ii. To note that any qualifications developed to deliver the osteopath apprenticeship standard will be subject to usual quality assurance arrangements to inform the Education Committee's statutory recommendations about recognition to Council in accordance with the Osteopaths Act 1993.



- b. The paper explained that the development of the employer owned apprenticeship with the Institute for Apprenticeships and Technical Education (Ifate) is aligned with the GOsC strategy previously agreed by Council.
- c. The paper explained that the decisions the Committee was being asked to make are in line with its statutory duties and roles as outlined in the Osteopaths Act 1993 and the General Osteopathic Council (Recognition of Qualifications) Rules 2000.
- d. Matthew Rogers and Sally Gosling were present to answer any questions.

16. The following points were made and responded to in the discussion:

- a. The Committee noted that GO70, 71 and 72 had not been mapped across to the apprenticeship standard and questioned the reasons for that.

Mathew Rogers, Associate Director of Professional Development, Institute of Osteopathy provided the background. The trail blazer group was putting together the apprenticeship standard which was the knowledge, skills and behaviours that employers told them they would want to see in an osteopath who had graduated through an osteopathy apprenticeship to demonstrate to show that they are employment ready.

In a regulated profession any provider would have to assure GOsC that those students who graduated out of an apprenticeship programme met the same graduate standards as other routes. It would not be in the same language though, as Ifate and Skills England had a language convention so they would not fully reflect the same wording in the Osteopathic Practice Standards (OPS) but the quality assurance process would be the same as for existing programmes.

The version presented was a draft version and there was time to make amendments.

- b. The Director, Education, Standards and Development advised there were some of the Graduate Outcomes which were not capable of being translated into knowledge, skills and behaviours because they were experiential and therefore related to the delivery of the course rather than the content. They would instead be picked up as part of the QA process.
- c. Sally Gosling, Institute of Osteopathy added there were a number of duties and knowledge, skills and behaviours that made overt reference to the GOsC Graduate Outcomes and then by definition the Osteopathic Practice Standards. Education providers' proposals to deliver an apprenticeship would go through GOsC RQ process.

The Chief Executive stated that this item should have been reserved (for Committee members only) and apologised for Observers with speaking rights that they could not contribute to the discussion on this item.

- d. The Director of Education, Standards and Development advised that it was helpful for Committee to be aware that there was feedback from the ODG around specificity of osteopathy and whether there was sufficient osteopathy in the Apprenticeship Standard. She understood that this was being taken into account as part of the development process.

The question for Committee was whether the draft Apprenticeship Standard presented mapped across to our Graduate Outcomes which did make reference and were agreed as sufficient in osteopathy (in particular paragraph 16). There was one view there was not enough osteopathy in the draft Apprenticeship Standard and this was now being updated to incorporate this. GOsC's view was that the draft was sufficient as it referenced the Graduate Outcomes both through the mapping document and through a 'catch all' statement. GOsC would review the delivery of the Graduate Outcomes as part of the quality assurance process. In order to be a 'recognised qualification (RQ) registrable with GOsC, subsequent qualifications developed in response to the Apprenticeship Standard must deliver the Graduate Outcomes and the Standards for Education and Training.

**Agreed: Committee agreed that the draft osteopath apprenticeship standard aligned with and was capable of delivering the Graduate Outcomes.**

**Noted: Committee noted that any qualifications developed to deliver the apprenticeship standard would be subject to the usual quality assurance arrangements to inform recommendations about recognition to Council in accordance with the Osteopaths Act 1993.**

**BREAK 1136 - 1148**

#### **Item 7: BCNO Group – Initial Recognition of new RQ (reserved)**

- 17. The Head of Policy and Education/ Senior Quality Assurance Officer introduced the item which was the visitor report that contained recommendation for initial recognition of the BSc (Hons) Osteopathic Medicine (full-time three-year course) with five conditions.

- 18. The key messages from the report were:

- a. A draft RQ specification was approved by the Committee at its June 2024 meeting and in October 2024, the Committee agreed a team of three Education Visitors under s12 of the Osteopaths Act 1993 to undertake the review.
  - b. Following the BCNO Group's decision to cease recruitment to its London campus, the Committee agreed in January 2025 (via email) to proceed with the review, limited just to the proposed new three-year programme. The updated RQ specification as a result of this late change is attached as Annex A. A review of the remaining, existing provision will take place towards the end of 2025.
  - c. The visit took place from 18-20 February 2025.
  - d. The Action plan has been submitted to visitors for their comments so it is in hand and it was suggested that we request an update on all the conditions for the October meeting.
19. Hannah Warwick, Mott MacDonald added that there was a lot going on at BCNO at the time of the visit, but they were welcoming, very open and reflective about the areas that were identified. The visit focused on their readiness for change and the new programme. They had been thinking about some things that could cause issues for the student experience and making sure delivery of the programme would not negatively impact students.
20. A revised version of the report titled 'initial' rather than 'renewal' would be sent by Mott MacDonald.
21. In discussion, the following points were made and responded to:
- a. The Committee suggested that condition 7 around advising GOsC of any proposed or substantial change should be higher up and questioned whether, for a new course, a change in student numbers should be advised sooner than a 20% variance, in order to be more of an early warning sign.
- The Head of Policy and Education advised that there were general conditions, but the Committee could ask for much more detail on monitoring of student numbers if it wanted to.
- The Director of Education, Standards and Development advised that there was an opportunity to reflect on the general conditions now that GOsC was taking Quality Assurance in-house and that the placement of each one could be reviewed as part of that.
- b. The Committee discussed the requirement for a visit to be conducted in the second year of a new programme and whether that was proportionate

noting that there was one visit in February, another in November and a third the following year.

The Head of Policy and Education explained that the reason for the February and November visits was that BCNO had asked if the review visit could be done separately from the initial visit for the new programme.

The Director of Education, Standards and Development noted that the conditions should relate to the Standards of Education and Training and suggested the executive considered how to reword that to capture the concern rather than the process. The Committee could then make a decision on the visit at a later date.

- c. The Committee commented that in Annex B p5 regarding areas for development and recommendations regarding staff undertaking PDR should be compulsory rather than a recommendation.
- d. The Committee commented on the requirement for all relevant course materials to be reviewed and questioned whether that was the validation documentation rather than all teaching and learning material which would be extensive and difficult to provide.
- e. The Committee also raised a question in relation to condition 2 around producing the strategic plan for the next three to five years and wondered about the intent and proportionality of that request i.e. whether it was an action plan, a business continuity plan or a business case to support a new course showing how it would be delivered and sustained in the future.
- f. The Director of Education, Standards and Development clarified for the Committee that its role was not to redo the visit as such as they had appointed Visitors to examine all the evidence at the schedule of the Report and triangulate this with live feedback from students, staff and patients. Rather it was for the Committee to check that the report justified the conclusions. For example, was there a disconnection or lack of consistency between the visit report and the evidence cited within it and the conditions and then question that.
- g. The Committee discussed the proposed expiry date – the requirement was that there had to be a RQ visit one year before the expiry date of a new course but, if the Committee considered that another visit at the proposed time was disproportionate in this instance, noting it was an existing provider, it could decide to extend the expiry date to 1 January 2031 and review the position when they get the next RQ report towards end of 2026.

The Committee agreed to extend the expiry date to 1 January 2031.

**Agreed: Committee agreed to recommend that Council recognise the BSc (Hons) Osteopathic Medicine awarded by The BCNO Group subject to the**

**conditions set out in paragraph 19, from 1 September 2025 to 1 January 2031 subject to the approval of the Privy Council. Subject to:**

- 1. The executive rewording the condition around the requirement for another visit in year 2 in line with Committee discussions.**

**To request an update in relation to the action plan to be reported to the October 2025 Committee meeting. At that time the Committee will take a view about the date of the next visit.**

**Item 8: Swansea University – Renewal or continued recognition of RQ (reserved)**

**Jayne Walters and Sharron Potter stepped out the meeting for this item due to conflict of interests.**

22. The Head of Policy and Education introduced the item and the key messages were:

- a. A renewal of recognition review took place in relation to the Swansea University M.Ost in February 2025.
- b. The visitor report contained recommendation for renewal of the recognition of the M.Ost qualification with no conditions.
- c. As there was no expiry date on the RQ, no decision by Council was necessary. However, the publication of the RQ report and the Action Plan would be reported to Council for information.
- d. Will Shilton of Mott MacDonald added it was a very detailed report and it had been a very successful visit in a very busy environment, lots of passionate students in osteopathy there and visitors saw state of the art resources. Lots of strengths of practice and whilst there were no conditions, the OEI responded really quickly to the recommendations.

23. The following points were made and responded to in discussion:

- a. The Committee commented on the areas of good practice and wondered if it could be highlighted specifically to the profession as an exemplar.

The executive would consider how that could be done in a way that was fair and appropriate, ensuring that it was not promotion but that it could be used to show the profession the value of regulation.

**Agreed: Committee agreed to publish the Swansea University RQ Visitor report which provides evidence to continue the recognition of the Masters**

**in Osteopathy (M.Ost) awarded by Swansea University with no conditions and no expiry date.**

**Agreed: Committee agreed that the action plan should be updated as outlined in paragraph 17 and published.**

#### **Item 9: Marjon – Renewal of Marjon RQ**

**Gabrielle Anderson left the meeting for this item due to a conflict of interest.**

24. The Head of Policy and Education introduced the item and the key points were:

- a. The visitor report contained a recommendation for renewal of the recognition of Marjon qualifications with two conditions.
- b. A recommendation was made that the programmes be recognised without an expiry date. On this basis, the specific conditions recommended by the visitors alongside the general conditions applying to all recognised qualifications would be dealt with within a published action plan (Annex D).
- c. Plan to update Committee in October as a lot of this would have happened by that point but team have been assured they are doing what they needed to do.
- d. Will Shilton, Mott MacDonald added that the visitors were made to feel very welcome and teaching staff were very passionate, offering students a positive experience. The University benefitted from strong shared services and resources. There was evidence of good practice in supporting staff in their development needs. Although there was an ongoing discussion on one condition generally, they responded really quickly to the conditions.
- e. The Head of Policy and Education explained there was an expiry date on the course despite the aim being to not have that as standard. The executive considered that the conditions to remove the expiry date had been met so suggested it be renewed with no expiry date.

**Agreed: Committee agreed to recommend that Council recognises the Master of Osteopathy (MOst) (4 years full time) and Master of Osteopathy (MOst) (6 years part time) awarded by Marjon from 1 February 2026 with no expiry date subject to the approval of the Privy Council.**

**Agreed: Committee agreed to publish an action plan as set out in Annex D, subject to any further modifications to the Action Plan following Visitor feedback.**

**Requested: Committee requested an update from Marjon in relation to the implementation of the action plan for the two specific conditions recommended in the Visitors' report**

## **Item 10: Exploring recognition pathways between the UK and New Zealand**

### **25. The Chief Executive introduced the item and the key points were:**

- a. The GOsC has a three-stage international application pathway for any internationally qualified applicant wanting to register with GOsC.
  - b. The pathway cost an applicant £2,290.
  - c. Based on records from 2006, no applicant from New Zealand had failed the three-stage international application pathway.
  - d. New Zealand has a similar regulatory model to the UK and similar registration requirements to register.
  - e. The paper set out a comparison of the two models and suggestions of how to ensure that the systems always remained in line with each other.
  - f. The paper asked the question as to whether the GOsC and the Osteopathic Council of New Zealand could agree a system of mutual recognition of registration, reducing regulatory burden on osteopaths and streamlining the pathway making mobility between jurisdictions easier.
  - g. It demonstrated to regulators in other jurisdictions that progress could be made to ease the pathway to gain access to the register where the levels of regulatory systems were comparable. There are ongoing discussions in Australia around this point.
- e. Questions for the committee to consider included the following:
- a. How reasonable was it for GOsC and OCNZ to explore a system of mutual recognition of registration between our jurisdictions?
  - b. What would be the advantages and disadvantages of a system of mutual recognition of registration?
  - c. What were the mechanisms both GOsC and OCNZ could introduce to ensure our regulatory systems continued to align to support a system of mutual recognition of registration?
  - d. If a system of mutual recognition of registration was introduced, how frequently should such a system be reviewed?
- f. In discussion, the following points were made and responded to:

- a. Generally, the Committee felt this was a positive step and one that was innovative and fitted well with the GOsC values. It was felt that if this was successful it could serve as a template for other possibilities in the future but that there could be some resource implications longer term.
- b. It was suggested that the GOsC consider a review process with a series of expiry dates so both parties had the opportunity to initiate a review as appropriate. Regular review of this item internally was also advised.
- c. The Committee suggested looking for evidence that was already out there in other healthcare professions that could inform how GOsC takes this forward.
- d. The Committee noted that one point of differentiation was that New Zealand had a clear scope of practice and pathways for advanced practice which the GOsC did not.

The Chief Executive advised that in Section 4 New Zealand regulator had provided the wording around their competence authority pathway programme and GOsC was the only one that fitted within that. Therefore, they had not identified the scope practice and pathways for advanced practice as an issue.

- e. Santosh Jassal, Secretary to the Osteopathic Alliance commented on the wider implications cost and longer-term effects in terms of costs and implementation of this with other countries. The OA had seen, through sister colleges in other countries, that there was a vast difference in basic standards in practice which would be a risk.
- f. Santosh Jassal, Secretary to the Osteopathic Alliance also questioned what would happen with change – if regulators changed policies based on government, would the UK then have to align to international politics? It was suggested that another option would be to reduce the 3-year process to make that more user friendly rather than risk getting stuck in something that we cannot get out of if there is a change that GOsC did not like.

**Discussed: Committee discussed the possibility of a system of mutual recognition of registration between the General Osteopathic Council and the Osteopathic Council of New Zealand.**

### **Item 11: Policy and Education Committee Annual Report**

27. The Director of Education, Standards and Development introduced the item and the key points were:

- a. The role of the Policy and Education Committee was to contribute to the development of Council policy across the breadth of its work including in education, professional standards, registration and fitness to practise.



- b. The Committee performed the role of the statutory Education Committee under the Osteopaths Act 1993. The Committee has a 'general duty of promoting high standards of education and training in osteopathy and keeping provision made for that training under review'. It also had a key role in giving advice to the Council about educational matters including the recognition and withdrawal of 'recognised qualifications' (see Sections 11 to 16 of the Osteopaths Act 1993).
- c. The terms of reference of the Committee could be found at the end of the report at the annex.
- d. The Director of Education, Standards and Development added that the executive would check the attendance records for observers with speaking rights as it had been highlighted that the OA had attended four out of four meetings.

### **Agreed: Committee agreed the Policy and Education Committee Annual Report to Council for 2024-25**

#### **Item 12: Update from Observers**

28. COEI provided an update:

- a. COEI Strategy Day, would be on 21<sup>st</sup> July 2025 in London and COEI would be reaching out to stakeholders with invites. The purpose was to look at how COEI could work with other stakeholders in a better way.
- b. Redrafting COEI articles of association.
- c. Relationship and strategy and how to invite other institutions to be part of meetings.
- d. Noted thanks to GOsC for including COEI in the new QA process.

29. Matthew Rogers provided an update from the Institute of Osteopathy (iO):

- a. The incumbent CEO had retired and Dr Alison Robinson Canham had been appointed as the new CEO and started on Monday 9<sup>th</sup> June. Her background was in education and PhD which linked to the educational role of professional bodies.
- b. iO convention would be held on 21-22 November in London and would be a chance for the profession to come together and build the community. All were invited to consider joining this event.
- c. The iO had been delivering a leadership course in conjunction with institute of leadership, 56 had joined and 5 had taken on non-executive roles as a result.

- d. The iO had been working with GOSC on the transition to practise and was grateful to be involved in that process.
- e. GOSC removed its CPD diary tool – the iO would now be providing a CPD tool instead and had been working with GOSC on that. Osteopaths could now upload their evidence that supported their CPD diary to that same platform.

29. OA provided an update:

- a. The Osteopathic Children centre was piloting a paediatric Patient Recorded Outcome Measures (PROMS).
- b. The OCC will be launching a new clinic as they are changing premises and there would be a launch party.
- c. OA had undertaken a small study targeted at new graduates within the first three years of practice to explore how they felt about their practice, training and what gaps the OA could fill. The purpose was to provide some data on how the OA could support them better and it did provide some rich data in terms of practice, undergraduate training, what kind of things were supporting them in their current teaching at post-graduate level which included mentoring and teaching clinics.

30. Daniel Bailey provided an update in the absence of Jerry Draper-Rodi from NCOR:

- a. Dr Philip Bright was stepping down as Chair as he was taking a role at HSU but would remain on the Board for the transition of the incoming chair. New nominations had been invited.

### **Item 13: Any other business**

- 31. The Committee thanked Mott for all work over the years and good team to work with and valuable contributions to the meetings and work on transition. Mott MacDonald would attend the next meeting.

### **Item 14: Date of the next meeting:**

- Policy and Education Committee Wednesday 22 October 2025

**Meeting closed at 1247**