



**Policy and Education Committee**

**Minutes of the Policy and Education Committee (PEC) held in public on  
Wednesday 14 October 2020, hosted via Go-to-Meeting video conference**

*Unconfirmed*

**Chair:** Professor Deborah Bowman

**Present:** Daniel Bailey  
Dr Marvelle Brown  
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)

**In attendance:** Steven Bettles, Policy Manager, Professional Standards  
Fiona Browne, Director of Education, Standards and Development  
Duncan Clarke, Quality Assurance Professional Lead, Mott  
McDonald (Items 1 to 5)  
Rachel Heatley, Senior Research and Professional Standards  
Officer  
Kabir Kareem, Quality Assurance Liaison Officer (QALO)  
Sheleen McCormack, Director of Fitness of Practise  
Michelle McDaid, Quality Assurance, Project Director, Mott  
McDonald (Items 1 to 5)  
Liz Niman, Head of Communications and Engagement  
Matthew Redford, Chief Executive and Registrar  
Marcia Scott, Council and Executive Support Officer  
Holly Sheppard, Mott McDonald (Items 1 to 5)

**Observer/s** Dr Bill Gunnyeon, Chair of Council

**Item 1: Welcome and apologies**

1. The Chair welcomed all to the meeting. A special welcome was extended to the team from Mott McDonald, the GOsC's quality assurance provider.

2. Apologies were received from Dr Kerstin Rolfe, Council of Osteopathic Educational Institutions (COEI), and Dr Stacey Clift, Senior Research and Professional Standards Officer.

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

3. The minutes of the meeting, Wednesday 10 June 2020, were agreed as a correct record subject to the following amendments:
  - a. Item 3: Review of GOPRE, paragraph 7c: It was confirmed that very few concerns had been raised relating to the OEIs during the current crisis. A common issue related to final-year students and the loss of clinical time and how this can be made up/compensated. The GOsC and COEI are planning to develop guidance addressing requirements for first, second and third-year students to present to the Committee in October.
  - b. Item 3: Review of GOPRE, paragraph 8b: The concerns raised by members regarding the status of the 1,000 hours requirement and the use of 'must' and 'should' were recognised.

## **Matters arising**

4. Item 3: Review of GOPRE - Enhanced Guidance: It was confirmed that the draft guidance addressing requirements for first, second and third-year students has been prepared and shared with COEI. The Committee would be given an update at its private meeting, 29 October 2020.

## **Item 3: Review of Guidance for Osteopathic Pre-registration Education (GOPRE) and development of Standards for Education**

5. The item was introduced by the Policy Manager providing an update on the review of GOPRE and the Standards for Education, the feedback on the draft guidance and seeking agreement to the timetable for development and implementation.
6. The following points were highlighted:
  - a. The review of GOPRE and the development of Standards for Education have been slightly delayed due to the COVID19 pandemic.
  - b. The first stakeholder group meeting was held in July with a further meeting held on 24 September 2020. The meetings had been reassuring and positive, and good progress has been made on the guidance as highlighted in the report.
  - c. It had been the aim to implement the guidance in September 2021 but due to the pandemic this will be delayed to until September 2022. The adjustment in the timeline will allow the OEIs time to prepare for the implementation of the revised guidance and standards.

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

- a. Members agreed that the work undertaken to date had been comprehensive, positive and appeared to be progressing well.
- b. In shaping opinions and thoughts for GOPRE it had been helpful to reference work being undertaken by the NHS and Health Education England (HEE) relating to the frame-working of MSK for first contact and advanced clinical practitioners including the Advanced Clinical Practice in England document. It was explained that this did not mean there was rigid adherence to this work when considering GOPRE as it had become clear that in the context of COVID-19, the divergence of the four countries of the UK had become more apparent. It was also clear that a broader scope was required to ensure perspectives from all regions could be considered and taken into account
- c. It was added that the iO is currently working with HEE across a range of career pathway development programmes on a multi-professional basis. HEE is working to put together a 'creditor grade quality framework' in MSK with the intention of bringing together all the other MSK related professions within the pathway definition and, with the regional health education equivalents, track developments across the four UK regions.
- d. In considering the draft document it was noted that there was a need to:
  - include a reference to business skills and management for students
  - include risk management for OEIs within the governance sections
  - include reference to diversity in OEIs in the context of recruitment and equality/diversity impact
  - include reference to collection, relevance and processing of personal data and issues relating to information governance.
- e. It was suggested that:
  - a range of MSK techniques should be included
  - a strong section on pharmacology was required
  - evidence-based practise should be threaded throughout as this would link to patient values
  - there should be more incorporation of the biopsychosocial model in terms of justification for different interventions along with an emphasis on holistic care.
  - more detail should be given for manual interventions in the same way as, if not more than, the knowledge of research skills.
- f. A concern was expressed that OEIs might narrow the scope of what is included in curricula if what was expected was not clearly specific.
- g. It was recognised as an inevitability that MSK would be referenced in the guidance, but, while recognising the importance of maintaining Advanced

Clinical Practice status, it was stressed that the broader scope of osteopathic practise should not be overly dominated by MSK.

- h. The Policy Manager explained that the list of approaches and techniques are not a requirement or expectation but may be included on an institution's curriculum and many OEIs do not currently teach all of techniques. The broadening of the definition would not preclude any other techniques. Would having a more generic reference point for a range of conditions be sufficient to be clearer to patients and osteopaths? There is no requirement for a particular approach within the document and there is flexibility within the OEIs as to what and how to teach. There is also no defined scope of practice nor is there a list of approved/non-approved techniques for osteopaths.

8. In summary the Chair highlighted:

- a. the overall support for the composition of the stakeholder reference group and the resulting themes;
- b. the four-nations approach and recognition of the divergence of approach across the four-nations in healthcare and NHS and considering how this should be captured, specifically the thinking about the frameworks which the NHS and HEE have been working on;
- c. the need to triangulate information sources to aid strategic thinking;
- d. The need to consider:
  - business management and standards
  - risk management and governance, and equality, diversity and inclusion
  - the role of osteopaths in prescribing
  - evidence-base
  - the maintenance of and ensuring consistency
  - the accessing personal information and information governance.

#### **The Committee:**

- a. Noted the progress of the review of the Guidance for Osteopathic Pre-registration Education, including the development of more specific Standards for Education.**
- b. Considered the draft Guidance for Osteopathic Pre-Registration Education guidance and issues for discussion provide feedback.**
- c. Agreed the revised indicative timetable.**

#### **Item 4: Draft Screeners Guidance**

- 9. The Director of Fitness to Practise introduced the item which invited the Committee to consider the draft guidance. The Screeners Guidance had been substantially updated and modified to enable Screeners to make consistent, fair and proportionate decisions.
- 10. The following points were highlighted:

- a. All screeners are members of the Investigating Committee (IC) and are osteopathic members where matters concern the application of initial closure procedure or threshold criteria. In relation to the threshold criteria where an osteopathic screener determines that a case should be closed, a threshold review will be conducted by a lay screener of the IC. If they disagree with the osteopathic members decision, then the matter is screened in for referral to the IC.
- b. The guidance relates to the initial stages of an investigation into a registrant's fitness to practise.
- c. The improvements to the guidance are to ensure that action taken is proportionate and resources are used efficiently and effectively.
- d. The document enhances current guidance, takes account of the step changes introduced to our initial stages through the threshold criteria and the initial closure procedure which will improve consistency, and will act as a checklist for screeners. A flowchart has also been introduced as an additional guide for screeners.

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

- a. Auditing and screeners decisions: Members were advised that as part of the quality assurance process decisions made by screeners are currently reviewed through internal and external audits. There is currently no review of decisions made by individual screeners. However, Screeners do receive regular training and there is reference to bias in the IC Guidance.
- b. Monitoring decisions: External audits of decisions are 'blinded' and there is a programme of audits in place. The PSA is also able to undertake audits of processes and undertook a targeted review of the GOsC process in 2018. Annual performance appraisals are conducted independently with every IC member by the Chair of Council. Decisions to close under the threshold are also checked by an IC Lay Screener who will review the decision of the Osteopathic Screener where they seek to close a case under the threshold criteria as an additional quality measure. It is also important to note that in the external audit conducted by an experienced, independent auditor in 2019, no concerns were raised about any decisions being closed inappropriately.
- c. As part of the pre-consultation exercise for the Screeners Guidance the Fitness to Practise Forum comprising barristers, IC and PCC Panel members, external lawyers and the auditor who conducted the initial stages audit last year, will be invited to comment and give feedback. The wider public consultation would also seek comment and feedback from other health regulators, the PSA and wider stake holders.
- d. Gender specific language: It was confirmed that the language within the Act and the Investigation Rules referred to the male gender as this pre-dated the

current parliamentary counsel guidance to use non gender specific language. However, a review of the document would be undertaken prior to consideration by Council to ensure the guidance itself is gender neutral.

- e. It was confirmed that the decision of a Screener is final and there is no appeal route a complainant can take once a decision has been made. They could seek a judicial review of the decision which is rare. If a case is closed under the initial closure procedure the reason is usually due to the complainant no longer engaging with the process and the concern cannot be progressed because we cannot obtain the evidence or information. Where a case falls under the threshold criteria there is an enhanced decision-making process with two decision makers reviewing the case before it is closed and the reasons for the decision being fully explained to the complainant by the regulation team to enable them to understand the process. Most cases which are closed by Screeners are under the initial closure procedure due to a lack of information. Where there is credible evidence these cases will proceed to the Investigating Committee.
- f. The Committee was informed that the members of the Investigating Committee received training in February 2020. As a result of recommendations made in the auditor's report the focus of the training was on providing detailed written reasons for decisions made. A screener's report template was also developed to assist Screeners.
- g. It was explained that because the cohort of Screeners, IC and PCC members is small it would be inappropriate to use and critique individual members decisions for training purposes. Rather, anonymised case studies and determinations are created for these purposes, along with the use of practice notes and training events for Committee members to continuously learn and develop. The Determinations Review Group also selects, and reviews cases and gives feedback for improvements and training opportunities.
- h. It was confirmed that a procedure for whistleblowing is in place and details are available on the GOsC website. The Regulation team investigate whistleblowing concerns and/or complaints before they are submitted to the Screeners or the IC.

**Agreed: The Committee considered the draft Screeners Guidance and agreed it should be recommended it to Council for consultation.**

#### **Item 5: Update on Quality Assurance and transition to Mott McDonald**

- 12. Duncan Clark, QA Professional Lead for Mott McDonald, introduced the item which gave update on the transition to Mott McDonald as quality assurance provider to the GOsC.
- 13. The following points were highlighted:

- a. The Committee's approval of for the provisions of the Quality Assurance Handbook would be sought at an extraordinary meeting of the PEC to be convened in November/December 2020 and to be finalised at the Committee's meeting in March 2021.
- b. Mott McDonald were keen to understand the issues relating to quality assurance and thanked the OEIs and Visitors who had participated in the individual meetings and attending a workshop.
- c. Mott McDonald were impressed with the level of consistency in the messages coming from the OEIs and the desire to maintain development for sustained improvement.
- d. Examples and feedback for visitors were:
  - The training approach and whether this could be undertaken differently to close the gap between training and when a visit takes place with training tailored to specific visits.
  - The idea of communities of practice and standardisation.
- e. Review of the Quality Assurance Handbook: Three areas which are being looked at are:
  - a review of co-ordinator role – to support the Visitor team and strengthen the link between the Visitor team and the OEI;
  - review criteria – to provide consistency and efficiency, the use of mapping tool to address self-evaluation;
  - how to develop opportunities in the use of technology and remote working.

14. The following points were made and responded to:

- a. Members commented that the level of engagement has been encouraging.
- b. The status and continuity of current QAA benchmark documents: It was explained that the Quality Code and the QAA Benchmark Statement have acted as reference points. The GOsC does not own the documents and they do not form the basis of the GOsC's standards. The GOsC legislation only refers to the Osteopathic Practice Standards (OPS) as the standard of proficiency and that in law the Committee is required to make recommendations to Council as to whether graduating students will meet the requirements of the OPS. The current position is that there are a number of reference points which feed into the Committee's decision; GOPRE, the current Benchmark Statement and the current Quality Assurance Handbook. The work being undertaken on GOPRE will strengthen the outcomes for delivery, strengthen the standards for training and will replace the quality code. The Benchmark Statement is important but the GOsC focus is the OPS and is what is required in legislation.

- c. Reduction in Visit time: It was confirmed that there would be no blanket shortening of Visit times.
- d. Relationship with Office for Students (OfS): It was explained that the initial visits conducted by the Office for Students (OfS) have now been completed and the question of how information is shared is still to be considered.

**Noted: The Committee noted the progress made in reviewing the quality assurance process, including the development of a new Quality Assurance Handbook.**

**Item 6: Implementation and evaluation of the CPD scheme: Update on data collection to inform the CPD scheme**

- 15. The Chair introduced the item which gave an update on data to inform the CPD Scheme.
- 16. The following points were made and responded to:
  - a. Members queried why osteopaths from LCOM had not taken part in the CPD webinars. It was explained that webinars were voluntary and had limited capacity. They were for osteopaths who would like additional support in undertaking the requirements of the CPD scheme. In the webinars that had taken place our data showed that osteopaths who had graduated from all the OEIs were represented other than London College of Osteopathic Medicine (LCOM). This was likely because of the small numbers graduating from LCOM and was not to be regarded as an indication that these osteopaths were less engaged.
  - b. It was asked if a question could be included about osteopaths who might be involved in quality assurance or other sub-contracted work. It was explained that the questionnaire was now live, but this would be followed up and considered for inclusion in the future.
  - c. Members asked that the work undertaken by Stacey Clift be recognised for the detail and the opportunity to give feedback. It was also recognised that for the first time the questionnaire gives respondents the opportunity to request assistance if required.
  - d. It was suggested that interviews might be conducted with registrants who have completed the questionnaire to acquire qualitative data to answer some of the questions which responses to the questionnaire have raised.
  - e. It was explained that the data collected would be used to reflect and focus on the key areas where there may be problems, to reflect on the communications approach and the development and creation of resources for the future.



- f. It was suggested that all the research undertaken could be used to develop and create a research map bringing together all the work of the GOsC to provide an in-depth overview of achievements, learning and outcomes.
- a. **Noted: The Committee considered and noted the analysis of a range of data sources and the implications for the implementation of CPD scheme including key messages and next steps.**
- b. **Noted: The Committee considered and noted the CPD evaluation survey 2020 and to provide feedback, to enhance their assurance and offer further insights into the overall performance of the CPD scheme for osteopaths.**

#### **Item 7: Acting as an expert or professional witness on the osteopathic context**

- 17. The Policy Manager introduced the item concerning the guidance on acting as an expert or professional witness in osteopath cases.
- 18. The following points were highlighted:
  - a. A useful discussion took place with the stakeholder group held on 24 September 2020.
  - b. The recommendation was that the guidance published by the Academy of Royal Medical Colleges (AoRMC) is consistent with the GOsC's own guidance and standards and could be endorsed. Work will continue on the development of GOsC's guidance and engagement with the stakeholder group.
- 19. The following points were made and responded to:
  - a. Quality of expert witnesses: It was noted that recruitment of experts had not taken place for some time and it was acknowledged that the current pool of Expert Witnesses needed to be refreshed. Training for Expert Witness is an activity which is outsourced to specialist trainers due to the specific obligations and requirements experts must meet. It was acknowledged that training in GOsC processes for Expert Witnesses is to be developed.
  - b. Equality and Diversity: It was suggested that the equality and diversity element should be built on and strengthened going further than what has been set out in the AoRMC Guidance. It was noted that this had been an area highlighted in discussion in terms of training and would be considered further.
  - c. Understanding of osteopathic practice: It was pointed out that members of the medical royal colleges will have more objective expertise within their specialist areas, and this might be difficult to match within the osteopathic profession. As highlighted expert witnesses will require suitable training which include an awareness understanding of osteopathic canon.

20. The Chair summarised the discussion:

That there should be:

- a. A recognition of the range of the osteopathic profession
- b. A recognition of the importance of appropriate training
- c. A recognition of the ethos of GOS/Council
- d. A recognition that the guidance meets with the OPS

**a. Agreed: The Committee agreed that the advice set out in the Academy of Royal Medical Colleges 'Acting as an Expert or Professional Witness – guidance for healthcare professionals', is consistent with our own standards and guidance.**

**b. Agreed: The Committee agreed to a review of the GOSC's existing guidance and further engagement with the expert witness working group on this.**

**Item 8: Swansea University - Removal of Recognised Qualification expiry date**

21. There were no declarations of interest.

22. The Quality Assurance Liaison Officer (QALO) introduced the item which concerned the removal of expiry date for the Master of Osteopathy recognised qualifications awarded by Swansea University and publication of the associated Action Plan

23. It was confirmed that the institution had met the requirements as set out and that there were no outstanding conditions. It was recommended that the Committees agree the removal of expiry date for the RQ.

**a. Agreed: The Committee agreed to recommend that Council recognise the qualification Master of Osteopathy awarded by Swansea University with no expiry date and with no specific conditions, and to seek approval of the recognition from the Privy Council.**

**b. Agreed: The Committee agreed to publish the Swansea Action Plan.**

**Item 9: The implementation of the Osteopathic Practice Standards: follow up research by Professor Gerry McGivern and team on exploring and explaining the dynamics of osteopathic regulation**

24. The Director of Education, Standards and Development introduced the item which concerned the implications, impact and next steps for the GOSC's future activities indicated by the findings of the report 'GOSC Regulation Survey 2020' by Professor Gerry McGivern, Professor Tina Kiefer, Dr Sonja Behrens and Dr David Felstead, of the Warwick Business School.

25. The following points were highlighted:

- a. The research has been able to develop factors which help the GOsC further understand compliance comparing the original research in 2014 to that of 2019/20.
- b. The work of the research important and outcomes are detailed in the report:
  - Pro-regulator: more osteopaths are pro-regulator but fewer thought that the GOsC communicated well.
  - Pro-evidence-based practise: a bigger shift to evidence-based practice.
  - Inappropriate regulations: more osteopaths believe regulation is more focused of rare cases of serious malpractice rather than everyday practice.
  - Fear based compliance: more deep concerns potentially due to changes in regulation. Also, possibly due to the pandemic, the need was highlighted for better engagement.
  - Understanding of regulation: increase in understanding and awareness of regulation and of the Osteopathic Practice Standards. A small percentage reflected that the OPS set out what it is to be a good osteopath.
  - Compliance: highlighting the diversity of registrants and the challenge in communication.

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

- a. Members asked how does the public acquire information to be confident about the quality of service? It was suggested the 'Patient Reported Outcome Measure' (PROM) a project launched by NCOR in 2016 could be a source of information which could be used by the profession. The challenge for the profession is the context of private healthcare outcomes and how these would be collated and published. PROMs are way forward, but this is not to say osteopaths who had not engaged with PROMs would not be good as providers. Much depends on 'word-of-mouth' in private practice and is a roundabout way of making decisions based on limited outcomes.

It was suggested that with all the research, resulting outcomes and data now available, as a group of strategic leaders within the profession osteopathy was at a juncture to consider and reflect on next steps for the profession and looking at what patients want.

- b. Pro-regulator: there was some concern that the osteopaths did not fully appreciate how much the GOsC is supporting the reputation of the profession and taking developments forward. Communications must be repositioned to address these issues. The issue of how to overcome the hostility and indifference of those registrants who are not part of a forum/group and are difficult to reach was also highlighted. The comments and concerns were acknowledged, and the Committee was given assurance that the GOsC work was ongoing to address these issues.
- c. Understanding of the role of the regulator: It was acknowledged that the current pandemic had highlighted registrants' lack of understanding as to the

role of regulator and that of the professional association but this had also shown to be the case across the healthcare sector therefore it was not only the GOsC but other regulators and professional which need to address this issue.

- d. It was suggested that the use of less formal communications and engagement through social media may be preferred by those who are being targeted keeping in mind that communications must be grounded in optimising patient care.
- e. Prioritising next steps: It was agreed that the prioritisation of next steps based on the research and data collected would need further consideration and reflection. Since 2019 when the GOsC Strategic Plan was agreed and published much has changed to date. Developing a strategy would provide a focus for reflection and forward thinking.
- f. The Chair asked that Professor Gerry McGivern be thanked on behalf of the Committee for his work.

**Noted: The Committee considered the issues raised in the follow up research by Professor Gerry McGivern and team on exploring and explaining the dynamics of osteopathic regulation.**

#### **Item 10: External inquiries, reviews and reports**

27. The Director of Education, Standards and Development introduced the item which highlighted and signposted potential, relevant matters in the external environment to inform the thinking of the GOsC.

28. Themes highlighted:

- Listening to patients and the regulatory system working as a whole; the need to focus on changes in culture to support dialogue, trust empathy and care.
- The erasure and reintroduction of the patient voice.
- Changing patient experience of healthcare.
- Changing patients' expectations and understanding of touch.

29. The following points were highlighted:

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

- a. Members welcomed the opportunity to horizon scan and consider more broadly thinking about health care, osteopathic care and osteopathic regulation.
- b. Unnecessary healthcare: Members raised the concept of unnecessary healthcare following the Patterson Inquiry. It was felt that this could be a potential challenge for the regulator in the protection of patients.

- c. Engagement with patients: Members asked if would be helpful to develop a patients' forum or a newsletter to highlight the patient experience. It was confirmed that work with patients is ongoing, two focus groups have been conducted and patients have also been successfully recruited regionally. As part of the recruitment process patients have been reassured that the GOsC are keen to hear their voices and this would be done in a safe space. A more detailed report will be provided to Committee and Council in due course.
  - d. The issues within the NHS due to the pandemic were highlighted pointing out the current crisis has led to an increase in the number of patients seeking osteopathic treatment who would not normally pay for healthcare. The iO has approached NHS England to suggest a way to utilise the MSK workforce and consider whether a mechanism could be found to do so.
31. The Chair acknowledged the suggestion of regular horizon scanning reports to be included as part of the PEC agenda. It was confirmed that this would be explored.

**Noted: The Committee noted the themes from external inquiries, review and reports.**

**Item 11: Any other business**

32. There was no other business.

**Date of the next meeting:** 10 March 2021 at 10.00