



Policy and Education Committee

Minutes of the Public Policy and Education Committee, an in-person and online meeting, Thursday 7 October 2021 at Osteopathy House, 176 Tower Bridge Road, London SE1 3LU and via the meeting platform Go-to-Meeting.

Unconfirmed

Chair: Professor Deborah Bowman

Present: Daniel Bailey
Sarah Botterill
Dr Marvelle Browne
Bob Davies
Elizabeth Elander
Professor Raymond Playford
Nick Woodhead

Observers with

speaking rights: Dr Dawn Carnes, Director, National Council for Osteopathic Research (NCOR)
Maurice Cheng, Chief Executive, the Institute of Osteopathy (iO)
Charles Hunt, Council for Osteopathic Education Institutions (COEI)
Michael Mehta, the Osteopathic Alliance (OA)

In attendance: Steven Bettles, Policy Manager, Professional Standards
Fiona Browne, Director of Education, Standards and Development
Rachel Heatley, Senior Research and Policy Officer
Kabir Kareem, Quality Assurance Liaison Officer (QALO)
Liz Niman, Head of Communications, Engagement and Insight
Matthew Redford, Chief Executive and Registrar
Carl Pattenden, IT Manager
Marcia Scott, Council and Executive Support Officer
Holly Sheppard, Mott McDonald

Observer/s: Dr Bill Gunnyeon, Chair of Council
Dr Jerry Draper-Rodi, Director Designate, National Council for Osteopathic Research (NCOR)

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. A special welcome was extended to Charles Hunt, Vice-Chancellor of the University of Osteopathy and representing

COEI and to Dr Jerry Draper-Rodi, Director Designate of the National Council for Osteopathic Research (NCOR).

2. Apologies were received from Dr Joan Martin, and from Mott McDonald, Duncan Clarke, and Michelle McDaid.
3. It was noted that this was the first blended meeting of the PEC and the Chair thanked the staff team for the efforts to make a safe and inclusive environment for all attending in person and by remote means.

Item 2: Minutes and matters arising

4. The minutes of the meeting 15 June 2021 were agreed as a correct record.

Matters arising

5. Item 3: GOsC Position about protection of title and osteopathic practice: In response to a request for an update on the position animal osteopathy and protection of title, it was confirmed that advice is being sought and discussions are ongoing including with the Department of Health and Social Care (DHSC). To date there is no further information available.

Item 3: Communications and Engagement strategy implementation: draft evaluation / progress dashboard

6. The Head of Communications, Engagement and Insight introduced the item which outlined developments in relation to the strategy, including the evaluation dashboard, implementation plans, and in due course, evaluating impact.
7. The key messages and following points were highlighted:
 - a. The paper seeks feedback from the Policy and Education Committee about how we might demonstrate the impact of the GOsC communications and engagement strategy using a combination of project evaluation and ongoing data analysis.
 - b. The paper takes into account feedback from Council on how we can demonstrate the impact of the GOsC's communications and engagement strategy and how this learning has fed into a draft dashboard for feedback from the Committee.
 - c. The draft dashboard explains that for each of the aims of the communication and engagement strategy are changes that we might expect, and possible desired outcomes that we might want to achieve, to demonstrate success. In some areas, we will always be 'progressing towards', and may never complete the desired outcome. In other areas (particularly smaller or more discrete projects), we might be able to identify changes needed and demonstrate clear, defined outcomes at the conclusion of the project. Examples of these are provided in the paper.

- d. Committee feedback is sought on the concept and shape of the draft dashboard, the changes that might indicate progress against the aims of the communications and engagement strategy, the data and projects which might show short and longer-term impacts and, if possible, the desired outcomes that might illustrate success.
 - e. We plan to use the feedback from Committee to inform the further development of the content ahead of Council including different ways of presenting the data.
8. The following points were made and responded to:
- a. Members welcomed the work completed to date finding the report comprehensive, presenting a good balance of short and longer-term measures, and also linking to the wider strategic goals of the GOsC.
 - b. Complexity of the dashboard: In response to comments on the complexity of the dashboard, it was explained that draft presented is a condensed version containing many examples of desired changes and illustrating projects at different stages of the evaluation journey. The data collected would provide assurance to Council about the implementation of communications and engagement strategy. It was added that the dashboard could be simplified moving forward.
 - c. It was suggested there was a danger of 'drowning' in data and Key Performance Indicators (KPIs) and, although the tracking and collection of data is necessary for projects, perhaps an annual satisfaction survey could be considered, if not already planned for, to ensure there is some measurement of the impact of projects on the wider audience.
 - d. Objectivity and measurement of success: Members were advised that there would be objectivity and subjectivity/perception in the measurements undertaken which would include statistical and qualitative analysis. It was suggested that as data are gathered a review might be undertaken to consider which measures might be pursued, be revised, or not pursued any further.
 - e. It was suggested that the first signs of success would be more engagement and participation from osteopaths in GOsC-led events and platforms and, in due course, positive and constructive feedback from registrants.
 - f. Members were advised that the baseline data would be dependent on what is being measured.
 - g. It was confirmed that the tone of emails would be reviewed. It was also confirmed that rates of access of ebulletins (i.e. who opens the communication) are collected. It was also pointed out that the ebulletin

paragraphs are self-contained and the embedded links will take readers to additional information which they might need and can be measured.

- h. It was suggested there should be more engagement to ensure public understanding about osteopathy and what it is. This might encourage an increase in the numbers of prospective students. It was asked what role GOsC should take in raising awareness of, and engaging the public in, osteopathy.
9. In summary the Chair highlighted the following:
- a. The term 'impact' can be used in the evaluation process but what does it mean and can it be defined by the team?
 - b. The mapping of the evaluation strategy against key aims and measurement is worth testing.
 - c. How might a review be used to consider/measure milestones?
 - d. The consideration of the silent majority and building trust (amongst registrants/the profession); the consideration of pre- and post-change/experience of events and meeting and the expectations of participants.
 - e. The importance of the quantitative/qualitative approach and matching the methodology to the questions.
 - f. The establishment of a reference group to develop a baseline on perceptions to become a source of intelligence throughout the strategy. It would be important that the participatory group be entirely new to provide fresh insight and include the public as well as patients.
 - g. Trust will not be equal for different groups and perhaps there should be a focus on building trust in communities where there is less trust, or there is a different experience.
 - h. The distinctive contribution of the GOsC and how the organisation can work within the system to foster communication and engagement.
10. The Chair thanked members for the work to date on the Communications and Engagement strategy noting the positive changes which have been achieved. Members were encouraged to continue to contribute comments and thoughts on communications and engagement evaluation process.

Noted: The Committee considered and gave feedback on the approach to implementing the communications and engagement strategy.

Item 4: Patient Engagement

- 11. Rachel Heatley, Senior Policy Officer, introduced the item which gave a progress report on the patient engagement activity and an outline of future plans.
- 12. The key messages and following points were highlighted:

- a. The revitalised patient engagement strategy has led to a significant increase in our pool of patient representatives, from 3 in 2018 to 27 in 2021.
- b. In the last year patients have contributed to policy and strategy development, as well as shaped our overarching approach to patient engagement.
- c. Since January 2021, 25 patients have contributed to seven projects.
- d. The current focus is seeking patient feedback on the interim Infection Control guidance and exploring the impact of boundary transgressions on patients.
- e. In the process of formalising patient engagement further, the payment and expenses policy and process has been streamlined and the need for a safeguarding policy and safeguarding training identified.

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

- a. Members welcomed the report and were impressed by the progress and the extent of patient and public involvement.
- b. It was confirmed that patients who attend OEI clinics participate as members of the forum. Work would be undertaken in conjunction with patients and the OEIs to develop a patient toolkit for educators who want to work on and develop patient engagement. In relation to the point of the proposal to establish a Council Associate role for a patient representative the Executive are alive to the potential pressures on those who might take up the Council Associate position but interest in a potential role had been expressed by patient representatives and would be explored.
- c. Members commented on the diversity of the patient forum and noted there were no patients from Wales or Northern Ireland. It was also noted that the perception of osteopathy varies widely across the UK and that access to health care is also an issue to be considered. It was suggested that as well as the approaches already made to patient groups an approach to the National Association of Patient Participation to assist widening the membership to develop and improve representation might be considered. It was also suggested that linking-in with and using local authorities who have links local communities would help to widen the scope of participation.
- d. Members were informed that the distinctions between patient and public are being drawn out as recruitment to the forum diversifies and would continue to be reviewed to provide clearer definitions in future reports. It was added that initially the focus had been on osteopathic patients but through the review of the equality, diversity and inclusion (EDI) framework, to which

patients contributed, the responses/feedback demonstrated a wider diversity of patients and interest to engage.

- e. In relation to the provision of a clear remit on the role and expected contributions of forum members it was explained that a Patient Charter, and an information sheet for each project, sets out what is expected of all parties that engage with the forum. Patients also can speak to the GOsC about the forum and its work.
- f. Although it was considered correct that members of the forum might consider and have some influence on documents like the Osteopathic Practice Standards (OPS) the same input and comment on the Guidance for Osteopathic Pre-registration Education (GOPRE) and the Standards for Osteopathic Education and Training (SET) were questioned as these are considered technical documents and should remain the preserve of the OEIs and profession. It was commented that there were benefits to having input from patients and the public as their opinion and feedback might lead OEIs, educators and other stakeholders developing a better awareness of patient needs. It was also suggested that patients could bring an added dimension to the RQ process and be considered to participate as part of an RQ Visitor team.

Noted: The Committee considered and gave feedback on progress since June 2020 and the future plans to further embed the patient voice in the work of the GOsC.

Item 5: Fitness to Practise: Osteopathic Practice Standards and Adjunctive Therapies

- 14. The Policy Manager introduced the item which considered the protection of patients and supporting other stakeholders in understanding the application of the Osteopathic Practice Standards in relation to the breadth of practice undertaken by osteopaths.
- 15. The key messages and following points were highlighted:
 - a. The paper updated the Committee on the scoping exercise undertaken over the summer regarding the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the Osteopathic Practice Standards.
 - b. Draft Guidance, a draft consultation strategy and draft consultation document were presented to the Committee for recommendation to Council for formal consultation. An Equality Impact Assessment had been undertaken to inform the consultation.
- 16. In discussion the following points were made and responded to:

- a. Members commented that if opportunities for osteopaths are to be continued to be encouraged within the NHS it must be kept in mind and recognised that the role may not be as an osteopath but another area of healthcare if issues do arise in the future.
- b. Members commented on the importance of the item in terms of building bridges and embedding within the NHS.
- c. Referencing Case Study 4 of the draft guidance the importance of ensuring that students understand the implications if involved with or participating in activities unrelated to osteopathy which could have a negative impact on their future career. It was suggested that this scenario might be made more explicit by the OEIs and on the **o** zone, the GOsC's site for registrants.
- d. Members were informed that presentations are given by the GOsC to students at the start of their studies where they are informed about the requirements of the Osteopathic Practice Standards, the expectations placed on them, and the possible implications when the Standards are not met and/or maintained. It was also explained that there were elements of the OPS that might not apply would be where an osteopath might be working within the NHS in a non-osteopathic capacity, but the professional behavioural aspects of the Standards would still apply to the individual regardless.
- e. It was confirmed that there are strong links between the health regulators and associated professions with several platforms for sharing and providing information.

The Committee:

a. Agreed to recommend 'guidance on the application of the Osteopathic Practice Standards in relation to the application of adjunctive therapies, non-osteopathic treatments or other work undertaken by osteopaths', for consultation in accordance with the strategy outlined.

b. Noted the Committee noted the Equality Impact Assessment.

Item 6: Progress in the Review of Guidance for Osteopathic Pre-registration Education and development of Standards for Education and Training

17. The Policy Manager introduced the item to note the progress made and the emerging themes in relation to the consultation on the Guidance for Osteopathic Pre-Registration Education and development of Standards for Education and Training.
18. The key messages and following points were highlighted:

- a. The paper provided an update on the activities undertaken during the consultation on the Guidance for Pre-registration Education and Standards for Education and Training and the emerging themes arising from the feedback. It is provided for information so that the Committee can begin to reflect on the emerging themes ahead of considering the full analysis and final draft for approval in March 2022.
- b. The consultation ended on the 22 September, but feedback is still being received. It was confirmed that a response from COEI could be expected soon.
- c. The OEIs have been asked to reflect on the Standards and the feedback will feed into the final document.

19. The Committee had no further comments and noted the report.

Noted: The Committee noted the progress made and the emerging themes in relation to the consultation on the Guidance for Osteopathic Pre-Registration Education and development of Standards for Education and Training.

Item 7: College of Osteopaths (CoO): Renewal of Recognised Qualification (RQ)

20. Dr Marvelle Brown, Bob Davies, Elizabeth Elander, and Charles Hunt declared interests and left the meeting for the duration of the discussion.
21. The Quality Assurance Liaison Officer introduced the item in which the College of Osteopaths sought renewal of its current Recognised Qualification (RQ) for the Bachelor of Osteopathy (B.Ost part-time) and Masters of Osteopathy (M.Ost part-time) award by Staffordshire University and Bachelor of Osteopathy (B.Ost part-time) awarded by University of Derby.
22. The key messages and following points were highlighted:
 - The visitor report contains recommendations for renewal of the College's RQs with four specific conditions.
 - There is a complexity to the paper due to the timing of the RQ visit and when the action plan was submitted.
 - The Executive has reviewed the action plan submitted by the College in response to the for specific conditions and it appears that the requirements for those conditions have been fulfilled.
 - The Executive has recommended that the Committee agree to recommend to Council renewal of RQ without specific conditions and no expiry date.

- The Committee also has the option to recognise the RQ with the Visitor conditions, its own conditions and to recommend renewal with or without an expiry date or not to renew the RQ.

Mott McDonald also commented:

- The Visit was successful and the first conducted against the new Mott McDonald Interim QA Handbook. It was also fully remote which had worked well.
- The Visitors and the College were very engaged with the process and the feedback from the visitors has been positive.

23. The Chair set out the parameters for discussion instructing the Committee that they should carefully consider each condition before reaching an agreement:

Condition A: To ensure that the delivery and management of the CoO programmes are not compromised, and that the delivery of the OPS are not compromised, the actions from the governance and management audit should be monitored and implemented in line with the agreed timeframes. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process.

- a. The Chair highlighted that the updates and evidence provided by the College suggested they have continued to implement the recommendations from the self-initiated audit and there are effective processes in place to monitor progress at a governance level. The self-initiation of the governance and management audit is identified as a strength in the RQ Visit report and the actions that were a result of the condition are a work in progress.
- b. One member considered that this condition should remain due to the change in validating body to ensure that delivery of the RQ was not compromised by the change of validating body and changes in core structure.
- c. To provide some context it was explained that the CoO had changed in their standard provision from an M.Ost to a B.Ost and in doing so reducing the number of credits for the course from 405 to 360. The Policy Advisory Committee, at that time, raised several questions to which the institution responded, successfully demonstrating that the requirements were being met and with which the Committee had been satisfied.

For this report what the visitors reviewed was not within the context of being unsure but seeing the provision from a fresh perspective; it had not been a condition previously as it was raised during an RQ period.

- d. The issue of proportionality was raised suggesting that the condition had been previously addressed and the provision would be included as part of the institutions Annual Report.

- e. The Chair asked members that, based on the information provided, is the risk so significant that a specific condition is required? It was submitted that if the conditions are partially implemented then continuing monitoring strategies that are in place would mitigate the against the risk.
- f. The Chair concluded the discussion that a majority of the Committee agreed to the removal of Condition A from its recommendation to Council.
- g. Mott McDonald acknowledge the discussion and the conclusion reached by the majority of the Committee. The QA provider agreed with the majority based on the actions and evidence of the institution to meet the Condition and that the institution have implemented a schedule to implement an action plan which can be monitored through the Annual Reporting and other monitoring processes.

Agreed: The Committee agreed to remove the condition from its recommendation to Council.

Condition B: To ensure there is clear direction for the CoO's ambitions in developing osteopathic education, a 2021-2026 strategic plan must be produced for the beginning of the 2021-2022 academic year. The plan should be agreed by the BoG and subsequently disseminated to all stakeholders by January 2022. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process.

- a. Members were advised that a final draft strategic plan and been received from the College and it would be submitted for approval by Board of Governors at its in January 2022 and, on the Boards approval, be submitted to the institution's stakeholders.
- b. It was commented that the expectation is for this requirement to be included as part of the institution's Annual Reporting process and with continuing monitoring of progression.

Agreed: The Committee agreed to remove the condition from its recommendation to Council and continue ongoing monitoring in the same way as for an issue arising from an annual report.

Condition C: Minimum standards of clinical education, such as the inclusion of patient numbers and clinical hours in student logs, relating to the attainment of the OPS should be monitored on a regular basis. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process.

- a. The Chair commented that the updates and evidence provided by the College suggest that the processes have been put into place in relation to

the Condition and that implementation and ongoing monitoring remains outstanding.

- b. The Committee made no additional comments concerning the condition.

Agreed: The Committee agreed to remove the condition from its recommendation to Council.

Condition D: To ensure that the student voice in the maintenance of academic standards is realised, and that there is ongoing evaluation and monitoring of any risks to the OPS, student feedback should be monitored from SSLMs and the implementation and monitoring of actions arising demonstrated. An update should be provided to the PEC in October 2021, followed by monitoring at the March 2022 PEC. Ongoing monitoring of implementation should be through the annual reporting process.

- a. The narrative and evidence provided by the College showed that they had made appropriate progress in addressing this condition, it appears that ongoing implementation and monitoring are the aspects for further consideration.
- b. The Committee agreed that it was content with the actions taken to date and that on balance the condition should not remain as student issues would be captured via standard reporting.

Agreed: The Committee agreed to remove the condition from its recommendation to Council.

Renewal of the Recognised Qualification (RQ) Recognition Period:

24. Members were requested to consider and agree whether there should no expiry date for the Recognised Qualifications for the College of Osteopaths. The Committee were reminded of the policy outlined in the Interim Handbook which stated: 'For existing providers, GOsC will usually recognise qualifications without an expiry date in the following circumstances: an existing provider without conditions or an existing provider with fulfilled conditions and without any other monitoring requirements or an existing provider who is meeting all QA requirements (providing required information on time) or an existing provider with outstanding conditions, an agreed action plan and which is complying proactively with the action plan and an existing provider engaging with GOsC.'

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

- a. In response to the concerns raised about the change of provider and change from M.Ost to B.Ost, it was explained that the Committee had considered the issues the change of the validating institution in (2019) it had agreed that the Committee did not have a concern regarding the change of the validating institution and would not pose a risk to the OPS. Since that meeting the institution have undergone two Annual Report submissions

without issue. It was also noted that no specific concerns or issues have been raised by the Visitors. It is considered that the scrutiny of the change of validator and RQ process has been robust.

- b. Members were advised that evidence provided in the report demonstrate that the Visitors are satisfied that the institution had shown consistency at both Staffordshire University and Derby University in delivery of the provision. It was suggested that if the Committee wanted to impose a condition or other intervention it must be based on the evidence provided in the report.
- c. The Chair noted the comments acknowledging the concern relating which remains regarding the RQ and change of the M.Ost to B.Ost, but the evidence demonstrated that the questions were being addressed and the decision related to the recommendation for the removal of the expiry date.
- d. The Chair summarised the decision: The Committee agree that, subject to the approval of Privy Council, that Council recognises the Bachelor of Osteopathy (B.Ost part-time) and the Masters of Osteopathy (M.Ost part-time) and the relevant awarding bodies, Staffordshire University and Derby University, are not subject to further Conditions due to timing and that there is no expiry date.

Agreed: The Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Bachelor of Osteopathy (B.Ost part-time) and Masters of Osteopathy (M.Ost part-time) awarded by Staffordshire University and Bachelor of Osteopathy (B.Ost part-time) awarded by University of Derby, with no expiry date.

Item 8: BCNO Group (ESO-BCOM Merged institution): Updated Initial RQ Review and Appointment of Visitors

26. Professor Ray Playford declared an interest and left the meeting for the duration of the discussion.
27. The Quality Assurance Liaison Officer introduced the item in which the BCNO Group sought initial recognition of the qualifications for the:
 - Masters in Osteopathy (M.Ost),
 - BSc (Hons) Osteopathy,
 - BSc (Hons) Osteopathic Medicine validated by Plymouth University,

and for the existing qualifications previously awarded by the BCOM and ESO and from September 2021 to be awarded by BCNO Group namely the:

- Master of Osteopathy and BSc (Hons) Osteopathy (formerly awarded by the ESO)

- Master in Osteopathy (M.Ost) and Bachelor in Osteopathic Medicine (B.OstMed) (formerly awarded by the BCOM).

28. The following points were highlighted:

- a. The Committee is asked to appoint Visitors for the RQ Visit as recommended. Due to the unavailability of lay visitors from the current GOsC pool Mott McDonald have selected an alternative qualified, experienced lay visitor. It is confirmed that the Visitor has no conflicts of interests. It is planned for all Visitors to participate in training on the GOsC review delivered by Mott McDonald.

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

- a. In response to the comment raised on the issue of the Visitor Team's gender balance, it was acknowledged that the Visitor team were all male and agreed that gender balance is important. The team are striving for better diversity. It was also acknowledged that the pool needs to be extended and this was the first time a Visitor outside of the GOsC pool would be used. A meeting has been held with Mott McDonald to discuss how the Visitor Pool can be extended.
- b. It was noted that Steven Hartshorn's academic affiliation would be clarified but members were given the assurance that all current visitors had received training, and the group (including the alternative lay visitor) would receive training ahead of the visit.

The Committee

- a. Noted the updates regarding the establishment of the BCNO Group.**
- b. Agreed the updated review specification for the review of the new BCNO Group's Recognised Qualifications (RQ).**
- c. Agreed to appoint Stephen Hartshorn, Simeon London, and Phillip Stephenson as Visitors for the RQs being offered by the BCNO Group.**

Item 9: University College of Osteopathy: Recognition of Qualification (RQ) specification

30. Dr Marvelle Brown, Daniel Bailey, and Charles Hunt declared interests and left the meeting for the duration of the item.
31. The Quality Assurance Liaison Officer introduced the item which concerned the approval of the Review Specification for the renewal of the Recognised Qualification (RQ) at the University College of Osteopathy.
32. The following points were highlighted:

- a. The initial plan had been that a visit would take place during 2022. The UCO have requested that the renewal RQ visit take place in May 2023. They have begun the periodic course review of their M.Ost programme which will be completed in May 2023, with the intention of rolling these out from September 2023, meaning that the review visit would take place outside the six-year period.
- b. The University does not currently have an expiry date for its RQ programme therefore it will be for the Committee to make the decision as to when the visit will take place.

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

- a. In relation to the draft review specification the Committee had no additional comments and agreed the draft review specification.
- b. Members considered and agreed that delaying the visit would not pose a significant risk and would allow for additional evidence to be made available. It was added that if the extension was permitted for the UCO the same should be allowed for other institutions if a similar request was made.

The Committee

- a. Agreed the draft review specification for the University College of Osteopathy RQ Review.**
- b. Agreed the preferred option regarding timing of the proposed RQ visit as outlined in the specification.**

Item 10: National Council of Osteopathic Research Report: Types of concerns and complaints raised about osteopaths and osteopathic services in 2013 to 2020

34. The Director of Education, Standards and Development introduced the item which considered and reflected on the findings from the NCOR concerns and complaints report 2013 to 2020 to inform consideration by Council later in 2021/22 when the report has been finalised.
35. The key messages and following points were highlighted:
 - Every year the National Council for Osteopathic Research (NCOR) produce a report on the type of concerns and complaints made against osteopaths and osteopathic services. The report for 2013-2020 is annexed to this paper.
 - The report brings together concerns and complaint data from the General Osteopathic Council (GOsC), the Institute of Osteopathy (iO) and three insurers of osteopaths.

- The updated data collection took place during January to December 2020, and therefore there are some features attributed potentially to the coronavirus pandemic lockdown. Key findings include:
 - Reduced number of concerns overall
 - Reduced proportion of concerns relating to communication
 - Increased concerns related to covid 19 issues
 - Continued high levels of concerns related to sexual impropriety
 - Professionalism is the dominant theme in relation to concerns.
- The report continues to be used to ensure that there is continuing to focus on practise in accordance with the Osteopathic Practice Standards with communications and policy priorities covering the areas of concern outlined in the report.
- The draft report is being presented to the Committee at this early stage to enable the Committee to share insights and reflections on current practice and our role in supporting practice to inform a more detailed paper to Council later in 2021.

36. Professor Dawn Carnes, Director of NCOR, highlighted:

- a. The number of concerns and complaints during 2020 is lower due to reduced workload of osteopaths due to restrictions which were imposed due to the pandemic.
- b. There is a higher proportion of complaints against male osteopaths in comparison to female osteopaths. What has been found with further analysis of the data is that even though it is older practitioners who are complained about it is those with three to five-years of experience in practice.
- c. The Professionalism element of the report is a recent addition, and the data demonstrates that concerns and complaints relating to professionalism are relatively high and includes issues relating to social media misrepresentation of osteopathic practise and personal views on vaccination. It is thought that the pandemic may be the reason for the increase in professionalism concerns.
- d. There is a persisting area of concerns and complains relating to sexual impropriety and boundaries. For sexual impropriety the complaints raised are all against male osteopaths, in terms of conducting relationships with patients one was female and four were male. What is unknown is the profile of the complainant and this may be an area to explore in future.
- e. Research into 'touch' has progressed significantly and in looking at the role of touch in pain reduction and recovery and rehabilitation there is new areas of

research on the importance attached to contact and expectations. This ties into the boundaries research.

- f. There is a need to reflect a little more on equality, diversity and inclusion (EDI), and to consider the information which at present is not available on the types of complainant and profile osteopath as currently the information only includes age, years of experience and gender.

37. The following points were made and responded to:

- a. Members welcomed and commended the report.
- b. It was agreed that the wording on page two of the report referring to 'sexual impropriety' would be modified.
- c. Osteopaths and the use of Social Media: A number of comments and suggestion were made addressing the issue of osteopaths use of social media:
 - i. Members commented that it was good to see a reflection on issues relating to misinformation and misrepresentation on social media in the report and concerns raised by patients relating the hygiene standards of osteopaths during the pandemic.
 - ii. It was suggested that the GOsC might need to look at how to reaffirm the role of osteopaths in public health and consider how to encourage osteopaths to address and develop professionalism in the use of social media alongside practise.
 - iii. It was suggested that the CPD scheme might be used to address some of the issues raised by the report.
 - iv. Was there an opportunity and the scope to develop professional guidance in the use of use of social media for osteopaths in keeping with the Communications and Engagement Strategy and aligned with the guidance developed by the Allied Health Professions in Scotland.
 - v. It was suggested perhaps advice could be included in the GOsC online newsletter about how to develop social media policies within osteopathic practice.
 - vi. It was pointed out that the use of social media in practise is taught to students and there may be scope for some joint work with COEI to further develop this area.
 - vii. It was pointed out that there is an urgent need for guidance as there are osteopathic groups which are developing marketing strategies which are not in-line with the OPS.
- d. In response to the comment on whether the correct questions were being asked in relation to EDI it was explained that there are issues around the collection of data and where and how it is stored. It was suggested that the consent mechanism required clarification, but the collection of additional data would be helpful.

Noted: The Committee considered the implications of the NCOR concerns and complaints report 2013-2020

Item 11: Updates from Observers

38. The observers with speaking rights were invited to give updates on their respective organisations. The following points were highlighted:

The Council of Osteopathic Education Institutions (COEI)

a. A Strategic Plan, and the organisations aims, and objectives were agreed at a meeting held on 6 October 2021. Also, at the meeting the job description for the role of Executive Officer to support COEI was agreed. It is planned that the advertisement for the role will be posted in the next few weeks. With these developments it is hoped that engagement with stakeholders will be much improved.

The Institute of Osteopathy (iO)

b. Career structures for osteopaths: A lot of work is currently focused on how the profession can develop stronger and supportive career structures for osteopaths. A lot of time has been spent developing pathways into the NHS and towards the end of September, for the first time, there were nine NHS job roles open for osteopaths. There are now promises from some NHS departments that osteopaths will join the electronic NHS staff record as a knowledge profession within the NHS. In association with stakeholders including the GOSc there is still a lot of work to do to develop career structures and support to alleviate the pressures on registrant numbers in terms of those joining the profession and those leaving early.

c. A request was noted for a future discussion to consider registrant numbers.

The Osteopathic Alliance (OA)

d. The issue of secretariat support remains a challenge for the group and how this can be developed to support internal communications.

e. Several representatives are coming to the end of their terms of office. This will present some challenges in managing continuity but will also be an opportunity to consider new initiatives and these issues will be considered at the next OA meeting.

The National Council for Osteopathic Research (NCOR)

Report from Dawn Carnes (Director, NCOR):

f. The Patient Reported outcomes Measures (PRoMs) project is ongoing, and responses are being received from patients relating to the impact of Long COVID which helping to build a picture through case studies of osteopathic care in this area.

- g. The Artificial Intelligence project which is looking at a web application to source and supply data relating to research articles is now in the testing phase. The system is being called 'Osteo Scout' and it is hoped that once the system is running it will be a good way to disseminate information into osteopathic practice.
- h. The Osteopathic Development Group (ODG) is looking to undertake some scoping / evidence reviews into long-term conditions and care of the elderly as these are big areas for health care in the future.
- i. Dr Carnes will be speaking at the European Parliament about manual therapy, pain management and the role of touch in pain management.
- j. Dr Carnes will be moving to leading Council for Allied Health Professions in Research (CAHPR) which has undergone a review and will be increasing its influence in AHP research.

Report from Dr Jerry Draper-Rodi (Director Designate, NCOR)

- k. The NCOR Annual General Meeting and meeting of Trustees will take place at the beginning of November.
- l. NCOR is going to be working to support the Osteopathic Foundation when they make a call for submissions which will start a little later this year.
- m. Work is to be undertaken to consider the expansion of the NCOR team and increase the capacity across the profession to undertake research.

39. The Chair thanked the observers for their reports.

Noted: The Committee noted the updates from the Observers from COEI, the iO, the OA, and NCOR.

Item 12: Any other business

- 40. Appreciation for Dr Dawn Carnes: The Chair thanked Dawn for her valuable contributions made to the GOsC and to the profession during her tenure as Director of NCOR. In her eight years with the organisation there had been many accomplishments including achieving charitable status for NCOR. Her insight, leadership and experience would be missed. The Chair, members of the PEC and colleagues wished Dawn well for the future.
- 41. Office for Students: The Office for Students consulted between July and September on its standards for all Higher Education Institutions. The OfS is extending its standards into ongoing registration and there are several implications for the health regulatory sector and regulators have all responded robustly. The GOsC response includes detail about the osteopathic sector and the GOsC's statutory function with an emphasis on patient safety, the

importance of the GOsC and the OfS operating proportionately and pragmatically as regulators highlighting the Regulator's Code, and confirming the GOsC's intention to cooperate with the OfS in delivery its statutory duties responsibly and effectively. Due to the tight deadline the response could not be shared with the Committee prior to submission. The response would be published on the GOsC website and circulated to members in due course. The Chair confirmed that she had had sight of the response and was satisfied with the approach taken.

Date of the next meeting: 9 March 2022 at 10.00.