

Policy and Education Committee

Minutes of the Policy and Education Committee held in public on Thursday 6 March 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) [Online]
Dr Daniel Bailey (Council, Registrant)
Dr Marvelle Brown (Independent, Lay)
Bob Davies (Independent, Registrant) [online]
Gill Edelman (Council, Lay)
Simeon London (Council, Registrant)
Professor Raymond Playford (Independent, Lay) [online]
Laura Turner (Council Associate)
Nick Woodhead (Independent, Registrant)

Observer: Debra Towse (Council, Lay Wales from 01 April 2025)

Observers with Speaking Rights:

Fiona Hamilton (alternate for Sharon Potter), Council of
Osteopathic Educational Institutions
Santosh Jassal, Secretary to the Osteopathic Alliance, [online]
Dr Jerry Draper-Rodi, National Council for Osteopathic
Research [online]
Maurice Cheng, Chief executive of Institute of Osteopathy.
[online]
Sally Gosling, Institute of Osteopathy (item 8) **[joined online
1524]**

In attendance: Steven Bettles, Head of Education and Policy
Fiona Browne, Director, Education, Standards and Development
Rachel Heatley, Senior Research and Policy Officer [online]
Jo Clift, Chair of Council (Chair of Council, Observer) [online]
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

Banye Kanon, Senior Quality Assurance Officer
Darren Pullinger, Head of Resources and Assurance
Matthew Redford, Chief Executive and Registrar [online]
Paul Stern, Senior Research and Policy Officer
Jess Davies, Senior Engagement Officer: Content and Diversity
Lead (item 6)

Observers with No Speaking Rights:

Dr Gill Jones, Chair, Institute of Osteopathy Policy and Standards
Committee [online]
Jane Easty, Representative of the Sutherland Cranial College
[online]

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting. Special welcomes were extended to:
 - Dr Gill Jones, Lay Chair, Institute of Osteopathy Policy and Standards committee.
 - Jane Easty, Representative of the Sutherland Cranial College.
2. Apologies were received from:
 - Dr Stacey Clift, Head of Research and Data Insight.

Item 2: Minutes and Matters arising.

3. The minutes of the meeting of October 2024 were agreed as an accurate record of the meeting.
4. The following decisions made electronically since the last committee meeting were to be formally recorded at the meeting of 6 March 2025:
 - a. UCO School of Osteopathy, Health Sciences University Visitor decision:

To note the update about the merger.

To agree the draft updated review specification at the annex.

To agree the appointment of Ana Molares Bargiela, Dr Brian McKenna and Sandra Stephenson as Visitors for the review of changes to delivery to UCO's following programmes:

- *Bachelor of Osteopathy (BOst)*
- *Integrated Masters of Osteopathy (MOst)*
- *MSc Osteopathy (Pre-Registration) (MScPR)*

b. BCNO Group Visit decisions:

To agree that the visit on 18-20 February will go ahead, focused solely on the proposed new three-year programme to be delivered at BCNO's Maidstone campus. The visitors will not need to visit the London campus at this visit.

To note that we will put into place plans to review the existing BCNO programmes later this year and will report to the Committee with an RQ specification and visitors for approval in due course.

Item 3: Artificial Intelligence and implications for osteopathic regulation:

5. Paul Stern, Senior Research and Policy Officer introduced the item which was a continuation and update on the work being conducted in AI. The key messages were:
- a. Developments in AI were continuing at a rapid pace and GOsC had been engaging with education providers, osteopaths and other stakeholders to gather information about how AI was being used in osteopathic practice and education.
 - b. GOsC had also met with other regulators to consider their work in this area and to understand the potential for joint approaches e.g. a joint statement.
 - c. Both osteopaths and osteopathic education providers were clear that they did not want GOsC to create any new regulatory requirements and to focus any statement on osteopathic practice first.
 - d. Therefore, the proposal was for a statement centred around osteopaths' responsibilities when using AI, aligned with what was set out in the Osteopathic Practice Standards.
 - e. Committee members' views and thoughts were invited on the proposal and draft statement as set out at Annex C.
 - f. Inter regulatory work has been undertaken to share insights to understand what they were doing and have been considering a possible joint approach given many issues will be the same. GOSC had chaired an inter-regulatory group on AI in healthcare education and profession.
 - g. Findings from the discussions showed:
 - Students have been using AI in studies and educators had taken different approaches to it. Generally, educators were worried about the

creation of policies that might stifle innovation or create tensions with existing policies they have regarding academic integrity.

- The small group of osteopaths GOsC had spoken to have been using AI in administrative tasks not clinical decisions. They viewed AI positively for note taking and it helped with patient communication, sharing notes with patients to reduce potential misunderstandings. Some were less positive and concerned about the impact on a patient centred approach to consultation.
 - AI cannot replace hands on osteopathy and there was a risk of deskilling. Key thinking skills remained important. The practitioners must remain responsible for clinical decisions taken when using AI.
- h. The suggested statement linked with the osteopathic standards of practice as wanted to make it clear AI did not replace key osteopathic skills and strikes balance in championing innovation and public protection.
- i. The proposed next steps were:
- to consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.
 - to agree to consult on the Draft Artificial Intelligence in Osteopathic Practice Statement.
 - to continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.
 - to continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health profession regulation.

6. In discussion the following points were raised and discussed:

- a. The Committee commented that the approach was well informed and was a balanced, rather than prescriptive, response to the development of AI.
- b. Committee felt that, from a governance perspective, the main risks had been identified i.e. accountability, confidentiality and being sensitive to inequalities of the adoption of AI.
- c. It was suggested that in the draft specifically paragraph 2, Line 3 there might be a missing word.
- d. It was suggested in paragraph 4 the phrase 'hold the ring' may be replaced with a more universally interpreted word.

- e. Committee noted that as the statement was advising osteopaths they must have appropriate insurance coverage if using AI, it would be prudent that GOsC were certain the insurers were across this before issuing.

It was advised that GOsC had met with the insurers around AI and will continue to engage with them to ensure understanding.

It was advised that the Insurers had told them that few people were raising AI as an issue and generally insurers were quite relaxed as osteopaths were using it to inform their thinking similar to how they used Google, therefore the same principles applied in terms of using professional knowledge.

- f. The National Council for Osteopathic Research representative wondered whether there were expectations that osteopaths register with the ICO and if that should be included in the statement. Even if a registrant had handwritten notes but used AI to write a letter to a GP, for example, they should be registered.

It was confirmed that there were requirements in the standards about the maintenance of records and compliance with legislation but would consider further how the use of AI might change requirements of the data controller.

- g. It was suggested that the statement be made clearer what was meant by regulators to ensure no confusion.

The executive explained that there were some clinical diagnostic tools that were regulated by MHRA. Osteopaths were not using them at present but if they started to then they were signposted to MHRA.

- h. The Council of Osteopathic Educational Institutions representative commented that it was good to see the statement did not add requirements rather it provided an explanation but suggested a flowchart may be a helpful addition for the neurodiverse.

The executive agreed to look at other ways to present the information.

- i. The Committee asked what the general sense of interest was across the profession and if osteopaths were willing to embrace AI or feared it.

It was advised there was a mixture. Those who used Heidi AI (transcription software) said it saved lots of time and that they had looked at what it does with information and how it stores patient information.

- j. It was pointed out that the executive was not advocating for any particular AI tool.

- k. Moreover, the statement was not saying osteopaths had to use AI – it was providing guidance on what to think about if they were considering it and making it clear that it did not replace accountability or human touch.
- l. There were risks around hallucinations (where AI could make up responses where it did not know the answer) so professional knowledge and critical thinking skills were still needed.
- m. Moving forward different stakeholders would be engaged to consider and finesse the statement with a view to reporting back to PEC in June.
- n. Committee asked what other research had been done– around broader understanding of how AI was being used in practice and understanding osteopaths' confidence and thinking about how they might use it.

It was confirmed that research was being done at GMC.

- o. Committee pointed out that there was a risk for osteopaths who used AI for advertising on social media, for example, whose understanding could be outpaced by the speed at which things were progressing and noted the importance of accountability, suggesting that training courses on how to use AI for practitioners could be helpful.

The executive suggested that case studies in the statement could support that.

- p. The Council of Osteopathic Educational Institutions representative commented that there were some osteopaths using AI who did not realise they were and noted the gap between those interested and knew about AI and others who only tinkered around the edges which a survey might not tease out.
- q. A recent NCOR survey of just over 10% of the osteopathic profession suggested there was a significant number still using paper notes for patients so not sure if there would be sufficient numbers of those already using AI to survey.
- r. The Osteopathic Alliance representative suggested there could be osteopaths who were using AI tools without fully understanding the risks and suggested a quick survey of those who had already been spoken to, to ask what could make the draft statement more meaningful.

There were also assumptions that those using the tool were more aware of the risks and liabilities and suggested GOsC check that this was the case and to ensure the statement captured those points also.

The executive advised that the focus group were asked if they had considered things such as patient confidentiality, how they included that in their privacy notice, where the data was stored, how AI was used etc.

In terms of publication Q&As were also being considered.

- s. Committee suggested that June was potentially too far away given the speed AI was moving. For example, Google AI came up before anything else so osteopaths needed to be aware of where they were getting the information. Even a statement of where information came from and who regulated that information would be useful.

The executive agreed that interim guidance could be issued to osteopaths noting that GOsC continued to consult on and update it, similar to the interim guidance issued during the pandemic.

Considered: Committee considered the feedback received to date from stakeholders.

Feedback: Committee provided feedback on the Draft Artificial Intelligence in osteopathic practice statement and requested that some interim guidance be issued as soon as possible in the meantime.

Agreed: Committee agreed the approach to next steps:

- **To consider and further develop a proposal to explore current and future use of AI in osteopathic practice to inform the approach to ensuring patient safety and public confidence.**
- **To agree to publish the interim Draft Artificial Intelligence in Osteopathic Practice Statement and to continue to obtain feedback on the statement.**
- **To continue to work with educators and other stakeholders to further explore a statement on AI in osteopathic education.**
- **To continue to engage with other regulators and the Professional Standards Authority to ensure an aligned approach on AI in health professional regulation.**

Item 4: Transition into Practice and next steps

7. The Senior Research and Policy Officer introduced the item which covered the next phase of research that had been conducted looking at enablers and barriers for successful transition to practice and explored further some of the issues that had arisen.

- a. Rachel Heatley, Senior Research and Policy Officer, Matthew Rogers and Sally Gosling of the iO presented at the Osteopathic Development Group on the research findings and it was clear that there was a need to explore the appetite for collaboration as well as enable individual stakeholders to air their concerns.
 - b. GOsC and the iO have been meeting stakeholders since January who initially shared their concerns but the continued conversations were productive for two reasons:
 - i. there were some pockets of good practice happening across all aspects of the sector and there was a desire to know where it existed.
 - ii. Many had not spoken to GOsC before so there was a real diversity of thought that emerged and colleagues were very kind in sharing thoughts on what should be on the agenda, structure and aim of it.
 - c. Common themes were some first-time graduates may need additional support with business skills and perhaps mentorship from alumni could be a helpful route.
8. The key messages and following points were highlighted:
- a. Transition into practice was important for osteopaths and patients in terms of quality of care and also recruitment and retention. A successful transition into the workplace with good support networks and communities were more likely to be conducive to high quality osteopathic care, resilience and good health and wellbeing, reducing professional isolation.
 - b. GOsC research showed that there were enablers that were predictive of a positive transition into practice and barriers predictive of a less successful transition into practice and ongoing professional development. In addition, previously commissioned GOsC research on preparedness to practise by Professor Della Freeth and the work undertaken by the Institute of Osteopathy on preceptorship had informed the further development of this work.
 - c. The paper updated on the collaborative actions as GOsC worked with stakeholders to identify next steps. In particular, in order to bring stakeholders together to collaborate on the next steps, GOsC had developed principles for collaboration and undertaken significant additional engagement to co-produce an agenda for next steps.
 - d. The paper was coming to the Policy and Education Committee to enable members to reflect on the work undertaken to date and to reflect on any gaps.
9. In discussion, the following points were made and responded to:
- a. The Chair commended Rachel Heatley on the work done in this area.

- b. Committee noted that it was a very thorough approach and commended the level of work completed. It was suggested there may be a potential synergy with this and the trends in registrants coming off the register which could provide some insight to questions or unknown issues.

Considered: Committee considered and provided feedback on the progress of the transition into practice project.

Agreed: Committee agreed the approach to next steps which were further one to one meetings with stakeholders and to hold a joint workshop with the Institute of Osteopathy for stakeholders.

Item 5: Health and Disability Guidance

10. The Head of Education and Policy introduced the item which was an update to the current guidance for students and educational institutions. It was reported to the PEC a year ago but the executive has been responding to feedback from students who wanted an easy read overview.
11. The key messages and following points were highlighted:
 - a. The paper reported on the results of the consultation on the updated guidance (Annex A):
 - Studying osteopathy with a disability or health conditions: guidance for applicants and students
 - Students with a disability or health condition: Guidance for Osteopathic Educational Providers
 - Easy Read versions of each.
 - b. Post consultation changes were shown in red in the annexes B and C.
 - c. Agreement was sought from the Committee to recommend the updated guidance to Council for publication.
12. In discussion, the following points were made and responded to:
 - a. The executive had been thinking how to publish, implement and develop the resources around the guidance and use that as an opportunity to attract more case studies. Committee suggested adding in the video clips would be helpful to draw attention to it.
 - b. Committee commented that the approach was good but considered the easy read version was geared more to an individual with a learning or communication disability and some individuals could find it patronising.

It was suggested that explaining why the document had been produced could be helpful and noted that all GOsC documents should have an easy read version.

The executive agreed that would be taken on board.

- c. Committee questioned whether it was clear that individuals were supported to share with others the fact they had a disability noting that the support could only be put in place if it were known an individual had a disability.

The executive agreed to make it more explicit but without suggesting it was mandatory.

- d. In relation to the easy read document, the Committee discussed the section 'what osteopathy is' and wondered if in making the explanation accessible, it did not sound distinctive from other health professions and whether it risked irritating osteopaths who were keen that people understood their expertise that differentiated them from other healthcare professions.
- e. It was also agreed that there needed to be consistency in how the profession was described in the easy read documentation.
- f. The Secretary to the Osteopathic Alliance commented that the language and the imagery in the easy ready guidance where either the institution, the student or both opt for the student not being suitable for their training was overly negative, with one saying 'we have done everything we can' and asked for more positive text and images to be considered to offer a more supportive approach.

The executive agreed they would review the easy reads and revert.

Considered: Committee considered the outcome of the consultation on updated guidance:

- **Studying osteopathy with a disability or health conditions: guidance for applicants and students**
- **Students with a disability or health condition: Guidance for Osteopathic Educational Providers**
- **Easy Read versions of each**

Noted: Committee noted the publication and implementation plans and the updated Equality Impact Assessment.

Committee requested that the updated guidance documents be amended before recommending publication to Council.

BREAK 1449 - 1654

Item 6: Student Pilot Forum

13. The Senior Engagement Officer: Content and Diversity Lead, introduced the item which was to consider the purpose and approach to piloting the GOsC's first student forum. The key points were:

- a. Following discussion with students and others the proposal was for a student forum (similar to the Patient Forum model) to gather student views on the work of the GOsC to inform thinking and decision making, and to ensure the student voice was captured throughout GOsC's work as regulator and as part of the evidence base. Proposed topics that students would be engaging on have been proposed.
- b. The forum would be evaluated initially after a year (4 meetings in one year) and assuming it continued once it was established a more robust evaluation would be done in a few years' time using a similar method to the patient forum.
- c. It would be a small group of students and GOsC would use their feedback as a broader strategic approach to student engagement over the next 2 years.
- d. This would support the DJS work by increasing knowledge of the role and showing them that GOsC was approachable and not to be feared.

14. Questions were suggested for the Committee to consider:

- Engagement with students in GOsC work was low. Does the proposed purpose and approach outlined in the paper seem appropriate to increase engagement with students?
- What gaps are present in our thinking?
- Does the proposed approach align with GOsC values of being collaborative, influential, respectful and evidence informed?
- Any other comments?
- Is the Committee content for the pilot to be launched?

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

- a. The Chair of the Committee commented that this was an excellent forum to initiate as students were key to the future of the profession and it was useful for developing student leadership skills.

- b. The question was raised in terms of ensuring all institutions were engaged and whether there would be one representative from each institution or if it were left open for the pilot.

The Senior Engagement Officer advised that ideally there would be however it had been decided to leave it open for the pilot, so that no barriers were put in the way.

- c. The question was asked why GOsC decided not to 'piggy back' on the iO student forum which had a ready-made audience and therefore give the organisation extra work to find new students.

The Senior Engagement Officer advised that the two forums had different purposes. That of the iO was part of their governance structure that allowed students to bring their own topics, concerns and queries to the meetings to help the iO in its duties to promote the profession.

GOsC's aim was to build direct relations with students and have a forum to focus on GOsC's work, demonstrate the desire to engage with students and give more control to the forum on what to discuss.

- d. The Head of Comms added that from the Perceptions Research, it was clear that GOsC had work to do on building relationships with students, so opening that direct dialogue was important to the response.
- e. It was noted that to ensure the most was gained from this forum, it was important that students had trust in the confidentiality of it and therefore keeping a distinction between GOsC and iO was key to them being open. Once established, the two forums could consider doing some joint work.
- f. In response the Senior Engagement Officer agreed and noted that GOsC intended to have a charter, similar to that of the patient forum, which set expectations and made it clear that the meetings were confidential.

Moreover, the primary focus of the student forum was topic specific to gain student views on those and not a forum to raise concerns about their experience.

- g. It was noted that the key point was that the Forum was purposeful and a student would want to know that their contribution would add value to the profession by providing Council and PEC with a better understanding of a key stakeholder. It was suggested that this be brought out more as well as the benefits to them in terms of helping shape their careers and broaden horizons.

The Senior Engagement Officer advised that those points would be emphasised to students when encouraging them to join and the forum will

close the feedback link so they know when their views have informed decisions at Council.

- h. NCOR opined that the forum had two functions, the first being a consultation with students where a small group would be useful. The other purpose, to improve students' understanding of what GOsC did and increasing their trust in GOsC, would be more challenging with small numbers relying on the trickle-down effect with them informing their peers and asked how GOsC would assess and test those.

The Head of Comms agreed these were good points but GOsC needed to start somewhere and those points could be discussed with the forum and form part of the evaluation.

- i. The Council of Osteopathic Educational Institutions asked how far in advance topics would be advised to help institutions to match up interested parties and whether substitutions would be acceptable.

The intention of the pilot was that whoever wanted to join could do so and then membership would adjust from there rather than only one student per institution. Students would be more than welcome to attend if there was a specific topic in which they were interested.

Considered: Committee considered and discussed the approach to establishing a Student Forum pilot.

Agreed: Committee agreed to launch the student forum pilot.

Item 7: London School of Osteopath – Recognition of RQ (reserved)

Fiona Hamilton, the COEI representative was asked to leave the room and not take part in this discussion.

The Director of Education, Policy and Standards declared that she had discussed the LSO response and supported LSO to make that response to the Visitors and offered to leave the room as needed.

Committee decided it was not necessary as they would not be taking part in the decision.

- 16. The Head of Policy and Education advised that the visit took place in October and a summary of the visit was in the paper and development of the report followed usual timelines. There were a number of recommendations and more than was typical albeit some were factual inaccuracies. GOsC supported the institution to respond to the recommendations which was no more than GOsC would do for any other institution.

17. Two key conditions were recommended by visitors and have subsequently been supplied by the institution and GOsC has seen them and recommended that the committee considered whether they had been met:
 - a. A fully agreed and signed academic agreement (validation agreement).
 - b. College must make available the updated strategic plan to last until 2026 as dated in the risk register to provide assurance of sustainability of the college.
18. Mott MacDonald added that the visitors were able to speak to a range of people and observed very loyal staff and students. The number of recommendations was more than was typical but they did feel it was a fair reflection of what they had seen and covered where the institution could build on existing strengths or improve on areas that were identified for development.
19. In discussion, the following points were made and responded to:
 - a. Committee clarified that if it agreed these conditions had been met only the general conditions would appear in the published action plan.
 - b. Committee asked, if having not been privy to the strategic plan, whether the executive could assure the Committee that it did provide the assurance of ongoing sustainability of the college.
 - c. The executive advised that it was a plan up to June 2024 that had forward looking updates and as far as was possible with a strategic plan, it was confirmed that it showed ongoing sustainability.

Agreed: Committee agreed to publish the LSO RQ Visitor report which provided evidence to continue the recognition of the Masters in Osteopathic Medicine (M.Ost) and the Bachelor of Osteopathic Medicine (BOst) awarded by The London School of Osteopathy with no conditions and no expiry date.

Agreed: Committee agreed that the published action plan should be updated as outlined in paragraph 23 with the relevant requirements.

Agreed: Committee agreed to request an update from the London School of Osteopathy on its negotiations to renew its academic agreement with Anglia Ruskin University, to be reported to the Committee's June 2025 meeting.

Agreed: Committee agreed to request an update on the developments in relation to LSO's strategy beyond 2026, including updates related to sustainability, within LSO's next annual report submission due in December 2025.

Item 8: Updates from Observers

Sally Gosling joined 1524.

20. Maurice Cheng, Chief Executive of the iO advised that the organisation had been working on a pre-registration apprenticeship concept for some time and it was now becoming a reality. Sally Gosling of the iO explained more about that piece of work.

- a. The iO have been working with the profession to look at progressing an osteopathic degree apprenticeship standard, fully linking into and seeking to meet the government's requirements in England for a degree apprenticeship standard for osteopathy to be progressed.
- b. Having formed a trail blazer group, which by definition had to be employer led, the iO have been progressing the formal proposal to develop an osteopathic apprenticeship standard with the hope that the finalised proposal received approval from the Apprenticeships Health Route Panel in April.
- c. The knowledge, skills and behaviours defined in the standard will have to fully align with GOsC's graduate outcomes. This was a fundamental part of the process and one the Institute of Apprenticeships was familiar with.
- d. The intention was to submit the full draft standard for approval in late summer however the iO was aware that, as the regulator, GOsC would have to be satisfied the draft met regulatory requirements and ideally that would be done at the June meeting of PEC but if that were not possible an extension to the timeline would be needed.
- e. There were other factors that could affect the timeline such as The Institute for Apprenticeships moving into Skills England, a new body created by the Government in April.
- f. Sally Gosling reiterated that the Director of Education, Standards and Development and the Head of Education and Policy had been involved in the developmental stages so there would be no surprises for the Committee.
- g. This was part of the process of developing an apprenticeship standard – once that has been approved for delivery any provider would have to meet GOsC educational standards and go through the RQ process.

21. The Council of Osteopathic Educational Institutions had nothing in particular to report and extended thanks to the osteopaths who had supported PEC (Nick Woodhead, Simeon London and Bob Davies) over a number of years as well as the departing lay members.

22. Santosh Jassal, Secretary to the Osteopathic Alliance provided an update:

- a. The OA had received more applicants for membership and were looking at how it could extend this to include individuals who wanted to support the work of the OA.
- b. The OA had been strengthening mentorship programmes at student and new graduate level.
- c. OA had been collecting data, the OCC in particular had been driving that forward to feed into the profession to strengthen the osteopathicness of the profession.
- d. The OA had received some feedback from students and faculty that would be fed back to GOsC.
- e. The OA thanked GOsC for the PEC Development Day noting some actions for undergraduate colleges had come out of that.
- f. The OA extended sincere thanks to all members of the committee who had offered their expertise for so long.

23. The National Council for Osteopathic Research provided an update:

- a. A project had been completed that assessed the trustworthiness of clinical trials in osteopathy and the manuscript was under revision with the intention to run a webinar to explain the findings once complete.
- b. Jerry Draper-Rodi chairs the Research Standing Committee of Osteopathy Europe and they had been working on another webinar and Q&A on how to write a paper to engage more in academic writing.
- c. Another Osteopathy Europe project was an international survey to understand the practice of osteopaths regarding the management of infants under 2 years. This came about following the publication from the Physiotherapy profession in June last year where they claimed that osteopaths were unsafe by using HVT techniques on infants. It was felt this did not represent what was being done but needed data to support. This was being collected from educators and clinicians.
- d. Started OA funded work around adverse events in osteopathy and have appointed Liz McGill to the role with regular bi-weekly meetings in place.
- e. NCOR research network – practice-based research network was going well with lots of activity and led by Dr Daniel Bailey. A lot of the work was

around workforce planning and some funded by GOsC looking at the choice for training as an osteopath to support OAI recruitment.

- f. There was also a piece of GOsC funded research underway looking at reasons osteopaths left the register.
 - g. Other work not funded by GOsC was around the analysis of difference in osteopaths with more or less than 10 years in practice because that was one of the indicators, that those in practice longer, were at risk of concerns and complaints against them.
 - h. NCOR were undertaking a survey, based on existing and validated tools, on the career choices osteopaths were planning for the next 5-10 years.
 - i. Jerry Draper-Rodi will attend the Osteopathy Europe AGM meeting in 2 weeks' time.
24. The Chair asked Jane Easty, Representative SCCO and Dr Gill Jones iO Policy and Standards committee if they had any questions, comments or updates to provide:
- a. Jane Easty, Representative SCCO, stated that they were looking forward to working together and noted it was good to be taking their own part in discussion and hopefully having speaking rights at relevant meetings. Jane Easty also commented how she had really enjoyed the PEC development day.
 - b. Dr Gill Jones, iO Policy and Standards committee, thanked GOsC for inviting her to attend and commented that the discussion on AI had been really important and understanding GOsC's role in any misuse.

Item 9: Any other business

25. There was no other business.
26. The Chair thanked Simeon London, Marvelle Brown, Ray Playford, Nick Woodhead, Bob Davies and Laura Turner for all their work whilst on the committee which had been a huge commitment. The Chair noted that their expertise and experience would be missed and Committee members were sad to see them go but wished them all the best in their new endeavours. The Chair hoped that they would keep in touch.
27. The Chair thanked everyone for their engagement at what was a busy meeting.

Item 10: Date of the next meeting:

- **Policy and Education Committee Tuesday 10 June 2025**