



Policy and Education Committee

**Minutes of the Policy and Education Committee (PEC) held in public on
Wednesday 10 June 2020, hosted via Go-to-Meeting video conference**

Confirmed

Chair: Professor Deborah Bowman

Present: Daniel Bailey
Dr Marvelle Brown
Sarah Botterill
Bob Davies
Elizabeth Elander
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)
Dr Kerstin Rolfe, Council for Osteopathic Education Institutions
(COEI)
Michael Mehta, the Osteopathic Alliance (OA)

In attendance: Steven Bettles, Policy Manager, Professional Standards
Rachel Heatley, Senior Research and Professional Standards
Officer
Simon Ives, Quality Manager, Quality Assurance Agency (QAA)
(Item 10)
Liz Niman, Head of Communications and Engagement
Matthew Redford, Chief Executive and Registrar
Dr Lee Sheriston, Project Manager and GOsC Liaison, (QAA)
(Item 10)
Marcia Scott, Council and Executive Support Officer

Observer/s Dr Bill Gunnyeon, Chair of Council

Item 1: Welcome and apologies

1. The Chair welcomed all to the meeting.
2. Apologies were received from Dr Joan Martin, Fiona Browne, Director of Education, Standards and Development, Dr Stacey Clift, Senior Research and Professional Standards Officer and Kabir Kareem, Quality Assurance Liaison Officer.

Item 2: Minutes and matters arising

3. The minutes of the meeting, Wednesday 5 March 2020, were agreed as a correct record.
4. There were no matters arising.

Item 3: Impact of Coronavirus on osteopathic education

5. The Policy Manager introduced the item which gave an update on the impact of the coronavirus pandemic on osteopathic education.
6. The following points were highlighted:
 - a. Most final year students had completed the majority of their education programme by the time of the lockdown in March.
 - b. A number of meetings have taken place between the GOsC and the OEIs with a focus on the response of the institutions to the COVID-19 pandemic.
7. In discussion the following points were made and responded to:
 - a. Student clinical hours: Concerns were raised regarding the guidance advising that the number of student hours expected to meet clinical assessment requirements was not an absolute requirement. It was suggested that this should be reconsidered.

It was explained that many students had attained the suggested 1,000 hours benchmark and a range of approaches had been employed for graduating students to ensure standards were met including:

- re-using formative assessments;
 - using online viva assessments;
 - looking at the way students have demonstrated meeting outcomes over the course of the programme;
 - virtual clinics used by tutors and students;
 - clinical tutorials.
- b. The future and survival of the osteopathic education sector: Members were informed that the GOsC would be meeting with the OEIs in July. Discussion will focus on the re-opening of clinics, the approaches to the new academic year in September 2020 and the provision of assurances to the Committee on academic and clinical standards. It was acknowledged that recruitment could be a challenge for all in the education sector but for the OEIs the additional challenges were the mix of theory and practical classes conducted and the technical and logistical issues these present in terms of social distancing and all that this entails.

It was noted that the Office for Students had contacted registered OEIs to assess their financial situation. Those which had reported back had confirmed and demonstrated sustained financial viability. It was recognised that losses would be made due to clinic closures but at present application figures for most OEIs were up, but this could change as prospective students delayed their entry to university. It was also noted that the Government's 5% cap on student recruitment would impact on the OEIs.

- c. Enhanced Guidance: Members asked if there was scope to produce enhanced guidance on reporting in order for the Committee to receive a more detailed picture on the changes and adjustments OEIs are making in the current climate.

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.

8. The Chair summarised:

- a. The current climate had caused many organisations to consider the status of guidance, rules and expectations, how these are interpreted and where compromise can and can't be made.
- b. The concerns raised by members regarding the status of the 1,000 hours requirement and the use of 'must' and 'should' were recognised.
- c. The relationship between the number of hours completed and competencies.
- d. The final assessment and how safety can be assured.
- e. The continuing provision of assurance.

9. The CE&R advised that the GOPRE review was the place for the discussion around the status of 1,000 clinical hours. It was noted that the ongoing work between the GOsC and the OEIs, and between the institutions themselves, has been positive and the current difficulties would continue to be addressed in partnership.

Noted: The Committee noted the general approaches taken to date within the osteopathic education sector in response to the Coronavirus situation.

Item 4: Patient Engagement

10. The Senior Research and Professional Standards Officer (Rachel Heatley) introduced the item which concerned the GOsC approach to patient and public engagement.
11. The following points were highlighted:

- a. The GOsC had moved to more face-to-face forms of engagement during 2019 with a series of workshops and events. This approach has been welcomed by all participants including patients, osteopaths and the iO.
- b. The GOsC is now looking to move to a partnership model of patient engagement, involving patients in developing policy from the outset. This work has been informed by the work of David Gilbert, Patient Director of the Sussex MSK Partnership.
- c. Due to the Coronavirus pandemic some of the planned work for 2020 has had to be postponed until later in the year. However, the first in a series of online focus groups with patients to assess their views on osteopathic practice in light of the pandemic has successfully taken place.

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

- a. Widening scope patient representation: It was explained that in the initial exploration a local approach had been taken with visits to local businesses in the SE1 area. Members were also informed that the Patient's Association and Healthwatch Southwark had also been approached. Members made a number of suggestions about organisations and groups which could be approached to participate. It was suggested any further ideas should be emailed to the Senior Research and Professional Standards Officer.
- b. Patient representation - recruitment and retention: Members were informed that there have been barriers to securing patient representation. Support, guidance and provision of a safe space were important to ensure retention. It was suggested that ensuring accessibility through virtual and remote means would reduce the burden on potential participants. It was noted that there should also be a focus on the training of facilitators. It was agreed that osteopaths may sometimes be a barrier to patient involvement and a move away from a 'parentalist' mindset among osteopaths to one of encouraging free choice about patient participation was required. It was also suggested that there should be canvassing of patients from the more specialised areas of the profession beyond general practise to ensure that there was a diverse a representation of the profession.

13. The Chair summarised:

- a. The paper and the underpinning principles were welcomed by the Committee.
- b. There was a need to engage with the profession especially in education.
- c. There was a need for community mapping looking at representation and under representation.
- d. There was a need to consider diversity of the profession and engage with those involved in areas beyond general practise.
- e. The need to monitor and evaluate progress.

The Committee considered and gave feedback on the GOsC approach to patient engagement.

Item 5: Implementation of the Continuing Professional Development (CPD) scheme

14. The Chief Executive and Registrar introduced the item on behalf of Stacey Clift, Senior Research and Professional Standards Officer. The item provided assurances about the implementation and evaluation of the Continuing Professional Development (CPD) scheme in the current context of the Coronavirus pandemic and the plan to keep this on track during the 12-month period July 2020 to June 2021.
15. The following points were highlighted:
 - a. An independent evaluation strategy of the CPD scheme was completed in May 2018. The evaluation strategy demonstrates a range of sources of data to inform the evaluation of the CPD scheme are being used and provides assurance the scheme is being implemented effectively. Many of the sources provide longitudinal data which helps to show the impact over time.
 - b. It has become necessary to reprioritise some of the work being undertaken due to the pandemic. Some data sources have been impacted and at this stage of the implementation of the scheme there remains more to do, in relation to:
 - Registration and renewal data analysis
 - Verification and assurance data collection and analysis
 - Qualitative work
 - c. The implementation of scheme over the next 12-months will further consider the data sources, the timelines, and the links to equality and diversity.
16. In discussion the following points were made and responded to:
 - a. It was explained that a response rate of 9-10% was typical for this type of survey though it is recognised more work could be done to encourage engagement and improve outcomes.
 - b. There were no specific themes identified in the survey which could be described as a cause for concern, but further analysis of the survey would be undertaken, and the findings reported to the Committee.
 - c. The concerns relating to statistical evidence concerning complaints were acknowledged.
 - d. The work undertaken to communicate the CPD scheme was commended but there was some surprise that there were still registrants who appeared to suggest they were not engaging with the scheme preferring to retire from

the Register before completion of the three-year assessment process. It was commented that it was a challenge to get the correct balance with the provision of information about the scheme and its requirements as some registrants want less information, with others wanting more. Work would continue to ensure communication and engagement is as wide as possible.

- e. To support registrants who might be experiencing difficulties in responding to the requirements of the scheme it was suggested, if appropriate, that individuals be identified and included as part of the telephone survey to explore and identify barriers.
- f. It was suggested that the CPD template could be expanded to inform and make clear the following response:
 - There are high levels of patient satisfaction with osteopathic care, but slightly lower ratings in areas such as making a plan of action with you; helping you to take control; fully understanding your concerns and explaining things clearly. This provides a baseline and it will be helpful to repeat this survey in due course to see if there are any changes towards even more patient centred care (YouGov and Patient Feedback data).
- g. It was recognised that the value of reflection and lifelong learning is now acknowledged as a natural part of the CPD cycle by osteopaths new to the profession and by graduating students and this would continue to improve. It was added that if this use of the information could be formalised it would be a valuable resource in the provision of evidence as additional support for assurance mechanisms.
- h. Members raised a concern that only 2% of osteopaths responding to the survey anticipated completing 1 – 10 hours of CPD in the first year of the scheme. It was explained that there was flexibility in completing the required 90 hours of CPD over the three-year cycle of the scheme and that the question might not have captured those who anticipated completing more than 1-10 hours.

The Chief Executive thanked the Committee for its consideration and feedback on the mechanisms for providing assurance about the implementation and evaluation of the continuing professional development scheme.

Item 6: Development of the Profession

- 17. The Policy Manager introduced the item which concerned the GOsC role in 'development' and informing the thinking about the role.
- 18. At the meeting of Council, May 2020, members considered the development of the profession in the context of the four elements of the GOsC Strategic Plan. The Committee was asked to further consider these aspects and consider the

desired outcomes in the development of the profession from the perspective of patients, osteopaths, stakeholder professions, other health professions and the implications from working with osteopaths, educators and other health professions.

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

- a. Members supported and would encourage the pursuit of prescribing rights for osteopaths, but it was acknowledged that to achieve this would require a change in statutory legislation.
- b. It was suggested there was a need for the profession to have a better understanding and appreciation of the role of the GOsC as a regulator, its function and its responsibilities. It was noted that there is ongoing work between the GOsC and the Institute of Osteopathy (iO) to better inform the profession of the roles of the regulator and the professional body.
- c. It was noted that there was a need to consider the divergence of health providers in the four countries of the United Kingdom.
- d. The development of remote consultations and telecare in osteopathy was an area to be given further consideration especially in light of COVID-19 and the impact the pandemic has had on the profession but it must be kept in mind that the focus of osteopathy is 'touch' therefore limitations exist in what remote consultations can achieve.
- e. It was pointed out that in continuing the development of the osteopathic profession there was a need to be cognisant of maintaining the professions identity in the merging fields of physical therapies which share the same evidence base.
- f. It was asked if there should be a focus on development within the profession rather than developing opportunities externally.
- g. It was confirmed that the Communications and Engagement team do have access to the statistics on the use of subscriptions and journals relating to the profession. It was added in a recent survey it was found that a lot of information is accessed through social media and by learning through others.
- h. It was suggested that in considering the development of the profession there needed to be a broadening of scope in osteopathic care; self-management, psychological support, rehabilitation and exercise. There would also be a need for consideration on the quality of care as a jointly held vision of stakeholders within the profession.
- i. It was suggested that building a development strategy should be considered in the ongoing work between the iO and the GOsC. Any mechanisms which

could be identified improve the skill sets and the osteopathic profession as a product would be welcomed.

20. In summary the Chair noted:

- a. The Committee recognises this is an evolving area of work and welcomed the opportunity to evaluate, inform and contribute to the discourse on the development of the profession.
- b. The perceptions of the profession on the role of the regulator and its function continues to be a challenge;
- c. The importance of restating values, scope of practise and improving the quality of care;
- d. The focus on preservation of the osteopathic identity;
- e. How osteopathy sits within mainstream healthcare and within the devolved countries.

The Committee considered and discussed the GOsC's statutory duty of 'development' of the profession.

Item 7: Quality Assurance (QA) Procurement

21. The Chief Executive introduced the item which gave an update on the quality assurance tender.
22. Members were informed that the QA procurement process was nearing its conclusion and the Tender Panel were in the final stages of completing the contract negotiations following a successful tender exercise.
23. Once all formalities had been finalised the Committee would be informed who had been awarded the contract. Arrangements for the public announcement about the tender award would be made once the Committee had been advised.

Noted: The Committee noted the update on the procurement of quality assurance services.

Item 8: Review of Guidance for Osteopathic Pre-registration Education (GOPRE) and development of Standards for Education

24. The Professional Standards Manager introduced the item which gave an update on the review of GOPRE and the development of Standards for Education.
25. The following points were highlighted:
 - a. Due to the health pandemic the timetable for the development of the review is slightly behind.
 - b. The initial meeting of the development group is scheduled to take place in July and feedback will be sought on how they regard GOPRE, how useful it

has been and how it compares to guidance published by other regulators. A further meeting with stakeholders will follow in September.

c. A further update will be presented to the Committee in October.

26. The following points were made and responded to:

- a. It was confirmed that Female Genital Mutilation (FGM) does feature in the Osteopathic Practice Standards (OPS) as a part of the patient safety protocol.
- b. To ensure adherence to the OPS it was suggested that for tutors teaching non-osteopathic specific subjects a statement be included in the 'Initial draft Standards for Education for consideration by Stakeholder Group – Staff Support and development' (Annex E) to emphasise this.
- c. It was suggested the review provided an opportunity to embed the updated Standards of Education (which will be more specific to the needs of osteopathy) into the Quality Code of Higher Education.
- d. It was suggested that the revision of GOPRE could become the focus for a consultation on clinical expectations to begin to answer community questions on what makes a good osteopath over what makes a safe/competent one?
- e. It was pointed out that the MSK framework is a reference to a role specification. It was added that the ODG has an ongoing project to map the competencies of new registrants based on using the OPS, GOPRE and QA benchmark statement as well as the NHS ACP framework in MSK. It was noted that the NHS and HEE were mapping against the IFOMPT (The International Federation of Orthopaedic Manipulative Physical Therapists) ACP MSK framework and it was suggested that GOPRE review consider mapping against the IFOMPT framework and not only the FCP. In response the Committee advised that 'pathways' to ACP are contained within the GOPRE discussion document and that there were many aspects to MSK ACP pathways to consider.
- f. It was further explained that in terms of mapping the ACP MSK framework, the MOst (Master of Osteopathy) maps more closely with the ACP MSK already. There are areas which require refinement but in terms of clinical practice osteopathy has some advantage over BSc physiotherapists.
- g. The following were suggested:
 - Patient/Public Involvement: to consider a priority in osteopathic education and embedding within the curriculum.
 - Public Health: taking the opportunity to look at and consider how osteopathy relates to the wider health of the nation.

- Raising the importance of self-management, psychological support and mental health in the community.
- h. It was explained that there are no defined competencies for osteopaths, but graduates must demonstrate they can meet the requirements of the OPS. GOPRE provides a pathway from education to achieving the Standards. It was added that the ODG has been investing in a competency mapping exercise and there has been an attempt to match GOPRE and OPS against the competencies defined within the NHS. Exploration on this continuing.

27. The Chair summarised the Committees considerations:

- The outcomes of the review and the level at which the outcomes are articulated.
- Competencies and assurance levels.
- The MSK framework and the opportunities in mapping and links to other organisations.
- How GOPRE speaks to the wider and diverse community and changes in perceptions of public health.
- Opportunities which changes in the Quality Code present and what may be missing in aspects of educational standards.

Noted: The Committee noted the progress of the review of Guidance for Osteopathic Pre-registration Education including the development of more specific Standards for Education.

Item 9: Policy Advisory Annual Report 2019-20

28. The Professional Standards Manager introduced the item which concerned the Annual Report of the Policy Advisory Committee 2019-20 to be presented to Council at its meeting 9 July 2020.

29. It had been noted that members Nick Woodhead and Bob Davies had been incorrectly listed as external lay members. This has been corrected with the correct information, that they are external registrant members.

30. Members agreed the report was accurate and highlighted the extent of work undertaken by the Committee.

Agreed: The Committee agreed the Policy Advisory Committee Annual Report 2019-20 to be presented to Council at its meeting 9 July 2020.

Item 10: Plymouth Marjon renewal of Recognised Qualification (RQ)

31. Marvelle Brown and Kerstin Rolfe declared interests and left the meeting for the duration of the discussion.

32. The Policy Manager introduced the item which concerned the Plymouth Marjon University seeking renewal of its current Recognised Qualification (RQ) for the Master of Osteopathic Medicine Programme (full-time and part-time).
33. The following points were highlighted:
- a. A visit took place in January 2020 and six conditions were specified by the visitors.
 - b. The report highlights strengths, areas of good practice and areas for development.
 - c. In relation to the conditions the GOsC has been liaising with Marjon and comments made by the QAA and the GOsC have been taken into account to provide an institutional response and provision of the Action Plan.
 - d. The QAA commented that the outcome of the visit had been well considered and reflective and the adequacy of the Action Plan is supported.
34. The following points were made and responded to:
- a. Members raised concerns remained relating to:
 - The number of trained osteopathic tutors remained low.
 - The number of patients that students have access to when considering the institutions plans to increase student numbers.
 - Additionally, with a planned increase in student numbers there would be a need for additional teaching staff, this did not appear to be addressed in the action plan.
 - b. The QA report states that 'there is limited focus on Human Anatomy with only 20 credit modules dedicated at level 4 which is also combined human physiology content' (pages 10-11). Members asked where in the conditions was this addressed as it appeared to be a substantial weakness.
 - c. It was suggested that the action plan should adhere to 'SMART' recommendations and be time specific. It was agreed that timeliness was a consideration, but there should be no impression that once a condition has been met the issue had been dealt with but should remain a matter for continuing development and improvement.
 - d. Members were reminded that the Committee, if not satisfied with responses by an institution, had the power to delay or withdraw the recommendation to Council or, if the recommendation was agreed, that further requests for additional evidence be requested.
35. It was requested that a further report be made to the Committee for its meeting in October to address the issues raised by the Committee.

Agreed: The Committee agreed to recommend that, subject to the approval of the Privy Council, Council recognises the Master of Osteopathic Medicine awarded by Plymouth Marjon University from 1 February 2021 until 31 January 2026, subject to the conditions as outlined.

Agreed: The Committee agreed that a further request to provide an update on the action plan and specific areas of the report as highlighted at its meeting in October 2020.

Item 11: The implementation of the Osteopathic Practice Standards: following research exploring and explaining the dynamics of osteopathic regulation

36. Member were advised that they should reflect on the research document for discussion at the meeting in October.

37. Members noted the OPS survey.

Noted: The Committee noted the report on the Osteopathic Regulation Survey 2020.

Item 12: Any other business

38. There was no other business.

Date of the next meeting: Wednesday 14 October 2020 at 10.00