

## **Policy and Education Committee**

**Minutes of the Policy and Education Committee (PEC) held in public on  
Tuesday 15 June 2021, hosted via Go-to-Meeting video conference**

*Unconfirmed*

**Chair:** Professor Deborah Bowman

**Present:** Daniel Bailey  
Sarah Botterill  
Bob Davies  
Elizabeth Elander  
Dr Joan Martin  
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)  
Michael Mehta, the Osteopathic Alliance (OA)  
Ian Fraser, Chair, Council for Osteopathic Education Institutions (COEI)

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

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

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

1. The Chair welcomed all to the meeting. A special welcome was extended to Ian Fraser, recently appointed as Chair of the Council of Osteopathic Education Institutions (COEI).

2. Apologies were received from Marvelle Brown (Lay Member); Duncan Clarke, Quality Assurance Professional Lead, Mott McDonald; Sheleen McCormack, Director, Fitness to Practise; and Dr Stacey Clift, Senior Research and Policy Officer.

## **Item 2: Minutes and matters arising from the meeting of 10 March 2021**

3. The minutes of the meeting 10 March 2021 were agreed as a correct record.
4. There were no matters arising from this meeting.

## **Item 3: GOsC Position about protection of title and osteopathic practice, and the involvement of osteopaths in osteopathic education and training**

5. The Director of Education, Standards and Development introduced the item concerning the extent to which the GOsC can protect the public from unregistered osteopaths in its current framework.
6. The following points of the report were highlighted:
  - a. The GOsC has been receiving enquiries about how unregistered 'osteopaths' might describe themselves and what they can do.
  - b. The Executive has been responding to these queries in accordance with current policies, the factual position of the GOsC is not currently published in an accessible way.
  - c. The comments and feedback of the PEC on the position statement are welcome prior to its publication, and whether there is anything further which can be said or done.
7. Members welcomed the proposed publication of the statement which provides clarity and formalises the position of the GOsC.
8. In response to several concerns and comments relating to post-graduates and those who leave or retire from the Register, students, training and training/CPD providers, terminology, and animal osteopathy the following points were made:
  - a. There was change to legislation in 2016 and there is an overarching objective of public protection; GOsC functions are exercised in that context.
  - b. The specific powers which the GOsC have are:
    - To regulate undergraduate education provision.
    - Section 32 of the Osteopaths Act 1993 provides that: 'a person who (whether expressly or by implication) describes himself as an osteopath, osteopathic practitioner, osteopathic physician, osteopathist, osteotherapist, or any other kind of osteopath, is guilty of an offence unless he is a registered osteopath.'

- Powers to prosecute and issuance of letters including those, to cease and desist: Section 32 of the Osteopaths' Act 1993 gives the GOsC powers to prosecute individuals who breach the rules as described. Prior to taking action to prosecute the letters are issued stating that it is believed the said individual is describing themselves as an osteopath and that they should cease doing so. Section 32 powers help to underpin the protection of patients, the public and maintain the reputation of the profession.
  - In addition, we can write letters, and provide advice and guidance to others.
- c. Osteopathic title and osteopathic technique: It was explained the legislation is clear about the title but less clear about technique. In the UK the GOsC is constrained by its legislation which covers the title osteopath. It might be more difficult to prosecute someone described as using an osteopathic technique if the individual was not describing themselves as an osteopath.
  - d. Retired practitioners, students, and training: It was explained that Section 32 powers could cover anyone holding themselves out as an osteopath if they were not on the Register. For example, people who may have retired and are no longer on the register or under-graduates in training. The status or role of an individual is dependent on whether they are describing themselves as an osteopath but are not registered with the GOsC. Whether or not someone is guilty of a Section 32 misdemeanour is a judgement to be made by the Courts. The decision of the GOsC is to consider whether to take out a prosecution and seek costs, if successful. This is one of the reasons why GOsC's impact is often through its letters which advise and inform about concerns and the importance of patient protection. Section 32 letters or other letters of advice have been sent to providers of CPD courses, individuals and students describing themselves as osteopaths or potentially holding themselves out as osteopaths.
  - e. It was suggested that a clause be included to encourage and ensure that training providers check that participants understand the implications of misleading the public and breaking the law in relation to being an osteopath.
  - f. Legal Advice: It was confirmed that the GOsC's own General Counsel has provided and provides advice on the current legal position and is an area which will remain under continued review. Members noted that external legal advice may be helpful on some of the questions arising.
  - g. Animal Osteopathy: The concerns relating to animal osteopathy were acknowledged. There are differing views about whether the title 'animal osteopath' could invoke an issue under s32 of the Osteopaths Act 1993 and the situation is complex. This is a difficult position for those fully trained animal osteopaths who are registered with the GOsC.
  - h. The Chief Executive highlighted several points:

- Section 32 cases are dependent on individual circumstances and the assessments which are made. There is no 'one size fits all' statement which can cover all eventualities and therefore cases are dependent on information which is received by the GOsC.
- Cease and desist letters are an effective tool and over the course of 2020-21 approximately 40 letters have been sent to individuals and equivalent number of cases closed. There have also been several successful prosecutions which demonstrate that the issue is taken seriously and supported by the necessary resources.
- In relation to animal osteopathy it had been made clear that the GOsC has a wider protection view and is not prepared to provide a 'free pass' on Section 32 and any potential breach of title. We will continue to review our advice in light of current context.

9. The Chair observed and highlighted issues for consideration:

- Although looking at other legislative frameworks would not be appropriate looking at what other jurisdictions do in term of boundaries and how people learn what those boundaries are and how they are articulated might be useful.
- The exploration of standards and how people learn what it is to behave with integrity and honesty and the impact on patients; the issues of ethics, professional identities, trust, honesty and consent and what is understood by the individuals' role from a patient's perspective.

**Noted: The Committee considered and gave feedback on the issues outlined.**

#### **Item 4: Update on Quality Assurance (QA)**

10. The Quality Assurance Liaison Officer introduced the item which asked the Committee to consider and provide feedback on the planned approach to development of quality assurance for the year, 2020-21.

11. The following points were highlighted:

- The paper outlined a proposal for a revised approach to the annual report process for 2020-21, based around the draft Standards for Education and Training (SET) and feedback from the osteopathic educational institutions (OEIs) and the QA provider Mott McDonald.
- The OEIs have agreed to participate in the proposed revised annual report process and also provide consultation feedback on the SET.
- The Committee was asked to consider the advantages and disadvantages of the proposal.

- d. A summary of work carried out in relation to the development of risk profiles was provided which will be developed further in a paper to the Committee at its private meeting on 29 June 2021.

12. The following points were made and responded to:

- a. Members welcomed the report and proposed pilot scheme. It was noted as significant that there is support amongst the OEIs to test the new approach demonstrating how the GOsC and the OEIs can work together. It was added that although there have been discussions with the OEIs the Committee should remain sensitive to the challenges the OEIs have experienced in recent times and that any change can increase the burden and that it is understood the approach to the process is to support the institutions.
- b. It was noted and welcomed that the development of the Standards of Education Training and the development of the Annual Report template would become mutually supportive. Members were also reassured that all the basic data would continue to be collected.
- c. It was noted that the approach hoped to go some way to address the imbalance in the reporting submissions received from the OEIs.
- d. A key issue raised in the discussions with the OEIs was the 'lack of clarity about how the questions relate to the OPS in the previous year's Annual Report. The new draft Standards would begin to provide that clarity.
- e. It was suggested that perhaps it would be helpful if the language used in the Annual Reporting template could be simplified or 'plain English'.
- f. It was suggested that once the form had been finalised it would be helpful to ensure that the process remains stable, and any further changes avoided or minimised. It was also suggested that alignment with SMART criteria (Specific, Measurable, Attainable, Relevant, and Timebound) might be considered.
- g. It was explained that one of the strengths of the approach is allowing for consistency, allowing a self-reflective approach, and the institutions demonstrating how they deliver SET. Once finalised it is not expected that this will change year-on-year there will, therefore, be some predictability and consistency in the submissions making the process quicker. At a meeting with the OEIs in May it was recognised that the pilot would be a means of addressing the issues of clarity and inconsistency as evidenced by Mott McDonald. The revised template and guidance would be refined in partnership with the OEIs and the outcomes will be presented at the meeting of the Committee, 29 June 2021 for agreement.

- h. The Chief Executive commented that the approach would enable the Committee, working in partnership with Mott McDonald, to exercise its independence and scrutiny function to a greater degree.

13. The Chair summarised the main points of the discussion:

- a. The overall support for the proposed approach.
- b. That the Committee is appreciative of the potential for consistency, but recognised it is a risk-based approach that is being developed.
- c. That the approach fosters and reiterates the importance of the independence of the Committee.
- d. The consideration of rigour and the balance between evidenced based standardised information and reflective perspectives.
- e. That the approach provides assurance and enhancement of the process.
- f. That the approach is open, constructive, and linked to the standards.

**Agreed: The Committee agreed the proposal to change the GOsC Annual Reporting process and provide direction on which option to use for the 2020/21 submissions process.**

**Noted: The Committee noted the update on development of Risk Based Approach to Quality Assurance.**

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

14. The Policy Manager introduced the item concerning the protection of patients and supporting other stakeholders in understanding the application of the Osteopathic Practice Standards (OPS) to the breadth of practice undertaken by osteopaths.

15. The following points were highlighted:

- a. The paper gives an update on plans in relating to the development of draft guidance to support osteopaths engaged in adjunctive or complementary therapies in relation to the Osteopathic Practice Standards.
- b. It is proposed there will be a wider dissemination of the current draft with stakeholders over the summer, to seek input to develop a further draft for reporting to the Committee at its October meeting.
- c. The guidance has been shared with the Society of Homeopaths who have used the guidance as a model and it has worked well for them.

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

- a. Members welcomed the report, it was suggested that when communicating with the profession highlighting the issues, and using case studies as set out, would be helpful in engaging the profession.

- b. It was explained that in relation to individuals who are dual-registered, when treating a patient, the appropriate skills for administering treatment would be applied while upholding and maintaining the professionalism that apply to all health professionals. In relation to the paper the issues are less about dual registration but about areas of the osteopathic and similar professions where less commonly used techniques may be employed and where there are less defined and precise scopes of practice that may challenge the requirements of the OPS and/or where an expert witness may be required.
- c. It was confirmed there had been patient involvement in developing the guidance prior to it being put on hold in 2020, and this involvement would now be expanded to the wider Patient Involvement Forum.

**Agreed: The Committee agreed the plan to disseminate the draft guidance more widely over the summer, to inform the development of a final draft to be reported to the October Committee meeting.**

#### **Item 6: Patient Engagement**

- 17. The Senior Research and Policy Officer, Rachel Heatley, introduced the item which gave an update on the GOsC's patient engagement activity.
- 18. The following points were highlighted:
  - a. Engagement with patients is an ongoing priority with a significant increase in activity in the past six-months. The learning from each activity is used to inform future work and leads to greater reflection, better relationships and to make improvements to the GOsC approach.
  - b. The current focus is to seek patient feedback on the draft Equality, Diversity and Inclusion Framework for 2021-24 and patients have been offered a variety of methods to feedback including focus groups, interviews and a survey.
  - c. In mid-May 2021 the Patient Involvement Forum was launched which provides a formal vehicle for involving patients.
  - d. The biggest challenge during this period has been the development of policies to underpin a formal framework for patient engagement.
- 19. In discussion the following points were made and responded to:
  - a. Members commended the work to date and the commitment to developing patient engagement.
  - b. It was confirmed that demographic data and data relating to protected characteristics are collected and that there has been a significant increase in the diversity of the patients who have engaged with the GOsC.

- c. Members were informed that there is a 100% retention rate for patient group members for which several reasons were given including:
  - Ensuring a quick response to patients
  - Regular emails and phone calls to patients to check on their well-being and to offer the opportunity to feedback on previous activities.
  - A clear pre-briefing as well as de-briefing in relation to activities.
- d. It was confirmed that work with osteopaths in the UK regions to develop patient relationships have yielded positive results and patients are being referred to the GOsC to engage and participate in the Patient Engagement Group.
- e. The importance of managing patient expectations particularly in a health research setting was stressed especially where personal information is being disclosed. The care and consideration which is being taken with the Patient Involvement Forum was noted.
- f. In response to concerns relating to the OEIs members were informed that there are ongoing discussions with the institutions. As a result of the joint workshop held in March 2021, with the General Chiropractic Council (GCC) many OEIs have taken onboard the role of patients in osteopathic education. The GCC are currently seeking out case studies from their own institutions and further discussions will take place to develop a toolkit based on the case studies which will help to inform the OEIs in their own context.

20. The Chair summarised and reflected:

- a. The Committee applauded the progress, and the thoughtful and committed approach which had been taken to develop patient engagement.
- b. The ethos that partnership and care matter, the modelling of how to operate the approach well and safely; what boundaries mean in this context, what role individuals are in and what might be the unintended consequences of in the understanding of roles. The GOsC is modelling and making clear what good public/patient involvement looks like.
- c. The consideration of those who are not yet patients and those who may not be involved in patient engagement and how to reach out to those groups not reflected in the group/s
- d. The importance of patient engagement in relation to other areas of GOsC's work and how these areas join up.

**Noted: The Committee noted the progress of the patient involvement activity and plans to further embed the patient voice in policy development and decision making.**



## **Item 7: Data collection and insight**

21. The Director of Education, Standards and Development introduced the item which considered the approach to data collection, analysis and insight and the approach to the specification and collection of equality, diversity and inclusion data.
22. The following points were highlighted:
  - a. A staged method is proposed for the implementation of the longer-term approach to data and insight.
  - b. As a first step a survey is proposed to collect equality and diversity data about protected characteristics from registrants as equality diversity and inclusion pervades all that we do. This baseline will allow for the better identification of the diversity of the profession (compared to the general UK population that the profession serves), any unintended consequences of our regulatory approaches and interventions for particular groups, which will in turn inform future strategy.
  - c. The Committee's feedback is sought on the staged approach, the proposal to undertake an equality and diversity survey of GOsC's registrants and feedback on communication messages surrounding this approach to allay fear and encourage participation.
23. In discussion the following points were made and responded to:
  - a. Members commented on the sensitivity of the proposal. In response to the comment on the clarity of purpose members were given the assurance that the purpose for each question in the survey would be stated and made clear.
  - b. In response to the suggestion on ensuring anonymity it was explained that anonymity had been observed in previous surveys undertaken by the GOsC. Whilst this was a useful snapshot in time, it was not helpful in terms of understanding whether the GOsC is being inclusive or whether particular regulatory activities were being inadvertently discriminatory. This was because it was difficult to recognise the impact on diverse populations with protected characteristics of specific activities. However, stakeholders who were consulted emphasised the importance of ensuring a safe space for those to share their protected characteristics with us given the sensitivity of the data requested.
  - c. In considering how the data is collected it was confirmed that equality and diversity data is collected as part of the registration process but not specified as is outlined in this survey. Over time, we want to make our collection of equality and diversity data consistent and comparable.
  - d. In response to the request for clarity and the reasons for the specification of the disabilities, impairments or differences which had been listed it was

explained that feedback had been sought from osteopaths and students including the Health and Disability Group. A point was made about recognising 'difference' and 'disability'. We had considered feedback that the questions should be reframed to reflect that some individuals might recognise themselves as being different and not necessarily having a disability. Feedback also highlighted that there may be a higher proportion of osteopaths who might describe themselves as neurodiverse and that this is an important characteristic to consider in the osteopathic profession.

The point made that '*I have no disability*' should be listed first was acknowledged.

- e. Members were informed that the characteristics of hearing, speech and visual impairment, had been amalgamated as the Health Care Professions Council (HCPC) had also done this in a similar survey. It was agreed these areas would be separated in the GOsC survey and the reasons why the HCPC had chosen to amalgamate these specific characteristics explored. It was added that the reasons for listing characteristics in a specific way should be made clear to avoid a perception of hierarchy.
- f. It was confirmed that the GOsC do have a Data Protection policy which is on the GOsC website and would be reviewed to ensure the survey is compliant with General Data Protection Regulation (GDPR).
- g. Members commented that osteopaths completing the survey would need to understand the benefits to them and the wider profession in participating and that the survey is not perceived as a 'tick-box' exercise.
- h. It was suggested that clarity would be required on the question relating to whether someone works full-time and part-time as the concept in the context of the profession would be difficult to define.
- i. The Chief Executive commented and thanked members for their helpful insight. He agreed with the need to ensure that the 'why' of the survey is articulated and that the Executive was alive to the issues and are learning. It was noted that consideration of using the renewal process to obtain the data in line with the survey would need some reflection. It was acknowledged that at this juncture collection of EDI monitoring data was not a requirement under the GOsC renewal of registration process.
- j. It was suggested that to develop a more profession led approach a pre-survey could be developed to learn where areas of discrimination may have been experienced which could then feed into and develop further the approach to EDI.

24. The Chair highlighted the main points of the discussion:

- the issue of response rates and engagement

- the question of who the survey is for and why it matters
- the GDPR and how the survey is communicated in line with the regulations
- the issues relating to anonymity and trust
- mitigating the challenges
- the language of the survey: trust, understanding and purpose, importance of testing and interrogating what is being undertaken
- acknowledgement that the undertaking is difficult and new and the acceptance of learning

**Noted: The Committee considered the approach to data and insight.**

**Noted: The Committee considered the approach to the collection of updated equality and diversity data for the osteopathic profession 2021.**

### **Item 8: Conflict of Interest**

25. The Director of Education, Standards and Development introduced the item which considered the management of conflicts of interest in the osteopathic sector.

26. The following points were highlighted:

- a. The consideration of issues that arise in the management of conflicts of interest for Visitors who are also Committee or Council members.
- b. The paper explores:
  - the current GOSC conflicts of interest policy,
  - the current approach to the management of the conflicts of interests for Visitors who are also Committee or Council members, and
  - the position of other regulators (including context).
- c. The Committee is asked to consider and reflect on the issues that might arise both for Visitors, the Committee and for external stakeholders.
- d. The Executive will reflect on next steps which will be dependent on the discussion of the Committee.

27. The following points were made and responded to:

- a. It was suggested that as a small profession there is some value in Council/Committee members also being visitors as it allows members whose work covers both roles have some insight into the experience of institutions and the Visitor process. It was also suggested that as a small regulator the current system allows for sufficient adherence in the separation of functions.
- b. It was noted that less than 10% of osteopaths work in osteopathic education and therefore may not have the required experience to undertake evaluation work. It was suggested that there should be some flexibility in

the four-year conflict period while a member is serving their term/s on Council or a Committee.

- c. It was acknowledged that the osteopathic profession is small but there was a concern about the perception conveyed where Council/Committee members are also Visitors or in similar evaluation roles. It was also noted that where, on occasion, PEC members cannot participate in a specific discussion due to a conflict there is a loss to subsequent deliberations. It was suggested that members of the profession should be encouraged consider what they can offer and be encouraged to step-up to widen the pool. It was also suggested students be encouraged to get involved and be offered Visitor training to participate in RQ visits which is common in other regulated professions.
- d. It was asked if there was a limit as to how many institutions a Visitor and others can be linked to. It was also confirmed that lay Visitors are included in the pool of education evaluators.

28. The Chair in reflection commented:

- How does the Committee consider and articulate the issues relating to conflicts of interest and reach a decision?
- How can be members of the profession be encouraged to participate and be trained in education evaluation? And how does the PEC consider strategically the broadening of the Visitor pool in conjunction with the work relating to diversity, the development of the profession and the next generation of osteopaths?
- What might the impact be on the decision-making process?
- What might it mean in terms of how the PEC is perceived and how the work of the Visitors is perceived by the OEIs?

29. The Chair suggested that the Executive consider the comments of the Committee and consider an evolving approach to conflicts of interest which includes how the GOsC recruits and trains appointees, how conflicts are managed in practice. The Chair suggested the PEC discussion might be taken to Council for further consideration and a discussion would take place with the Chair of Council to consider how this can be taken forward.

**Noted: The Committee considered and gave feedback on the current conflicts of interest policy in relation to Visitors and members of Committee and Council.**

### **Item 9: London College of Osteopathic Medicine (LCOM) – Recognised Qualification (RQ) expiry date extension**

30. Bob Davies declared an interest and did not participate in the discussion.

31. The Policy Manager introduced the item which concerned the London College of Osteopathic Medicine and the recommendation to request an extension of the current LCOM RQ expiry date from 16 July 2022 to 16 July 2023.
32. The paper set out a proposal for addressing the fact that LCOM has no current cohort of students and the impact of this on the planned Recognised Qualification review visit by agreeing to recommend that the current RQ expiry date of 16 July 2022 be extended by one year to 16 July 2023.
33. The Committee had no additional comments and agreed the recommendation as set out.

**Agreed: The Committee agreed to recommend to Council that it should extend the expiry date of the RQ LCOM programme from 16 July 2022 to 16 July 2023 and seek the approval of the Privy Council.**

#### **Item 10: Policy and Education Committee Annual Report 2020-21**

34. The Chair introduced the item which presented the Annual Report of the Policy and Education Committee which will be presented to Council at its meeting 20 July 2021.
35. The Chair informed the Committee that she would like to make the following additions to the report and once the amendments were completed the updated report would be circulated to members:
  - a. Information on the implementation of the Committee as a new group established 1 April 2020 (replacing the Policy Advisory Committee), and consideration of its function.
  - b. How the Committee has developed and the plans for its continuing development.
36. The Committee had no further comments on the content of the report as presented.

**Noted: The Committee noted the report as presented.**

**Noted: The Committee noted that the Chair would insert additional comments to the Policy and Education Committee Annual Report relating to the reporting period 2020-21.**

**Agreed: The Committee agreed the Policy and Education Committee Annual Report 2020-21 would be circulated for agreement by electronic means in advance of its submission to Council.**

#### **Item 11: Updates from Observers**

37. 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. There will be a relaunch of COEI that will take place over the next three to four months.
- b. As part of the relaunch COEI will be considering and continuing the development of its strategic aims.
- c. The planned recruitment of a dedicated COEI employee to support the Chair and members of COEI.

### **The Osteopathic Alliance (OA)**

- a. The OA is currently working on how best to develop and support the transition into the osteopathic profession after under-graduate education.
- b. There are plans in place to launch a scheme to encourage the profession to offer the possibility of practise visits to new graduates to support more formal mentoring.
- c. Although early days the OA is looking at the viability and development of a part-time foundation-year in osteopathy.
- d. The OA, with NCOR, is also looking at building a library of case-study projects which would be of benefit to the wider profession.

### **The National Council for Osteopathic Research (NCOR)**

- a. Projects
  - The work on Patient Reported Outcomes project is continuing.
  - A PhD project on AI and evidence dissemination is being undertaken
  - The CUTIES trial which is looking at osteopathic care for infants with colic is back on track
  - NCOR is participating in a new project looking at physiotherapy students and the expansion of placements in a non-NHS setting.
- b. NCOR hosted a successful and well attended on-line conference in January 2021.

### **Osteopathic Development Group (ODG):**

- a. NCOR, with the GOsC, have worked to draw some structure around the future development of the professions. The last meeting was productive, and the ODG agreed the outline of needs which centred around three domains:
  - Public health and well-being
  - Patient access to osteopathic care
  - Osteopaths' capabilities to meet patient needs

Four working groups will be established for this work in under and post graduate education, inter-professional reach, and research. It is expected that the ODG will be working on this over the next twelve-months.

- b. Following a major review by the Council for Allied Health Professions in Research (CAHPR), a meeting taking place on 16 June will begin the implementation of the review findings. This will mean that the role of CAHPR will change slightly within the research community and the allied healthcare professions community and be more independent.
- c. A new NCOR Director has been recruited and an announcement will be made in due course.

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

**Item 12: Any other business**

38. There was no other business.

**Date of the next meeting:** Thursday 7 October 2021 at 10.00