



## **Policy and Education Committee**

**Minutes of the Policy and Education Committee held in public  
Wednesday 15 June 2023, at Osteopathy House, 176 Tower Bridge Road,  
London SE1 3LU**

*Unconfirmed*

**Chair:** Professor Deborah Bowman

**Present:** Dr Daniel Bailey (*online*)  
Bob Davies  
Simeon London  
Professor Raymond Playford  
Nick Woodhead

**Council Assoc:** Harriet Lambert (*online*)  
Laura Turner

**Observers with speaking rights:** Dr Jerry Draper-Rodi, National Council for Osteopathic Research (NCOR)  
Glynis Fox, President, the Institute of Osteopathy (iO) (*online*)  
Ian Fraser, Chair, Council for Osteopathic Education Institutions (COEI) (*online*) (to Item 9)  
Fiona Hamilton, Council for Osteopathic Education Institutions (COEI) (from Item 9 – 13)  
Santosh Jassal, the Osteopathic Alliance (OA)(*online*)

**In attendance:** Steven Bettles, Policy Manager  
Fiona Browne, Director of Education, Standards and Development  
David Bryan, Head of Regulation (Item 9)  
Stacey Clift, Senior Research and Policy Officer  
Jess Davies, Communications and Engagement Officer (Item 4)  
Rachel Heatley, Senior Research and Policy Officer  
Banye Kanon, Senior Quality Assurance Officer (Item 11)  
Michelle McDaid, Quality Assurance, Project Director, Mott McDonald  
Chloe Johns, Project Manager, Mott McDonald  
Liz Niman, Head of Communications, Engagement and Insight  
Matthew Redford, Chief Executive and Registrar

Maxine Supersaud, Head of Assurance and Resources

**Observer/s:** Dr Bill Gunnyeon, Chair of Council  
Jo Clift, iO Council Member  
Sue Croft, Lecturer, Swansea University

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

1. The Chair welcomed all to the meeting.
2. Apologies were received from:

PEC Members:

- Sarah Botterill
- Dr Marvelle Brown
- Professor Patricia McClure

Observer with speaking rights / Stakeholders:

- Maurice Cheng, Chief Executive, the Institute of Osteopathy

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

3. The minutes of the meeting 8 March 2023 were agreed as a correct record.
4. There were no matters arising.

### **Item 3: Quality Assurance: Annual Report for academic year 2022-23 and approach to thematic review of 2023-24**

5. The Head of Policy introduced the item which asked the Committee to agree the approach to annual reporting and the mechanisms for taking forward key issues this year.
6. The key messages and following points were highlighted:
  - a. An updated version of the annual report template for 2021-22 is proposed for consideration for 2022-2023.
  - b. The template, as last year, enables OEIs to update the previous year's response as appropriate, and includes a new section aimed at encouraging a more reflective response in relation to good practice, challenges, and risk management.
  - c. The annual report template was discussed with COEI at a meeting in May 2023, including some additional data requests relating to:
    - Clinic and non-clinic roles
    - Osteopath and non-osteopath roles
    - In addition, to adding a focus on staff-student ratios in both student clinic and practical class settings, we are suggesting that OEIs explain

how they calculate ratios, i.e., to facilitate standardisation and aid comparability in future.

- d. It has been suggested that some data requests be removed, namely:
    - Educators with both lecturing and clinical duties; and
    - Lecturers/Clinical tutors with additional management roles.
  - e. Reports have been made on the quality assurance workshops held this year, and on proposals for next year, with a more structured approach.
  - f. Suggested topics for the workshops include:
    - Competence based education
    - Artificial intelligence in education
    - Calibration of academic standards
7. The following points were made and responded to:
- a. In response to a question about data requests which had been deleted and the rationale, it was explained that the value had not been entirely clear i.e. what the additional data had meant in practice, and how the data were used.
  - b. The new Standards in Education and Training made it possible for health professionals other than osteopaths to supervise clinical work. The removed data set enables an understanding as to what extent, if at all, this is occurring.
  - c. A comment was made against the removal of the category showing osteopaths doing clinical and non-clinical teaching as it is considered this reflected classroom training.
  - d. It was suggested that the example (*based on the fictional OEI, the Sussex School of Osteopathy*) could be useful for demonstrating how to evidence the Standards for Education and Training in terms of reflection and evaluation. However, concerns were raised that the example appeared to emphasise the MSK and rehabilitation approach and this could be misconstrued as the direction of osteopathic practice. It was suggested that the broader scope of osteopathic practice should be made more visible. It was highlighted that the Graduate Outcomes and Standards for Education and Training were the standards for the content of training, not the given example, however, the content would be reviewed to reflect a broader perspective.
  - e. A point was made about how the diversity of patients within the recommended 50 new patients was ensured. It was explained that the within the standards when referring to 50 new patients, diversity requirements also related to protected characteristics and case presentations, and that clinical hours could be met in a variety of ways as outlined in the Graduate Outcomes and Standards for Education and Training.

- f. It was asked whether, in terms of educator numbers, we should also highlight patient experts.
  - g. It was asked if there would be value in gathering ethnicity data for educators to identify possible trends, to address the lack of visibility and supporting the diversification of teaching.
  - h. A concern was raised regarding not having a clinical tutor at management level. This was seen as a potential barrier and also considered important for the student voice.
  - i. It was also suggested that the Sussex School example could be more reflective of 'real world' OEIs and what the GOsC is looking for in the Annual Reporting process.
8. In summary the Chair noted the points raised in discussion concerning the Annual Review Template:
- a. The meaning and risk of data; what can be lost and gained and the unintended consequences.
  - b. The issues concerning Educators and non-Educators.
  - c. The document as a hypothetical guide.
  - d. The OEI hypothetical example used, how it is communicated and the relationship with the profession.
  - e. The patient perspective, the student voice and wider aspects of diversity and whether visible.

**Agreed: The Committee agreed the annual report template for 2021-2022, subject to the consideration of the points raised in discussion and including the updated educator data collection proposals.**

**Agreed: The Committee agreed the plans outlined in relation to the enhancement of quality assurance through further quality assurance workshops and the development of proposals for a more thematic approach for 2023-24.**

#### **Item 4: Public and Patients' Perceptions Survey findings**

- 9. The Head of Communications, Engagement and Insight introduced the report which considered the findings from the Public and Patients' Perceptions Survey conducted by YouGov and the implications for the GOsC's wider work.
- 10. The key messages and following comments were highlighted:
  - a. The paper explored the findings from the third wave of the GOsC's public and patients' perceptions tracking survey, which was first conducted in 2014 and then again in 2018.

- b. Around half (46%) of the general public surveyed have confidence in getting advice/ treatment from osteopaths, and osteopaths rank around the middle across all healthcare professionals polled.
- c. The majority of patients surveyed have a lot or a fair amount of confidence in osteopaths (89%) and believe that being monitored by a regulatory body is an important factor in giving confidence (96%).
- d. Thinking is beginning on how these findings, which largely focus on confidence, might support or relate to the concept of trust, a key aim of our Communications and Engagement strategy 2021-2024 and a topic which we will be exploring later this year as part of our Registrant and Stakeholders' Perceptions Survey.
- e. The Committee's early thoughts are sought on how the perceptions work with registrants might be more closely linked with perceptions work with patients, and what areas or questions may be missing from the YouGov work which might need to be explored further.
- f. As well as Committee's thoughts on the above, its agreement is sought for a recommendation to Council that the findings are published. The Committee's comments are also welcome regarding the implications that these findings might have for the GOsC's wider work.

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

- a. Members welcomed the report but suggested that care was required in the phraseology used; where terms used might appear or convey public/patient preference of one profession over another. It was agreed that phrasing needed to be put into context.
- b. There appeared to be a lack of distinction between trust and confidence, defining what confidence meant in the context of the survey, and understanding how this related to a wider concept of trust.
- c. The Committee was informed that at its meeting in July, Council would be considering the consultation for the GOsC's Strategic Plan: Towards 2030, a pillar of which concerns strengthening trust with a strand of activity to explore relationships between the regulator, professionals and patients. The questions raised would be useful to help reflect on the gaps in our understanding.
- d. It was suggested to reach a wider readership a summary of the survey might be considered for publication in Health Service Journal or similar. It was also suggested that a survey summary presented as in infographic would be better received by the wider profession.

- e. It was suggested that some of the points highlight the public's general lack of knowledge about osteopathy as opposed to more informed patients. There is a need to understand the barriers and what is missing from the public and patients' understanding of the profession and what learning/data will be useful to the profession to understand the disparities.
- f. The Committee was advised that it is planned that the survey data are to be mapped across a number of workstreams and shared with stakeholders in order to develop campaigns to build awareness and to work with patient focus groups. It was added that the data will also support the Communications Engagement Strategy. The question as to whether the whole survey, as it currently stands, was still useful and whether there should be a focus on more qualitative data gathering was acknowledged.
- g. It was asked where a respondent or respondents had not been an osteopathic patient for more than 12-months and had a negative experience might this be reflected in the survey. Would this be a possible underlying trend in patient dissatisfaction or a lack of trust?

12. The Chair in summary highlighted the key points made in discussion:

- a. How to use the information and recognise limitations of the method and the results?
- b. The use of data and triangulated with other sources of information.
- c. That outcomes/implications should not be over or understated.
- d. The points on communication being valid and being alert to limitations.
- e. The use of data strategically, operationally and triangulated with other sources of intelligence.
- f. Recognising the difference between confidence and trust. Understanding the trust in the breadth and plurality of the profession and for the regulator to hold in a way that is credible, fair and transparent.
- g. Understanding there is a difference between the public and patients and that it should not be assumed they are one in the same.

- a. Noted: The Committee discussed and considered the findings and provide feedback or comments on the report.**
- b. Noted: The Committee discussed and considered the implications of these findings on the wider work of GOSC and whether there are implications not already stated in this paper.**
- c. Agreed: The Committee agreed to recommend to Council that this findings report be published**

## **Item 5: Transition into Practise progress report**

13. The Senior Research and Policy Officer, Dr Stacey Clift, introduced a progress report on the project concerning the Business Plan Activity: Continue to support new graduates (UK and Internationally qualified) making the transition into practice through better understanding of the barriers and enablers to building communities, including the development of appropriate resources.
14. The key messages and following points were highlighted:
  - a. The GOsC have undertaken research work to better inform how it can best support new graduates making the transition into practice, with the overarching aim and purpose of this work being to build communities of practice for new graduates.
  - b. A total of 430 osteopaths were identified that had been on the GOsC Register for less than two years and responses were received from 27 of those osteopaths across four focus groups that were conducted between January and February 2023.
  - c. Participants of the focus groups completed a short survey before joining the group with some of the key points emerging including: the majority working as an associate practitioner (67%), in a multidisciplinary practice with other healthcare providers (48%) or group practice with other osteopaths (26%).
  - d. The findings from the focus groups identified:
    - Three interrelated factors concerning expectations about practice. These were lack of patient awareness of osteopathy, underestimated soft skills that affect patient outcomes and struggling with pay/earnings.
    - There are a series of enablers and barriers to preparedness to practice; with enablers this related to the type of practice a newly qualified osteopath began working at, and barriers involved lack of career pathways, education specific elements and risks of burnout.
    - Key support networks drawn upon by newly qualified osteopath, (if they had any), were fellow alumni or former clinic groups, mentorship opportunities and CPD or research groups.
    - Future support that newly qualified osteopaths would like to see across the sector going forward consisted of clinical placements, graduate pre-registration programmes, mentorship opportunities, networking and group opportunities, as well as GOsC registration and resources.
  - e. The qualitative interviews conducted with owners of large osteopathic clinics identified:

- Models of support were needed for the transition into practice for newly qualified osteopaths.
  - The enablers to be prepared for practice included support, structure, and a key contact for the newly qualified osteopath to go to. Barriers included isolation, lack of confidence in patient interactions and communication and fear of treating or adverse event anxiety.
  - Future support was needed in encouraging responsible practice owners, webinars for the whole profession on business areas, regulation on principal and associate relationship, introduction of a clinical year, better education about key areas of practice, good PR of osteopathy, gaps in data about osteopathy as a profession and advertising job opportunities.
- f. The review of key touch points between the GOsC and new graduates revealed three transactional touch points (how to register, acceptance to the register confirmation and welcome to the register emails) and one engagement touch point (final year student presentations).
- g. The review identified possible avenues to improve existing touch points, led by the communications and engagement strategy and the research findings including:
- focusing support on peer support and regional groups,
  - mentorship and support to develop patient communication skills,
  - making changes to the GOsC website to make it easier to find information relevant to those transitioning into practice.
- h. The next steps involve a profession wide online dissemination event to share these findings with partners and stakeholders and work together to reach some solutions.

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

- a. The Committee welcomed the report and the findings outlined.
- b. Members asked if 27 out of 430 was a low response? It was explained that the 27 participants were across 4 focus groups – the survey was to bring out themes for those who had volunteered for the focus groups. It was noted that the survey sample was small and whether this then could be a true representation of the graduate experience. It was asked if there was there something to be done to better engage graduates with the GOsC.
- c. The point was noted and it raised the question about how information is understood and how it is used. It may be difficult to get a sense from the next steps proposed of how they engage with these questions. It may be necessary to look at the wider issues to broaden and develop more inclusion and participation from graduates.



- d. Members noted responses to the survey that were of particular concern relating to student/graduate expectations and experiences which, it was suggested, were issues that might be addressed by the Institute of Osteopathy. Although the management of graduate expectations are considered by the OEIs it was acknowledged that some of these maybe unrealistic and that work on addressing student/graduate expectations should be considered further. The possible inclusion of a clinical year might be a pathway although this or other approaches may be an additional burden to OEIs in the current climate. It was stressed that was important that students, pre-registration and pre-graduation, understand all the challenges and pitfalls that may be experienced as a professional even though this might pose challenges for the OEIs in explaining these issues. It was suggested that more direction provided in the early stages of the CPD process might be a possible solution for new graduates in order to address these concerns.
- e. It was confirmed that international registrants had been invited to participate in the survey but may not have responded to invitation.
- f. There were some concerns from COEI about the report and the feedback of the Committee. It was noted that a lot of work already takes place to support students through graduate fairs for example. COEI asked that report outcomes be shared so that the OEIs can have a clearer understanding of what is happening with students and graduates and to address concerns.
- g. It was suggested that the data is not as meaningful as it could be as the small number of responses are not representative of all the OEIs with 1/2 students from one college and the remaining from all the others. It was also suggested that there is a wide variance in what is taught between the institutions and what has not been well captured are those graduates that go into education not practice.

16. The Chair in summary noted the points made in discussion:

- The low number and variance in responses to the survey demonstrates some of its limitations. This should be acknowledged, and the report reviewed through the lens of things which matter to all stakeholders, students, graduates, OEIs, and the stakeholder groups.
- The importance of engagement with the GOsC and the profession from the start of the student journey and beyond through to graduation, commencement of CPD and beyond.
- The expectations of parties are varied, and there are difficulties of in understanding where some responsibilities with unintended consequences for students, graduates, OEIs and stakeholders.

- Barriers and facilitators: what has been achieved and what is to be done with the data. The discussion has highlighted the areas for discussion and clarification for the next steps to progress the project.

**Noted: The Committee noted the progress made to date with the transition into practice project and that the Executive would consider and define the next steps to progress the project.**

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

17. The Senior Research and Policy Officer, Rachel Heatley, introduced the item concerning the Patient Engagement Strategy, its key aim its co-production with patients which means involving patients at a strategic level.
18. The item explored potential models for involving patients at strategic level for Committee to make a recommendation to Council.
19. The key messages and following points were highlighted:
  - a. The paper is exploratory in nature and allows the Policy and Education Committee to consider the potential models for involving patients at strategic level and to agree to make a recommendation to Council.
  - b. To scope out potential models a horizon scanning exercise was undertaken of strategic patient engagement in the health sector to identify examples of good practice and innovation, and the common factors that yield meaningful outcomes.
  - c. Two models emerged during the horizon scanning exercise that it is believed could be implemented at GOsC which include:
    - Patient Council Associate (two representatives)
    - Patient advisory panel
  - d. The models involve patients acting as independent 'critical friends' to Council, supporting GOsC in its statutory duty to protect, promote and maintain the health, safety and well-being of the public, rather than representing a personal healthcare condition or interest.
  - e. Both models would require a robust recruitment process - being transparently recruited against an agreed role specification, bringing significant expertise and experience, and provide strategic, impartial input to decision-making.
20. In discussion the following points were made and responded to:
  - a. Initially members were minded towards the Patient Advisory Panel (PAP) model as this would ensure the full spectrum of views that could be achieved

with a diversity of input. Also, PAP might be less burdensome on the individual.

- b. It was asked if there should be an exclusion criterion to ensure that a person who might be an osteopath or other health professional did not sit on the panel or be an associate as they may have undue influence.
- c. It was explained that the models presented are not necessarily the final choice but were developed through feedback. A merged model could be considered with Associates being representatives of the Panel.
- d. The importance of a diverse patient voice was noted. Challenges drawn from discussions with other regulators are the existing models of councils/committees at the point of making a decision (rather than informing it). To successfully welcome patients' voices required thought about space and potential vulnerability, recognising assumptions that made be made about the latter. It was thought that a PAP might require significant resource management in terms of additionally supporting rotating membership. The challenges in terms of resource for the GOsC to implement a PAP were recognised.
- e. The Committee questioned whether the models were necessarily mutually exclusive and whether in fact a combination might work.
- f. It was recognised that the Committee had diverse views. The Chair suggested that a recommendation be to Council to further consider the proposed models presented.

**a. Noted: The Committee considered proposed models for involving patients in governance.**

**b. Agreed: The Committee agreed to recommend that Council consider the proposed models taking into account the discussion and elements raised by the members of the Committee.**

### **Item 7: Patient and public involvement in Osteopathic Education – thematic review**

21. The Senior Research and Policy Officer, Rachel Heatley, introduced the item which concerned the project exploring the role of patients in pre-registration osteopathic education in the UK and to what extent patients may further contribute to osteopathic education.

The GOsC is currently in the process of turning the thematic review into a user-friendly report for osteopathic stakeholders to engage further with these findings

and highlight some of the next steps going forward. This user-friendly report will be advertised in the ebulletin and on the GOsC website.

22. The key messages and following points were highlighted:

- a. Since 2019 the GOsC have been working with osteopathic educational institutions (OEIs) to undertake a thematic review into the role of patients in osteopathic education.
- b. The purpose of the review has been to collaborate with OEIs to identify good practice in the sector, identifying barriers and enablers to involving patients in osteopathic education and share the learning with institutions.
- c. The project began in 2019 with a secondary source literature review of patient involvement in healthcare education curricula which informed a survey of all OEIs exploring levels and methods of patient involvement in osteopathic education.
- d. In 2021 a workshop was hosted by the GOsC to share the survey findings with educators and patients and to explore to what extent patients may further contribute to the education process.
- e. In 2022, interviews were conducted with staff from eight osteopathic education providers (clinic tutors, principals, administrative staff from teaching clinics) to discuss how patient involvement had evolved following the workshop.
- f. Patient involvement activities were also drawn in and discussed by education providers in their 2020-21 and 2021-22 annual report submissions which have provided a helpful barometer to identify the progress institutions have made.
- g. In 2023, a workshop was hosted with OEIs to share findings from the thematic review and provide a chance to reflect on how they've further involved patients in their work and what activities they are most interested in trying to implement in the future.

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

- a. Members noted that the report highlights the barriers which needed to be addressed.
- b. Members commented that it was encouraging to learn that there is patient engagement, that the patient voice is recognised and can inform and enhance under and post-graduate processes.
- c. It was recognised that this is a challenging but important area for the OEIs to engage with.

- d. It was asked how the data is to be used and disseminated. It was explained that the GOsC would continue to facilitate and support sharing of good practice and support ongoing progress in this area.

**Agreed: The Committee agreed to recommend to Council that the report be published and consider next steps.**

### **Item 8: Boundaries**

24. The Director of Education, Standards and Development introduced the item which provided an update on the GOsC's thinking in relation to boundaries and seek feedback from the Committee.
25. The key messages and following points were highlighted:
  - a. The paper outlined thoughts on how the GOsC might have a greater impact on establishing and maintaining safe professional boundaries over time in the profession.
  - b. The report explains the cross-organisational workshop held to explore whether the Behaviour Change Wheel method might provide a different way to understand and think about the challenges. It was concluded that it could provide different insights on the challenges and might form a useful structure to undertake a workshop with the sector.
  - c. A gap was also identified in the current implementation strategy related to the impact of breaches of boundaries on osteopaths and patients and is informing the development of a story to begin reflection on how the story might be shared in a variety of ways to support osteopaths.
26. In discussion the following points were made and responded to:
  - a. Members commented that it would be interesting to also consider burn-out in the context of the boundaries study and the possible intersection with burn-out (or other pressures and factors) and boundary transgressions.
  - b. Members commented that a challenge for the profession appreciating and understanding the issues relating to transgressions. It was suggested that including scenarios as guidance to highlight and demonstrate where boundaries can be crossed, and transgressions occur. The linking of values informing actions was also highlighted and also consideration of the nature of intention.
  - c. It was suggested that including boundaries as a mandatory discussion area for CPD might be considered. Discussion could help to identify areas of ambiguity and help to understand where boundaries are being pushed, crossed or transgressed might occur.

27. The Chair in summary commented:

- a. The ambiguities in defining where boundaries are being crossed makes the necessary changes required challenging especially where the issue being considered can be opaque. Therefore, these areas must be considered in collaboration between the regulator and all stakeholders without losing the complexity or simplifying the issues.
- b. Much has been established and embedded within the standards and principles of practice as set by the GOsC. The issue of boundaries does not stand separate to other standards of practice, with mapping and using expertise to support the profession and the OEIs will ensure good practice and outcomes for patients, the public and the profession.

**Noted: The Committee considered and provided feedback on the contents of the paper to inform future thinking about understanding the challenges and developing sector-based approaches to support the establishment and maintenance of safe professional boundaries.**

**Item 9: Data insight: Equality, Diversity, Inclusion (EDI)**

28. The Senior Policy and Research Officer introduced the item which presented a proposed approach to collating and scoping a project to analyse understand, categorise, clean, and prepare data related to protected characteristics of registrants and complainants in the GOsC fitness to practise processes.

29. The key messages and following points were highlighted:

- a. The programme of work to date on what the data demonstrate about equality, diversity and inclusion has focused primarily on education and the extent to which the register reflects protected characteristics.
- b. A review of our fitness to practise data was last published in 2016, which revealed overrepresentation of those investigated or sanctioned as being male, osteopaths, mid- to late-career registrants and mature graduates.
- c. The 2016 fitness to practise data report findings have three major limitations: the number of complaints and sanctions were small, the research was preliminary in nature and the report did not make any policy recommendations.
- d. The 2016 fitness to practise data report findings were mirrored in our ongoing annual NCOR concerns and complaints report.
- e. This paper explores the potential extension of this work to collect, collate, analyse, and understand equality, diversity, and inclusion data in relation to our fitness to practise proceedings for both registrants and complainants.

- f. This paper also highlights to the committee some of the data limitations we will have with undertaking this work.

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

- a. In response to the comment on the hesitancy of parties supplying data this was not a surprise and related to both registrant and complainant who may be involved in the fitness to practise process, especially at a point where parties are vulnerable.
- b. Members were advised that, as part of the EDI pilot the plan had been for an EDI data collection form to become an integral part the process but due to the delay with the implementation of the new CRM system this has been delayed. It is now planned to review the 2022 NCOR concerns and complaints report to check the level of gaps in the data held relating to protected characteristics.
- c. In response to a question about how EDI data is collected by other health regulators it was explained that the collection of data varies across the sector, but is usually collected during the registration and / or renewal process. As the collection of this data is optional the success rate is variable. For FtP processes EDI data can be unclear especially in relation to those raising concerns and / or complaints.
- d. It was suggested that given sparsity of data held would it be a more efficient use of resources to wait until there is more data available through more robust collection and therefore more useful later on.
- e. In response to the suggestion that acquiring an enhanced understanding of the data for a return to the analysis at a later date the Executive provided an assurance that the purpose of the update was not a proposal to present the analysis but to propose a way to improve the collation and standardisation of the data for future consideration to inform analysis and decisions.

**Noted: The Committee considered and provided feedback on the approach to scoping the project.**

#### **Item 10: Policy and Education Committee: Annual Report 2022-23**

- 31. The Chief Executive and Registrar introduced the item which presented the Annual Report of the Policy and Education Committee for its consideration and comment.
- 32. Members questioned the inclusion of an RQ decision made in private session and whether this was appropriate. It was confirmed that this decision was now in the public domain and appropriately included.
- 33. Corrections to Stakeholder with Speaking Rights attendance (COEI, iO, NCOR and OA,) were noted and the report would be amended.

34. The Committee made no further comment and agreed the Policy and Education Committee Annual Report 2022-23, subject to corrections.

**Agreed: The Committee agreed the Policy and Education Committee Annual Report to Council for 2022-23 subject to corrections.**

**Item 11: North East Surrey College of Technology (NESCOT) – Appointment of Visitors**

35. There were no conflicts declared for this item.

36. The Senior Quality Assurance Officer introduced the item which sought the Committee’s approval of the appointment of visitors for the Recognised Qualification (RQ) review at the North East Surrey College of Technology of their part-time Bachelor of Osteopathic Medicine (BOst) offered by NESCOT.

The Committee’s agreement was also sought for the appointment of the Visitors for NESCOT’s RQ of their part-time programme.

- a. The North East Surrey College of Technology (Nescot) currently provides qualifications in Master of Osteopathy (MOst) and Bachelor of Osteopathic Medicine (BOst) with a recognition period of 1 November 2018 to 31 October 2023.
- b. This paper seeks the approval from the Policy and Education Committee for the visitors of the Recognised Qualification visit of Nescot’s part time Bachelor of Osteopathic Medicine (BOst) program.
- c. The proposed Visit Team is:

<b>Name</b>	<b>Role</b>
Brian McKenna	Osteopath
Steven Vogel	Osteopath
Jill Lyttle	Lay visitor

37. It was noted that the date of the RQ visit is referenced in the paper as 4 -5 October was incorrect. The correct date of the review is the 8 - 9 November and the visit will take place online.

38. The Committee made no further comments concerning the Visitor Team and approved the appointment as set out and noting the correct date of the visit.

**Agreed: The Committee agreed the appointment of Brian McKenna, Steven Vogel, Jill Lyttle, as the visitors of the part-time Bachelor of Osteopathic Medicine (BOst) offered by Nescot.**



### **Item 12: Patient Engagement Progress update (Reading Room)**

39. The Senior Policy and Research Officer, Rachel Heatley, introduced the reading room item, a progress report on the GOsC's patient engagement activity and an outline of current patient engagement priorities.
40. The Committee were asked to consider the item for future discussion and that any comments prior to the next meeting should be submitted to the Executive / Professional Standards team.

### **Item 13: Update from Observers**

41. Council for Osteopathic Education Institutions:
  - a. The pressure on profession remains in relation to student recruitment particularly with applications in both 2022/2023 and now a worsening position for 2023/2024.
  - b. There is genuine concern about OEI sustainability and that will remove student choice if not protected.
  - c. The missing demographic is EU students representing 30-40% of applications to UK Osteopathic educators in previous years. COEI are trying to get traction for mutual qualification recognition.
  - d. COEI are working on lobbying options and taking external advice. Given our scale and COEI footprint, collaboration with Chartered Society of Physiotherapists (CSP) is being considered, as they are making strong progress and there may be learning which can be utilised. It is recognised that this approach may be unpopular, but it is a measure that it is considered necessary mitigate the continuing reduction in application numbers.
  - e. It was suggested that one key issue for prospective students who might consider studying osteopathy was that it could not be undertaken as a second degree or if available there was a lack of funding to support study. It was recognised this was not an issue for the GOsC but something for the stakeholders to continue to lobby on.
  - f. The student transition survey findings discussed by the PEC were concerning. COEI will consider how to best respond to this and review whether GOsC survey matches those of COEI.
  - g. Work continues in supporting the iO and Health Education England with the Enhanced Practitioner Apprenticeship Scheme. It was explained that the apprenticeship scheme is a post-registration scheme developed for those already in work. The scheme allows an individual to advance their skill set

over a twelve to eighteen-month period to receive a post-graduate qualification on completion.

#### 42. Institute of Osteopathy

- a. The work with the NHS and Health Education England continues and remains an important project in order to maintain the voice of the profession in the wider health care system.
- b. The low numbers of student survey respondents as discussed by the Committee has resonated and, in moving forward, the importance of building on the collaborative approaches, learning from the success of the Patient Engagement initiative, and developing stakeholder networks must be a focus.

#### 43. Osteopathic Alliance

- a. A number of projects are currently on hold due to a number of other matters taking precedence.
- b. Two annual conferences will be taking place during 2024 and the OA are busy preparing for these and include:
  - 150<sup>th</sup> Anniversary of the Osteopathic Banner
  - 70<sup>th</sup> Anniversary of the ICO and 40<sup>th</sup> Anniversary of the Sutherland Cranial Course.
- c. Work is being undertaken to support students in osteopathic thinking and practical applications through demonstrations with patients.
- d. In reflecting on the discussions of the Committee the issues relating to student survey the issues are recognised and it is suggested the education survey should be utilised.
- e. The stability of OA members is vast with tutors across the international spectrum and graduates in all of the colleges. There has been an undercurrent of anxiety about the 'what's wrong with osteopathy' paper published in IJOM and has been unsettling for members and students especially in the current climate.

#### 44. National Council for Osteopathic Research

- a. Two new members of staff have joined NCOR:

- A research associate, funded by the Osteopathic Foundation, who is assessing the trustworthiness of osteopathic literature.
  - Research Fellow, Dr Daniel Bailey, who will be developing a practice base network. Two meetings have already taken place in Oxford and Glasgow. Further meetings are to take place in Swansea and Manchester.
- b. Focus groups are taking place to better understand enablers and also consider the potential of stakeholder osteopaths to join the practice base network.
- c. Working is ongoing in preparation for the International Conference, taking place in October at Heathrow. The conference is being organised by the iO, NCOR, and the UCO with support of the GOsC and in collaboration with OIA and Osteopathy Europe. NCOR is responsible for the conference research stream and the call for abstracts closed on 11 June, 30 abstracts were submitted and 17 will be included in the programme.
- d. NCOR dissemination have been presented successfully at five conferences in the past few weeks.

**Noted: The Committee noted the stakeholder updates.**

#### **Item 14: Any other business**

##### **GOsC Values**

45. The Chief Executive and Registrar highlighted the recent discussion on the GOsC's organisational 'Values' which were considered and agreed at the meeting in May:

- Collaborative
- Influential
- Respectful
- Evidence informed

The Committee's discussions were an example of the values being part of the considerations and thinking of members and participants and it was hoped that in moving forward the values would continue to be built on.

**Date of the next meeting: 4 October 2023 at 10.00**