



## **Education and Registration Standards Committee**

Minutes of the Education and Registration Standards Committee Part I held on  
Thursday 2 October 2015 at 9.30am

### *Unconfirmed*

Chair: Professor Colin Coulson-Thomas

Present: Mr John Chaffey  
Dr Jorge Esteves  
Dr Jane Fox  
Professor Bernardette Griffin  
Mr Robert McCoy  
Dr Joan Martin  
Mr Liam Stapleton  
Ms Alison J White

In attendance: Mr Tim Walker, Chief Executive and Registrar  
Ms Fiona Browne, Head of Professional Standards  
Mr Matthew Redford, Head of Registration and Resources  
Ms Kit Holmes, Professional Standards Manager  
Mr David Gomez, Head of Regulation

### **Item 1: Apologies and interests**

1. There were no apologies.
2. The Committee welcomed Dr Joan Martin and John Chaffey to their first Education and Registration Standards Committee. The Committee welcomed Kit Holmes, Professional Standards Manager, to her first Education and Registration Standards Committee.
3. The Committee thanked Brian McKenna for his service to the Education and Registration Standards Committee. He had now moved on to another Committee.

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

4. The minutes of the private meeting of the Education and Registration Standards Committee of 25 June 2014 were agreed as a correct record, subject to adding Dr Joan Martin's name to the apologies.

### Item 3: Quality Assurance – Process for Monitoring Closure

5. The Professional Standards Manager introduced the item concerning a process for monitoring course closure. The process was designed to support OEIs to demonstrate the maintenance of the *Osteopathic Practice Standards* as a course closed. The paper outlined the mechanisms currently in place in the Committee but also proposed some enhancements to support the Committee's oversight of the delivery of the *Osteopathic Practice Standards* and the period of course recognition.
6. The Committee discussion included the following points:
  - The importance of a clear evaluative and analytical process demonstrated by the OEI about the risks of closure and how they mitigated these – rather than a description. It was emphasised that new risks and appropriate mitigating actions will only come from a robust analytical framework identifying where risks are coming from, why and what the mitigating actions are.
  - A broader template may be helpful to highlight to the OEIs exactly what we want to know – the OEIs may inform us about risks that they think we want to know about as opposed to relevant risks that we need to know about. (Equally, we will not need to know about all the risks if they are not relevant to the delivery of the *Osteopathic Practice Standards*).
  - Annex B of the cover paper offers a core set of areas that the Committee are interested to explore as part of the course closure mechanism – perhaps there are also additional areas, for example, patient numbers and patient diversity, patient experience, student progression and staff morale?
  - The Committee thought that it was important to demonstrate to the public and students what the key issues examined by the Committee were.
  - A consistent approach to monitoring course closure was important – e.g. regular reports at regular intervals. It was recognised that both OEIs currently undergoing closure of their courses were at different stages.
  - Most of the areas outlined at Annex B were those that were being reported on already to different degrees of detail by the OEIs. However, what were the other areas that were specific to students in a course which was closing? Examples included the lack of opportunities to mentor and train students in earlier years. Both OEIs had advised that they were looking at alternative ways of buddying or mentoring skills for those students.
  - Questions about library resources – which would not be replenished and updated.
  - Alternative arrangements for experience at different OEIs may develop as courses get closer to the final point of closure.

**Agreed:** the Committee agreed the proposed closure process.

#### **Item 4: Professionalism – Update on data collection and plans for student presentations**

7. The Head of Professional Standards introduced the item concerning the progress of the professionalism project. She highlighted a number of dissemination activities, as well as the agreement from the OEIs to collect data from all students and staff as part of a pilot programme feeding back data to students. The Head of Professional Standards also highlighted the launch of further e-learning scenarios developed for registrants which asked them to highlight the relevant standards and guidance and provided automated feedback about these. It was noted that the areas covered in these new scenarios included communication and patient partnership and matters of consent. It was highlighted that over time, data collected could support areas where additional guidance may be targeted.
8. The Committee discussed the following points:
  - The possibility of sharing the e-learning tools with the OEIs as well as the data from the professionalism surveys.
  - The opportunity for our quality assurance process to assess how professionalism is taught and disseminated at OEIs.
  - The need to ensure an appropriate focus on registrants as well as students – particularly those who had been in practice for a long time.
  - HCPC research on professionalism demonstrated that people interpret professionalism in a number of different ways. Observations were made that professionalism was a highly contextual concept and is informed by both personal beliefs and context perhaps including what the practice looks like or the structures in place at a particular time.
  - The Committee also made reference to the cultural web context and its relevance to interpreting and understanding how 'professionalism' might be explored through a variety of lenses.
  - The effectiveness of regulation research may help us to explore these different lenses in greater depth and aid our understanding and over time help us to build the right foundation for the review of the *Osteopathic Practice Standards*.
  - The Committee also noted the work on the patient expectations research.
  - The need to focus on ways of achieving better outcomes – i.e. does professional behaviour, however, defined, lead to better patient outcomes.

**Agreed:** the Committee considered and provided advice and feedback about the progress of the professionalism project.

### **Item 5: Quality Assurance – Annual Reports**

9. The Professional Standards Manager introduced the item which concerned minor changes to the Guidance for the Recognised Qualification Annual Reports based on analysis of the gaps from the reports themselves and the analyses. The proposed guidance had been considered by the osteopathic educational institutions at their meeting on 17 September 2014.
10. The Committee considered some suggested amendments to the actual annual report questions, for example patient numbers, critical analysis of student progression and accounts information. However, it was acknowledged that the purpose of the paper was to note changes to the Guidance rather than the questions themselves to ensure consistency of information provided by the OEIs. It was noted that the Committee's feedback would be considered further as part of the major QA review in due course.

**Noted:** The Committee noted the RQ Annual Report, template and timeline.

### **Item 6: Quality Assurance – Evaluation, Performance Review and Training**

18. The Professional Standards Manager introduced the item which concerned the GOsC/QAA evaluation and performance review activities from the 2013/14 academic year and the plans for training for the forthcoming year. In relation to the evaluation, the Professional Standards Manager highlighted that all the parties had responded this year. Key findings included an increasing need for guidance for providers to prepare for a review. Other observations included the importance to maintain the engagement of the Visitors during a period where there were no planned reviews and the importance of sharing good practice. The QAA lead, Dr David Gale, and the Professional Standards Manager would be meeting together to discuss a response to the feedback outlined, for example, a consolidated action plan.
19. The Committee discussed feedback including the need to ensure sufficient notice of the training for Visitors and the importance of osteopathic educational institutions to be prepared for visits. It remained possible for teachers in educational institutions to not see or feed into QA reviews – perhaps we could consider this point further as we embark on our major QA review during 2015.

**Noted:** The Committee noted the evaluation and performance review processes and findings. No significant issues regarding the adequacy of the review method were identified.

**Noted:** The Committee noted the outline plans for training.

**Noted:** The Committee noted the initial action plans and further work to respond to findings arising from the evaluation and performance reviews.

## Item 7: Quality Assurance Agency Benchmark Statement: Osteopathy – Update

11. The Head of Professional Standards introduced the item which gave an update on the Quality Assurance Agency Benchmark Statement for Osteopathy and provided an opportunity for the Committee to inform a response from the General Osteopathic Council. The Head of Professional Standards highlighted the importance of allowing and encouraging the osteopathic educational institutions to develop their consensus about the academic requirements for an osteopathic degree and invited the Committee to recognise this in their response.
12. The Committee made the following points in discussion:
  - The draft Benchmark was welcomed as a statement from the academic community about the academic requirements for an osteopathic degree.
  - The Committee observed the similarity between the old Standard 2000 document and the *Osteopathic Practice Standards*. It was not clear that the Benchmark reflected fully all areas of the *Osteopathic Practice Standards* and perhaps a gap analysis could be undertaken to reflect this.
  - The Committee was unsure about retaining the 50 patient measure.
  - The MSc (pre-reg) qualification was too specific for the Benchmark statement and perhaps should be removed.
  - The points about treating real patients in a clinic had now been removed. Were we content with that?
  - It was recognised that OEIs are currently assessing competence through a range of mechanisms.
  - Did the Benchmark articulate sufficiently, the 'osteopathicness' of the osteopathy degree for a lay person – or was it so generic that it could apply to any healthcare profession.
  - Was there a need for more specific measurable learning outcomes? Is the minimum standard clear?
  - The Committee agreed that our response should be generally supportive but also should be ambitious and challenging and should promote consistency with regulator guidance.
  - The Committee agreed to send any further comments to the Executive by 16 October 2014.
  - It was agreed that the Executive would put together a draft response for the Committee to consider further.

**Noted:** The Committee noted the update on the Quality Assurance Benchmark Statement.

### **Item 8: Registration Assessments – maintaining and enhancing our registration processes.**

13. The Head of Professional Standards introduced the item which concerned the ways in which we work with registration assessors to maintain and enhance the effectiveness of our registration processes. The paper highlighted progress and plans with appraisal, training and communication mechanisms including feedback from all involved in the registration processes.
14. It was confirmed that all assessors had been involved in an assessment over the course of the year. However, it was not possible to involve all assessors in every particular assessment that they had been appointed to. It was noted that prior to the appointment of a larger pool of assessors, we had a limited number of assessors, from a limited number of institutions who had not been subject to training and appraisal. It had been agreed that we needed a wider range of people.
15. Some members agreed to be involved in supporting the larger pool of assessors' appraisals. Members agreed to email dates of availability during January and February 2015 to enable the appraisal process to be started.

**Noted:** the Committee considered our approach to maintain the effectiveness of our registration assessment processes.

### **Item 9: Update on induction for international applicants**

16. The Professional Standards Manager introduced this item concerning the beginning of work scoping an induction programme or support mechanism for internationally qualified new registrants as they make the transition into practice. The Professional Standards Manager explained that the work commenced with a review of the GMC's programme as highlighted by the Professional Standards Authority Performance Review, 2013. Discussion with the osteopathic educational institutions also highlighted their experiences supporting internationally qualified graduates into practice and exploring the resources in place. Points made included the diverse needs of internationally qualified graduates, for example, differences in culture and norms.
17. It was confirmed that the number of internationally qualified registrants, was low, but was increasing.

**Noted:** The Committee noted initial research regarding an induction programme for internationally-qualified new registrants and next steps.

### **Item 10: Fitness to Practice Report Annual Report**

18. The Head of Regulation introduced the item which provided an annual report about GOsC fitness to practice hearings which was an important part of

ensuring transparency and openness in the performance of the GOsC's functions. The Head of Regulation encouraged the Committee to feed back on the report and to identify any additional information needed.

19. The Committee discussed the following points:

- The Committee discussed professional boundaries and the information and learning from fitness to practice cases and how we can learn from that in both education and in practice.
- The Committee asked about the median length of time taken for cases being heard by the Professional Conduct Committee and it was confirmed that this was currently 12.5 months.
- It would be useful if future editions of the report summarised any learning that the Council has observed from the cases, and any actions taken by the Council to feed that learning back to the profession.
- The Committee also asked for further information about trends, while recognising that numbers of cases were small.

**Noted:** the Committee noted the Annual Fitness to Practise Report.

**Item 11: Any other business**

20. No other business was discussed.

**Item 12: Date of next meeting:** Tuesday 12 March 2015 at 2:00pm