

ITEM 3 MATTERS ARISING

5. There were no matters arising reported.

ITEM 4 CHAIR AND PROFESSIONAL STANDARDS DEPARTMENT ACTION AND REPORT

6. The Chair had nothing additional to report. The Head of Professional Standards presented the departmental report, and added that the Professional Standards Manager rather than the Officer had met with the Malaysian Health Minister, the UK Voluntary Public Health Register Representatives and the Royal Pharmaceutical Society of Great Britain/ shadow General Pharmaceutical Council.
7. The Committee noted the report of the Chair and the Professional Standards Department.

ITEM 5 EDUCATION COMMITTEE ANNUAL REPORT

8. The Head of Professional Standards presented the report which sets out the achievements of the Education Committee during the period under review, and confirmed that the Committee had in fact met four times during that time, in June, September and December 2009, and March 2010.
9. It was confirmed that in addition to the achievements mentioned, the work the Committee had undertaken with the Osteopathic Educational Institutions (OEIs) should also be highlighted. It was agreed that a short paragraph should be added to the report confirming the number of meetings held and the topics discussed.
10. It was also suggested again that a link be provided between the work undertaken on Student Fitness to Practise (SFtP) and the Fitness to Practise Policy Committee. It was confirmed that this would take place.
11. The Committee commended the report and agreed that it should be recommended to Council for publication.

ITEM 6 QUALITY ASSURANCE

12. The Professional Standards Manager provided an update on the Quality Assurance preliminary review including the work being undertaken with the Quality Assurance Agency for Higher Education (QAA) to review the current Review Handbook to ensure it continues to assure that standards are met within osteopathic education.

The draft GOsC / QAA contract

13. The Professional Standards Manager confirmed that the draft contract with the QAA from 2010 to 2012 had been reviewed by the Head of Regulation, who is also the in-house solicitor and lead on equality and diversity. She had confirmed that the contracts were fit for purpose from a GOsC perspective. The contract was currently with the QAA for confirmation of the payment schedule. Once this had been agreed,

the contract would be signed.

14. The Committee noted the progress on the GOsC / QAA contract.

The draft GOsC / QAA Handbook

15. The Committee considered the draft GOsC / QAA Handbooks including the first draft of the Visitor Specifications. The Professional Standards Manager confirmed that the OEIs would have the opportunity to comment on the Handbooks at their next full meeting.

16. The Committee discussed the following points:

- a. The first drafts of the Handbooks were a considerable improvement on the current versions and the separate Handbooks for OEIs and for Visitors allowed much greater clarity and were much more 'user-friendly'. It was confirmed that both Handbooks would be available to all parties and would be published.

- b. Some of the wording should more accurately reflect the role of the Education Committee, Council and Privy Council and omitted to include the stage 'recommend to the Privy Council'. For example, in Annex B, it states that "...*QAA shall produce a report upon which GOsC may inform its decisions whether to recommend to the Privy Council that RQ status be granted*". The role of the Privy Council was not incorporated into the Post Visit Flow Chart at Annex C. It was agreed that the wording should be changed to more accurately reflect the role of the Council and the Privy Council in the 'Recognised Qualification' process.

- c. The wording should ensure that ad-hoc questioning of students and staff who were not already on the formal Visit Programme should not be inadvertently excluded (see page 9 of Annex C).

- d. A short summary of relevant parts of both handbooks should be prepared for the public.

- e. 'Professionalism' could be incorporated into all areas. Clinical provision and student fitness to practise could also be incorporated.

- f. The flow charts were a great asset and really helped to make the process much clearer.

- g. The person specification for Visitors should retain an 'enquiring mind' but the word 'sceptical' should be removed.

- h. Quality enhancement could be explicitly mentioned as well as 'quality assurance'. Some Committee members thought that this point should also be incorporated into all areas.

- i. Concern was raised that the osteopathic Visitors could be recruited without teaching experience or links to the OEIs. OEIs should be consulted for their views

on this.

j. The description of the type of review should be used consistently when referring to the different types of review and these should be standardised throughout for each of the different types of review.

k. That reference is made to the CHRE in the introduction to the document, to outline its role in Quality Assurance standards.

l. It was suggested that the basic structure should remain the same for the next iteration.

17. It was confirmed that revised Handbooks would be brought back to the Committee for consideration at its next meeting once initial feedback from the OEIs had been received and incorporated.

18. The Committee noted that training of the Visitors would need to take place after the Handbooks had been formally consulted on. It would also be affected by the publication of a new version of the Standard of Proficiency and Code of Practice. This would take place during early 2011. This meant that some of the timings in the Work Plan would need to be amended.

19. The Committee noted the factors affecting delivery of training for Visitors and the revised timetable for the preliminary QA review presented in the QA Workplan paper.

The process of revision of the Annual Reports

20. The Committee considered the proposal to suspend the Annual Reports for one year and to use the funding set aside for report analysis to revise the Annual Report in conjunction with the QAA. This would also take account of the feedback from the OEIs about the Annual Report process. The Committee decided it still required reassurance that monitoring the adherence to the specific and general conditions of all Recognised Qualifications took place whilst revision of the Annual Report was underway.

21. The Committee decided that the Annual Report should not be suspended for a year pending revision. Instead, a short annual report which asked about changes to the specific and general conditions attached to all RQs should be required. The statistical information need not be included for this year unless necessary to demonstrate compliance with RQ conditions.

ITEM 7 CODE OF PRACTICE/STANDARD OF PROFICIENCY UPDATE

22. The Professional Standards Manager presented a paper outlining the progress on the work being undertaken in relation to the revision of the Code of Practice and the Standard of Proficiency (now entitled the 'Osteopathic Practice Standards').

23. The Committee noted that the document had gone out to consultation on 1 September 2010 and that it is due to end on 30 November 2010. When the feedback

has been analysed a further report will be produced. It was expected that a small Working Group would be convened ahead of the Council meeting to consider the feedback and the revisions to the Osteopathic Practice Standards.

ITEM 8 RESEARCH INTO TRANSITION TO PRACTICE

24. The Head of Professional Standards presented the report which outlined the progress made for the selection and appointment of the research team to undertake the research into the preparedness of recent osteopathic graduates for practice. Interviews will take place on 13 October 2010.
25. The Committee noted the report.

ITEM 9 RESEARCH INTO PATTERNS OF PRACTICE

26. The Head of Professional Standards presented this paper which outlined the progress made for the selection and appointment of the research team to undertake the patterns of osteopathic practice research.
27. The Committee was concerned that the research may include information about initial training gathered from osteopaths who had graduated 40 years ago whereas information about the appropriateness of current training was what was required. It was suggested that it may be prudent to just ask for information from the last 10 years, from when the Register opened.
28. The Committee noted the report.

ITEM 10 COUNCIL FOR HEALTHCARE REGULATORY EXCELLENCE (CHRE) REPORT – MANAGING EXTENDED PRACTICE

29. The Head of Professional Standards asked the Committee to note the publication of this paper.
30. The Committee discussed some of the issues that the Report outlined including:
 - a. The emphasis on distributed regulation and the standards of other regulatory or quasi-regulatory bodies.
 - b. The question about the evidence of risk in osteopathy to inform regulatory actions, like CPD, appropriately. The evidence was not yet in place but it was coming, in, for example, the research that was coming back to the Committee.
 - c. There is likely to be a lower risk in environments where teams, well established appraisal and whistle blowing were in place. The lack of standardised clinical governance systems in place in independent sole practice was likely to increase any risk. It was noted that other professions also have isolated practitioners. How were they dealing with the increased risk posed?
 - d. It was noted that the usefulness and impact of the use of the concept of distributed regulation might be more suited to newly qualified osteopaths.
 - e. It was noted that some other regulators regulate practices as well as individuals to more effectively get to the link between the individual and the

environment.

ITEM 11 ANY OTHER BUSINESS

31. None were raised.

ITEM 12 DATE OF NEXT MEETING

32. Tuesday 14 December 2010